

Agreed Points of Discussion Between Milwaukee County Executive and Milwaukee Public Schools Superintendent

Milwaukee County Executive Lee Holloway and Superintendent of Milwaukee Public schools (MPS) Dr. Gregory Thornton have agreed to discuss and work together on certain matters of common concern, relating to shared services, which could be developed into a memorandum of understanding, as outlined below:

1. Employee health care. The parties will work together to determine if there is a feasible way to share the cost of providing health care to their respective employees.
2. MPS buildings. The parties will work together to determine if any available MPS buildings are suitable for Milwaukee County use at no cost to Milwaukee County, including but not limited to use for Behavioral Health Division programs.
3. MPS student bus service. The parties will work together to determine ways to increase use, or encourage increased use, of the Milwaukee County Transit System by MPS students.
4. Parks and recreation. The parties will work together to determine ways to make Milwaukee County parks and recreational services more available to MPS students.
5. Purchasing. The parties will work together to determine ways to reduce the cost of purchasing goods and services through possible joint purchasing and/or other efficiencies of scale.
6. Child care. The parties will work together to determine if the Milwaukee County information technology system can be used by MPS to track movement of MPS students/families, their health needs, and other issues, possibly patterned after the program currently in use in Philadelphia, Pennsylvania.

MILWAUKEE BOARD OF SCHOOL DIRECTORS



**SPECIAL BOARD MEETING
6:30 P.M., THURSDAY, FEBRUARY 3, 2011**

AGENDA (Advance Copy)

Central Services Building Auditorium — 5225 West Vliet Street
Milwaukee, Wisconsin

BOARD OF SCHOOL DIRECTORS

Michael Bonds, President		
Peter Blewett, Vice President		
Terry Falk	Tim Petersons	David Voeltner
Larry Miller	Jeff Spence	Annie Woodward
Bruce Thompson		

Dr. Gregory E. Thornton
Superintendent of Schools

Lynne A. Sobczak
Director, Office of Board Governance/Board Clerk



MISSION STATEMENT

Milwaukee Public Schools educates all students for success in higher education, careers and responsible citizenship so that MPS is the first choice for families.

VISION STATEMENT

Milwaukee Public Schools will be among the highest-performing urban public school districts in the country, providing rigorous, high-quality learning opportunities for students. Schools will enable lifelong learning among students, families, educators and other staff focused on continuous improvement. Teaching will be child-centered, based on research-proven methods, and aligned to high academic standards; it will meet the learning needs of individual students. The district, its schools, and its employees will be accountable for measurable gains in student achievement.

Schools will be safe centers of community activity that are welcoming, well maintained, and accessible. Children will be provided maximum educational opportunities to become responsible citizens who make positive contributions to their communities. The district and its schools will strengthen partnerships with families and those in the community who influence and affect students and families.

CORE BELIEFS

- Children come first.
- The classroom is the most important place in the district.
- Leadership and accountability are keys to our success.
- Central Services supports student achievement.
- Families are valuable partners.
- Community partnerships add value.

Adopted July 26, 2007

ORDER OF BUSINESS
SPECIAL BOARD MEETING
6:30 PM, THURSDAY, FEBRUARY 3, 2011

1. Informational Report with Possible Action on a Request to Work with Milwaukee County to Develop an Intergovernmental Agreement to Share Common Services 1

Board and Committee Meetings are Broadcast on MPS Radio Station WYMS, 88.9 FM.

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<http://www2.milwaukee.k12.wi.us/governance>

(ITEM 1) INFORMATIONAL REPORT WITH POSSIBLE ACTION ON A REQUEST TO WORK WITH MILWAUKEE COUNTY TO DEVELOP AN INTERGOVERNMENTAL AGREEMENT TO SHARE COMMON SERVICES

This item initiated by the Administration

ADMINISTRATION'S REPORT

1. The Administration has engaged in discussions with the Acting County Executive relative to the possibility of the County and Milwaukee Public Schools sharing common services as a means to realize more cost effective and efficient operations at this time of economic shortfall for most public entities.
2. Some of the common areas that there have been preliminary discussions on include human resources, early childhood, parks and recreation, facilities, transportation and mental health services.
3. Should the Board indicate they wish to pursue this possibility; the Administration will proceed in developing an intergovernmental agreement with the County to share common services. Any such proposed intergovernmental agreement will be brought to the Board for final approval.

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COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

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Referred
JAN 2011
County Board
Chairman

DATE : January 20, 2011
TO : Michael Mayo, Sr., Chairman, Milwaukee County Board of Supervisors
Supervisor Peggy West, Chairwoman, Health and Human Needs Committee
FROM : Lee Holloway, Milwaukee County Executive
SUBJECT : **Mental Health Initiative**

Attached to this communication is a document that outlines my mental health vision and initiative. This is basically, a proposal to improve care to patients with mental illness by collaborating with the community, establishing partnerships with area health care providers, focusing on community-based services, and establishing mechanisms that will bring more funding (and therefore more support for services) into the mental health system.

The document is presented as a seven-page report, accompanied by two attachments which visually present the plan, plus a resolution and fiscal note to initiate the initial phase and direct reports back.

This is an issue I feel very passionate about, as I know the members of the County Board do. I hope Board members review it closely and approve it on February 3, so that we can begin the process of establishing the criteria for a managed care model for mental health and related services in Milwaukee County.


Lee Holloway
Milwaukee County Executive

Attachment

Cc: Milwaukee County Supervisors

Milwaukee County Executive's Mental Health Vision and Initiative

Introduction

Over 20,000 people who have, often severe, mental illness are treated by Milwaukee County's mental health system each year. It is no secret, however, that the system has faced challenges. Some of these problems are patient care related, some relate to the physical plant, and still others are financial in nature.

There has been much community involvement in seeking sustainable approaches to the care of this vulnerable population and identifying these problems and trying to find effective solutions. Community groups have included: the Milwaukee Mental Health Task Force, Behavioral Health Advisory Council, Community Advisory Board and, recently, New BHD Facility Study Committee. In addition, the Public Policy Forum, in collaboration with the Milwaukee Health Care Partnership and the Medical Society of Milwaukee County, worked with a consultant, Human Services Research Institute (HSRI), to look at the improvements in the mental health system. Of course, the Milwaukee County Board Committee on Health and Human Needs has reviewed numerous issues relating to the Behavioral Health Division on a monthly basis, including ideas for improvement. And the Milwaukee County Long Range Strategic Plan Steering Committee has taken up the issue from an overall planning perspective. Most recently, the Milwaukee County Transition Committee I appointed has been briefed on mental health issues and may be weighing in soon.

All of these groups and these efforts are to be commended and used as a basis for moving forward. In addition, the management and clinical staff at the Behavioral Health Division should be recognized and thanked for their ongoing efforts to deliver patient care in an extremely challenging environment, and for their contributions to try to improve the mental health system.

Building off these efforts, I am presenting what is, basically, a proposal to improve care to patients with mental illness by collaborating with the community, establishing partnerships with area health care providers, focusing on community-based services, and establishing mechanisms that will bring more funding (and therefore more support for services) into the mental health system.

Background

The proposed initiative for mental health services in Milwaukee County has as its foundation the results of several years of intensive analysis and community input. It synthesizes the recommendations and ideas of multiple studies and feedback from advisory groups, as indicated above, including the Public Policy Forum/HSRI study. It also incorporates mental health proposals included in the 2011 Milwaukee County adopted budget since several support infrastructure needed for the proposed redesign. These ideas are also consistent with national trends and research.

In December of 2007, the Behavioral Health Advisory Council was created by the Milwaukee County Department of Health and Services and its Behavioral Health Division (BHD) in response to high demand for mental health services in Milwaukee County. From this effort, a relationship was established with the BHD, Milwaukee Health Care Partnership, Public Policy Forum and the Medical Society of Milwaukee County. This public-private partnership commissioned the HSRI study in 2008, which resulted in the report: *Transforming the Adult Mental Health Care Delivery System in Milwaukee County*, completed October 2010.

While this comprehensive study was being undertaken, a series of other informative assessments of the Milwaukee County Mental Health System were taking place. The State of Wisconsin Department of Health Services, Division of Quality Assurance (DQA) surveyed the Behavioral Health Division and in response BHD submitted plans of correction, which were approved by the necessary state and federal regulatory agencies and implemented.

In April 2010 as Chairman of the County Board, I directed the Milwaukee County Department of Audit to conduct an audit of BHD to address patient safety. The report released October 2010, *System Changes are Needed to Help Ensure Patient and Staff Safety at the Milwaukee County Behavioral Health*, concurred with BHD patient safety initiatives already in progress and recommended further enhancements which are in the process of being implemented.

The County Board and I also requested a review of the safety of BHD facilities by the Milwaukee County Sheriff's Department. That report released in June 2010, also concurred with safety initiatives being implemented by BHD and made recommendations for further improvements, which are in the process of being implemented.

In April 2010, the Milwaukee County Health and Human Needs (HHN) Committee requested a report from BHD on mixed gender units for acute inpatient. An initial report developed by BHD medical staff, discussed at the HHN Committee at their June 2010 meeting, concluded that there was insufficient research from the literature review and BHD medical staff would need to develop their own study. This study was undertaken and the follow-up report is being reported to the HHN Committee in January 2011.

The Milwaukee Mental Health Task Force, a forum with over 45 organizations committed to implementing mental health services, has also offered ideas for mental health system improvements over the years.

Disability Rights Wisconsin (DRW), as part of their protection and advocacy role, reviewed BHD patient records and developed a report in May 2010 with a series of recommendations for improvements needed within the behavioral health system, including substantially increasing community based alternatives to hospitalization.

Based on the results of the then available assessments, the County Board adopted a Resolution to establish the Community Advisory Board of numerous mental health stakeholders in May 2010. This Council was formed to provide input on policies regarding patient safety and mental health treatment.

In October 2010, the County Board formed a Special Committee of members of the Board of Supervisors to examine the merits of locating some BHD functions at sites other than the County Grounds, BHD space needs and possible locations on the County Grounds for a new facility. Although this Committee is newly formed, its task is consistent with aspects of my proposed initiatives.

During the Milwaukee County 2011 Budget process, several amendments were adopted which also are incorporated into and support this mental health initiative:

- The Department of Health and Human Services (DHHS) will be developing a plan to downsize the 72-bed Hilltop Center, a certified facility for persons with developmental disabilities and mental health issues.
- The Behavioral Health Division is to continue to work with the State to address eligibility criteria for 1915(i) Community Recovery Services and develop an implementation plan for County Board approval, prior to moving forward with this initiative which could expand community based services and bring in federal resources.
- The Behavioral Health Division is to survey the need for crisis beds to alleviate the strain on the Psychiatric Crisis Service Admission Center (PCS) including researching the development of a Crisis Resource Center in the northern part of the city.

Mental Health Initiative: The Time to ACT is Now

Multiple evaluations of BHD have been completed by local and national experts and community stakeholders. It is time to take the information available and the understanding from our years of experience being responsible for the operation of a major mental health care and hospital system and develop a strategic initiative. This initiative prioritizes mental health system improvements, lays out action steps and presents a view of the proposed redesigned system.

Attached are two schematics, which outline my mental health initiative and ultimate redesign.

- Attachment 1 presents the overall initiative. At its center is recovery-oriented patient care. It includes guiding concepts and specific actions that can begin immediately, which will eventually lead to mental health system redesign. It is, in essence, a road map for improving our mental health system. Five key concepts are addressed, all of which inter-relate and support each other:
 1. Strengthen Public/ Private Partnerships
 2. Pursue alternatives to institutionalization
 3. Increase access to crisis services
 4. Enhance community-based services, and
 5. Leverage federal funds to increase services.
- Attachment 2 presents a view of the redesigned mental health system once the initiative would be implemented.

First: The Ultimate Vision for a Redesigned Mental Health System

My vision is of a Milwaukee County mental health system with community-based small-scale facilities, where services could be provided through a managed care program of capitated payments and patient care management. A schematic of this vision is outlined in the diagram in Attachment 2.

The redesign presents a community-based, pay-for-performance model for the delivery of mental health services to individuals in Milwaukee County. The service model could be roughly based on the General Assistance Medical Program (GAMP) previously operated by Milwaukee County until replaced with a State medical program. Patients would have their mental health care managed in the community by interdisciplinary teams through capitated payments and incentives for recovery. It is expected that by taking this type of approach with an emphasis on wellness and community support that hospitalizations, visits to crisis services and emergency detentions would decrease. This should be an enhanced way of life for the clients while, freeing up resources to reinvest back into community-based services.

Working with the federal and state government to ensure compliance with all regulations, it is envisioned that patient care would be provided throughout Milwaukee County in 16-bed (or smaller) mental health facilities (including at the County mental health complex), which would be part of, and overseen by, the Milwaukee County mental health system but could be privately developed and operated. (The exact number of such facilities needed would be determined following implementation of the pilot program and other components of the initiative.) These community-based facilities would be eligible for Title 19 (Medicaid) funding. Patient care would be provided by interdisciplinary team(s) that could include nurse practitioners, nurses, psychiatrists, psychologists, social workers, rehab services, physical medicine and peer specialists, under the pay-for-performance managed care model. The initiative would begin with the proposed pilot program implemented through a request for proposals (RFP) process.

By developing a managed care system for patient care in the community in small facilities, and through implementation of the other initiatives proposed, such as increasing crisis services and downsizing Hilltop, Milwaukee County could downsize its current mental health facility and develop a smaller one located on a site on the County Grounds. The specific roles of the County's smaller facility in the mental health system would be identified through implementation of the initiatives, which would determine the appropriate role for the facility, but could include programs for short-term mental health treatment and for controlling medications of patients in the mental health system.

To Get to the Envisioned Mental Health System Redesign: the Initiative

My broader mental health initiative, which leads to the ultimate redesign, is outlined in Attachment 1. It describes the initiative's guiding concepts and, within each concept, specific objectives. These proposed action steps support the broader initiative and, if implemented as

envisioned, could lead to the eventual redesign of the mental health system as described above. These are necessary beginning steps, which are laid out in broad terms here with the expectation that details, strategies and implementation plans would be developed and presented to the County Executive and County Board.

1. Strengthen Public/ Private partnerships

A. Meet with universities, medical colleges, nursing schools and technical schools to increase and enhance interdisciplinary teams, specifically focusing on strategies for recruitment, retention and education of licensed professionals. This could assist in addressing shortages of nurse practitioners (APNP) providing psychiatric care and certified nursing assistants (CNA).

B. Partner with hospitals to develop strategies to prioritize and expand necessary capacity in the mental health services continuum.

2. Pursue alternatives to institutionalization

C. Develop a plan to downsize the 72-bed Hilltop Center, a certified facility for persons with developmental disabilities and mental health issues, and provide community-based services. This would include enhancing partnerships with Family Care – Care Management Organizations. These partnerships would augment the development of the specialized resources necessary to meet the needs of the current residents at Hilltop.

3. Increase access to crisis and community mental health outpatient services

D. Research the development of an additional Crisis Resource Center in the northern part of the city that would include expansion of Crisis Respite beds.

E. Develop strategies for additional crisis prevention, intervention and stabilization services (such as mobile crisis). This effort would support the concept of pursuing alternatives to institutionalization.

F. Pursue partnerships with existing Federally Qualified Health Centers (FQHCs) to expand opportunities to increase federal funding and increase access to community mental health outpatient services.

4. Enhance community-based services through a managed care system of service delivery (pilot program)

G. Develop a Request for Proposal (RFP) to initiate a pilot program to establish a pay-for-performance, managed care model for a mental health delivery system in the community. The managed care pilot would include:

- A capitated payment system based on patient levels of care
- Incentives for recovery
- Opportunities to assess different staffing models
- Quality oversight
- Monitoring of hospitalization, crisis and emergency detention rates
- Monitoring of service costs and cost effectiveness

The pilot would initially be limited in scope to accommodate evaluation and assessment before any expansion. It would be designed to begin to move patient care into the envisioned small-scale, community-based mental health facilities.

Work could begin immediately on the design of the pilot and a report describing its programmatic and fiscal details that would be included in an RFP. **This pilot would offer a test-run of the managed care component of the mental health redesign and a first step toward the development of smaller-scale community mental health facilities as reported by *The Milwaukee Journal Sentinel* in an article on January 13, 2011, “Mental Health Redesign Proposed” and supported in an editorial on January 14, 2011, “Mental Health: The Holloway Plan.”**

5. Leverage federal funds to increase services

H. Develop a written implementation plan for getting additional federal funds for Community Recovery Services 1915(i) once issues related to eligibility are addressed. This would add additional services to the system including Community Living Supportive services, Supported Employment and Peer Support. It also could provide resources for the managed care model for services in the community, helping to reduce hospitalizations and therefore reduce pressure on the demand for acute inpatient beds.

I. Develop a strategy to create mental health facilities with 16 beds or fewer throughout the community, and at a County’s mental health facility on County Grounds, to enable Medicaid reimbursement for services. This network of small-scale facilities throughout the community was broadly outlined in the articles mentioned above.

Need for Fiscal Analysis

The 2011 County Budget already requires follow-up reports to the County Board for several components of the initiative (1915(i), Hilltop downsizing, Crisis Resource Center). As these individual budget items are further addressed, their fiscal impact will be identified.

A detailed fiscal analysis will be needed to identify both expenditures and revenues associated with the pilot program to be RFP’d.

The Behavioral Health Division, working with the Department of Administrative Services-Fiscal Affairs Division and County Board staff, should develop a detailed fiscal analysis of the components of an RFP, by March 30, 2011.

Recommendations

It is recommended that the County Board approve the attached resolution, which supports the concepts and objectives outlined in this mental health initiative.

The resolution also directs that a report describing the details for a pilot project to establish a managed care model for a mental health delivery system with small facilities located in the community to be included in a Request for Proposal (RFP).

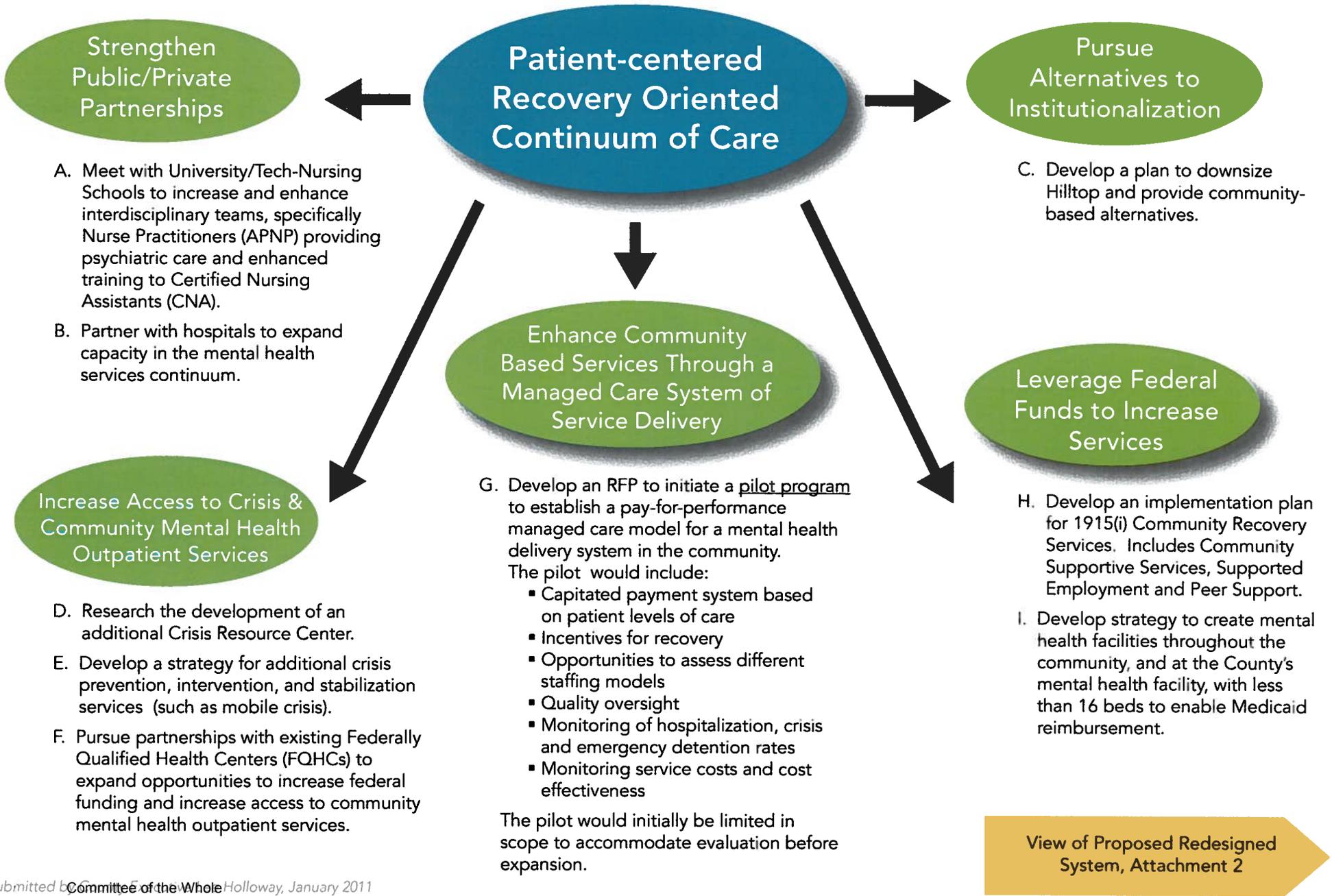
The report is to be submitted to the County Board for review and approval by March 30, 2011.

It is also recommended that the Behavioral Health Division, working with the Department of Administrative Services-Fiscal Affairs Division and County Board staff, develop a detailed fiscal analysis of the mental health pilot program to be RFP'd, to accompany the report describing the details of the pilot project, by March 30, 2011.

Finally, it is recommended that the groups that are focusing on issues relating to the Behavioral Health Division, including, the Community Advisory Board, the New Behavioral Health Facility Study Committee and the Behavioral Health Advisory Council, be encouraged to direct their efforts on implementing the mental health initiative outlined in this report and in the attached documents.

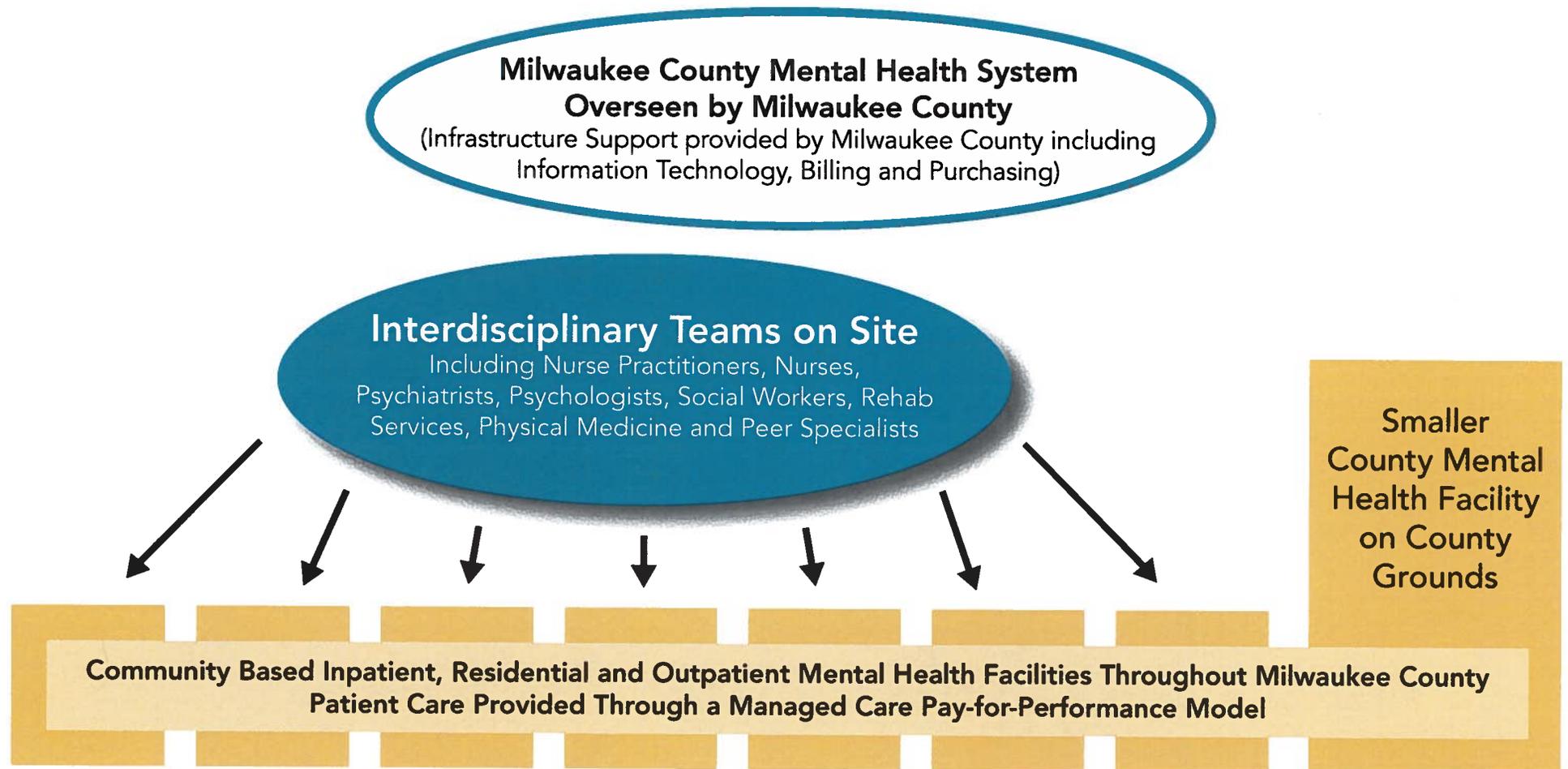
Attachments: 1 and 2 Schematics of Mental Health Initiative
Resolution and fiscal note

COUNTY EXECUTIVE'S MENTAL HEALTH INITIATIVE



COUNTY EXECUTIVE'S MENTAL HEALTH INITIATIVE

View of Redesigned Mental Health System After Initiative is Fully Implemented



- 16 beds or fewer - Title 19 (Medicaid) funding eligible
 - Privately developed and privately operated
 - Based on GAMP type service model
- First Step: RFP a pilot program to develop a model for managed care and smaller community based mental health facilities

1
2
3 (Item 1) From the County Executive requesting support of the concepts and objectives
4 outlined in the mental health initiative and directing the Interim Director, Department of
5 Health and Human Services, to develop a report describing the details of a pilot project
6 creating a model for a managed care system with small facilities located in the
7 community.

8
9 **A RESOLUTION**

10
11 WHEREAS, the Milwaukee County Behavioral Health Division (BHD) is a public
12 sector system for the integrated treatment and recovery of persons with serious
13 behavioral health disorders; and

14
15 WHEREAS, over 20,000 people who have, often severe, mental illness are
16 treated by Milwaukee County's mental health system each year; and

17
18 WHEREAS, various entities have conducted studies recently, illustrating the
19 challenges facing the mental health care delivery system in Milwaukee County; and

20
21 WHEREAS, included in the aforementioned entities is the Milwaukee County
22 Department of Audit, which issued an audit titled, "*System Changes are Needed to Help*
23 *Ensure Patient and Staff Safety at the Milwaukee County Behavioral Health Division,*" in
24 *October 2010*; and

25
26 WHEREAS, another group, Human Services Research Institute worked with the
27 Public Policy Forum as a local consultant to issue "*Transforming the Adult Mental*
28 *Health Care Delivery System in Milwaukee County,*" also in October 2010; and

29
30 WHEREAS, over the past year, the Milwaukee County Health and Human Needs
31 Committee has reviewed multiple reports, including those mentioned above, a report
32 from the Milwaukee County Sheriff's Department assessing the safety of BHD facilities,
33 and reports from BHD evaluating whether mixed gender units are appropriate for adult
34 acute inpatient stays; and

35
36 WHEREAS, the County Board passed a resolution (File. No. 10-213) creating the
37 Community Advisory Board, which consists of numerous mental health stakeholders
38 who provide input on safety, linkages to the community, and patient-centered care at
39 BHD; and

40
41 WHEREAS, the County Board also adopted a resolution (File. No. 10-322)
42 forming a New Behavioral Health Facility Study Committee of appointed Milwaukee
43 County Supervisors to examine the merits of locating some BHD functions at sites other
44 than the County Grounds, BHD space needs, and possible locations on the County
45 Grounds for a new facility; and

47 WHEREAS, the efforts initiated by the Community Advisory Board, the New
48 Behavioral Health Facility Study Committee, additional community stakeholders, and
49 the key principles mentioned in the various studies are critical, and will be integrated as
50 the county moves forward to enhance the delivery of behavioral health services; and
51

52 WHEREAS, in the 2011 Adopted Budget more than \$59 million in tax levy
53 support is included for BHD, a number which has increased annually over the last
54 decade, and is expected to continue to grow unless the service model changes; and
55

56 WHEREAS, Milwaukee County as a whole is faced with significant fiscal
57 challenges; and
58

59 WHEREAS, changes to the mental health system delivery model have the ability
60 to enhance the services that are provided and also leverage additional funding; and
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62 WHEREAS, in order to be successful, the entire Milwaukee County community
63 must come together and embrace change, whereby responsibility for individuals with
64 mental health needs are coordinated between the public and private sectors, and any
65 risks are shared; now, therefore,
66

67 BE IT RESOLVED, that Milwaukee County supports the concepts and objectives
68 outlined in the attached mental health initiative; and
69

70 BE IT FURTHER RESOLVED, that the Interim Director, Milwaukee County
71 Department of Health and Human Services, is directed to develop a report describing
72 the details of a pilot project creating a model for the managed care system with small
73 facilities located in the community to be included in a Request for Proposal (RFP); and
74

75 BE IT FURTHER RESOLVED, that the Interim Director, Milwaukee County
76 Department of Health and Human Services shall submit a report to the Board of
77 Supervisors for review and approval by March 30, 2011; and
78

79 BE IT FURTHER RESOLVED, that the Behavioral Health Division, working with
80 the Department of Administrative Services-Fiscal Affairs Division and County Board
81 staff are directed to develop a detailed fiscal analysis of the mental health pilot program,
82 which shall be attached to the aforementioned report; and
83

84 BE IT FURTHER RESOLVED, that the groups that are focusing on issues
85 related to the Behavioral Health Division, including, the Community Advisory Board, the
86 New Behavioral Health Facility Study Committee and the Behavioral Health Advisory
87 Council, are encouraged to direct their efforts on implementing the mental health
88 initiative outlined in the attached documents.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 1/19/11

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: A resolution supporting the concepts and objectives outlined in the mental health initiative and directing the Interim Director, Department of Health and Human Services, to develop a report describing the details of a pilot project creating a model for a managed care system with small facilities located in the community.

FISCAL EFFECT:

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

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

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

DESCRIPTION OF FISCAL EFFECT

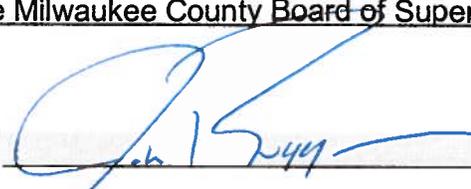
In the space below, you must provide the following information. Attach additional pages if necessary.

- 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.

This resolution has no direct fiscal effect, although staff time will be required to develop a Request for Proposal (RFP) creating a model for the community-based managed care system, to perform a detailed fiscal analysis of the mental health pilot program to be RFP'd, and to prepare a report to be submitted to the Milwaukee County Board of Supervisors by March 30, 2011.

Department/Prepared By

Authorized Signature



Did DAS-Fiscal Staff Review?

Yes

No

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