Milwaukee County Behavioral Health Division
Reserve Analysis ($000's)

**Year End 2017 Reserve Balances**

<table>
<thead>
<tr>
<th>Reserve Type</th>
<th>Amount (in $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Reserve</td>
<td>21,300</td>
</tr>
<tr>
<td>Capital Reserve</td>
<td>4,700</td>
</tr>
<tr>
<td>Wraparound Reserve</td>
<td>8,300</td>
</tr>
<tr>
<td>Total</td>
<td>34,300</td>
</tr>
</tbody>
</table>

**Usage of Reserves**

<table>
<thead>
<tr>
<th>Funds Committed</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Respite Annual Expense (thru 2020)</td>
<td>$200</td>
<td>$200</td>
</tr>
<tr>
<td>CART Annual Expense (thru 2020)</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Board Analyst Annual Expense</td>
<td>$50</td>
<td>$50</td>
</tr>
</tbody>
</table>

**Future Commitments**

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention / Severance Payments</td>
<td>$2,400</td>
<td>$4,200</td>
</tr>
<tr>
<td>CSP High Fidelity Grant (5yr)</td>
<td>$600</td>
<td>$600</td>
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<tr>
<td>Veterans</td>
<td>$100</td>
<td>$100</td>
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<tr>
<td>Oxford House</td>
<td>$200</td>
<td>$200</td>
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**Risk Exposure**

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient/ER Operating Deficit</td>
<td>$-</td>
<td>$4,000</td>
</tr>
<tr>
<td>CAIS - CON Medicaid Recoupment</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Building</td>
<td>?</td>
<td>?</td>
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<tr>
<td>Life Safety</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>Major Repairs</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>Downsizing Exposure</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>Accounts Receivable - uncollectable</td>
<td>$-</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

**Total Committed to Initiatives**

| Total Committed to Initiatives | $350 |

**Range of funds to be withdrawn from reserves:**

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,150</td>
<td>$13,150</td>
<td></td>
</tr>
</tbody>
</table>

1Committed funds for specific initiatives will not be withdrawn from reserves if there is a surplus in the year.
DATE: August 13, 2018

TO: Thomas Lutzow, Chairman
Maria Perez, Chairwoman, Finance Committee
Milwaukee County Mental Health Board

FROM: Mary Jo Meyers, Director, Department of Health and Human Services
Approved by Michael Lappen, Administrator, Behavioral Health Division

SUBJECT: Approval Protocol for Requests for Projects Funded through Capital and Operational Reserve Funds

Background

2013 Act 203 created the Milwaukee County Mental Health Board (MHB), enacted by Wis. Stat. § 51.41. Among its provisions is a requirement that at year-end, any unexpended / unencumbered mental health budget funds be held by the Milwaukee County Treasurer in a mental health reserve fund. Once that fund reaches a $10 million balance, any surplus amounts may be used for “any mental health function, program, or service in Milwaukee County.” Wis. Stat. § 51.41(4)(d):

The treasurer in Milwaukee County shall hold any moneys that at the end of a fiscal year have not been expended or encumbered from the amount budgeted for mental health functions, programs, and services in a mental health reserve fund. Moneys in the reserve fund may be used at any time to cover deficits in the Milwaukee County mental health budget. If the amount in the reserve fund exceeds $10,000,000, the amount exceeding $10,000,000 may be used at any time for any mental health function, program, or service in Milwaukee County. Moneys in the reserve fund may be used only for the purposes described in this paragraph.

2013 Act 203 shifted authority for the building reserve fund from the County Board to the Milwaukee County Mental Health Board. Wis. Stat. § 46.18(13):

In Milwaukee County, the Milwaukee County mental health board, for mental health infirmary structures and equipment, shall ensure the maintenance, as a segregated cash reserve, of an annual charge of 2 percent of the original cost of new construction or purchase or of the appraised value of existing mental health infirmary structures and equipment. If the infirmary or any of its equipment is replaced, any net cost of replacement in excess of the original cost is subject to an annual charge of 2%... In Milwaukee County, the Milwaukee County mental health
board may require to be appropriated from reserve sums for mental health infirmaries to be expended for the enlargement, modernization, or replacement of a mental health infirmary and its equipment.

Discussion

2013 Act 203 established the operating and capital reserve funds, but does not outline a procedure for accessing the funds.

To access reserve funds, the Behavioral Health Division (BHD) Administrator will submit a memorandum to the Milwaukee County Mental Health Board (MCMHB) Finance Committee requesting the release of funds. In the memo, BHD will outline the project(s) being funded, the amount being requested, justification as to why the project(s) are appropriate for reserve funds, and the anticipated impact on reserve funds.

The Finance Committee will review the request and make a recommendation to the full MCMHB. If the MCMHB approves of the request, BHD will submit a fund transfer (See Attachment A) to the Department of Administrative Services requesting an amendment to the current year budget. In the fund transfer document, expenses will be increased by the anticipated current year cost of the approved project(s) to be funded through reserves.

The Finance Committee will receive quarterly updates on reserve balances and the status of approved projects funded from reserves (See Attachment B).

Mary Jo Meyers, Director
Department of Health and Human Services
BHD Reserve Policy

Purpose:
To establish a process for withdrawing funds from the Behavioral Health Division Operational and Capital Reserves established under WI 2013 Act 203.

Scope:
Milwaukee County Behavioral Health Division (BHD)

Policy:

2013 Act 203 created the Milwaukee County Mental Health Board (MCMHB), enacted by Wis. Stat. § 51.41. Among its provisions is a requirement that at year-end, any unexpended / unencumbered mental health budget funds be held by the Milwaukee County Treasurer in a mental health reserve fund. Once that fund reaches a $10 million balance, any surplus amounts may be used for “any mental health function, program, or service in Milwaukee County.” Wis. Stat. § 51.41(4)(d):

The treasurer in Milwaukee County shall hold any moneys that at the end of a fiscal year have not been expended or encumbered from the amount budgeted for mental health functions, programs, and services in a mental health reserve fund. Moneys in the reserve fund may be used at any time to cover deficits in the Milwaukee County mental health budget. If the amount in the reserve fund exceeds $10,000,000, the amount exceeding $10,000,000 may be used at any time for any mental health function, program, or service in Milwaukee County. Moneys in the reserve fund may be used only for the purposes described in this paragraph.

2013 Act 203 shifted authority for the building reserve fund from the County Board to the Milwaukee County Mental Health Board. Wis. Stat. § 46.18(13):

In Milwaukee County, the Milwaukee County mental health board, for mental health infirmary structures and equipment, shall ensure the maintenance, as a segregated cash reserve, of an annual charge of 2 percent of the original cost of new construction or purchase or of the appraised value of existing mental health infirmary structures and equipment. If the infirmary or
any of its equipment is replaced, any net cost of replacement in excess of the original cost is subject to an annual charge of 2%... In Milwaukee County, the Milwaukee County mental health board may require to be appropriated from reserve sums for mental health infirmaries to be expended for the enlargement, modernization, or replacement of a mental health infirmary and its equipment.

Definitions:

Operating Reserve: A segregated fund held in order to meet emergency or short-term needs established in Wis. Stat. § 51.41(4)(d).

Capital Reserve: A segregated fund held in order to be expended on the enlargement, modernization, or replacement of mental health infirmary and its equipment per Wis. Stat. § 46.18(13).

Procedure:

To access reserve funds, the BHD Administrator will submit a memorandum to the MCMHB Finance Committee requesting the release of funds. In the memo, BHD will outline the project(s) being funded, the amount being requested, justification as to why the project(s) are appropriate for reserve funds, and the anticipated impact on reserve funds.

The Finance Committee will review the request and make a recommendation to the full MCMHB. If the MCMHB approves the request, BHD will submit a fund transfer to the Department of Administrative Services requesting an amendment to the current year budget. In the fund transfer document, expenses will be increased by the anticipated current year cost of the approved project(s) to be funded through reserves. Offsetting revenue will be added in the form of a contribution from reserves.

BHD will deliver a quarterly report of all current reserve balances, outstanding projects anticipated to affect reserve balances, and anticipated future reserve balances.

References:

Wis. Stat. § 51.41(4)(d)
Wis. Stat. § 46.18(13)

Monitors:

(add content here)

Attachments:

Reserve Balance Report Example
Reserve Fund Transfer Example

Approval Signatures

Step Description | Approver | Date
--- | --- | ---
 Matthew Fortman: 11002001-Director - Financial Services | pending |
Applicability

Milwaukee County Behavioral Health
### APPROPRIATION TRANSFER REQUEST

**DEPARTMENT NAME**

**FISCAL YEAR**

**DEPT. NO.**

**APPROPRIATION TRANSFER REQUEST**

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Fund</th>
<th>Agency</th>
<th>Org Unit</th>
<th>OBJECT CODE DESCRIPTION</th>
<th>Transfer Request</th>
<th>DOA Account Modification</th>
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<td></td>
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</tr>
</tbody>
</table>

**ACCOUNT DISTRIBUTION**

**TO (Credit)**

- $-
  - $-

**FROM (Debit)**

- $-
  - $-

### EXPLANATION

**EXAMPLE: FUND TRANSFER**

### TYPE OF TRANSFER

<table>
<thead>
<tr>
<th>AP</th>
<th>EIB</th>
<th>RB</th>
</tr>
</thead>
</table>

**DATE OF REQUEST**

**SIGNATURE OF DEPARTMENT HEAD**

**TITLE**

<table>
<thead>
<tr>
<th>DATE</th>
<th>APPROVE</th>
<th>DISAPPROVE</th>
<th>MODIFY</th>
</tr>
</thead>
</table>

**Dept. of Administration**

**County Executive**

**Finance Committee**

**County Board**

O:\sprdsht\support\jmsdoc\1 frm fundtransfer
# Attachment B

## BHD Reserves:

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>785 Encumbrance Reserve</td>
<td>$1,473,845</td>
<td>$(555,710)</td>
<td>$918,135</td>
<td>$918,135</td>
</tr>
<tr>
<td>904 Wrap Reserve</td>
<td>$6,860,245</td>
<td>$1,427,993</td>
<td>$8,288,238</td>
<td>$8,288,238</td>
</tr>
<tr>
<td>906 Capital Reserve</td>
<td>$3,540,000</td>
<td>$1,180,000</td>
<td>$4,720,000</td>
<td>$4,720,000</td>
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<tr>
<td>741 Carryover Reserve</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>905 Surplus (Operational) Reserve</td>
<td>$19,568,857</td>
<td>$1,744,030</td>
<td>$21,312,887</td>
<td>$(400,000)</td>
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<tr>
<td>Total Reserves</td>
<td>$31,442,947</td>
<td>$3,796,313</td>
<td>$35,239,260</td>
<td>$(400,000)</td>
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</table>

### Projected Balance Detail - Operational Reserve

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Project A</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Project B</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Project C</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Anticipated Year End Contribution (Withdrawal)</td>
<td>$1,744,030</td>
<td>$ -</td>
<td>$(400,000)</td>
<td>$ -</td>
</tr>
<tr>
<td>905 Surplus (Operational) Reserve Total</td>
<td>$19,568,857</td>
<td>$1,744,030</td>
<td>$21,312,887</td>
<td>$(400,000)</td>
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</tbody>
</table>

### Projected Balance Detail - Capital Reserve

<table>
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</thead>
<tbody>
<tr>
<td>Capital Project A</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Capital Project B</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Capital Project C</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Anticipated Year End Contribution (Withdrawal)</td>
<td>$1,180,000</td>
<td>$ -</td>
<td>$1,180,000</td>
<td>$1,180,000</td>
</tr>
<tr>
<td>906 Capital Reserve Total</td>
<td>$3,540,000</td>
<td>$1,180,000</td>
<td>$4,720,000</td>
<td>$1,180,000</td>
</tr>
</tbody>
</table>

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**EXAMPLE: BHD RESERVE BALANCE REPORT**
DATE: September 13, 2018

TO: Tom Lutzow, Chairperson – Milwaukee County Mental Health Board (MCMHB)
    Maria Perez, Chairwoman – Finance Committee, MCMHB

FROM: Mary Jo Meyers, Director, Department of Health and Human Services
       Approved by Michael Lappen, Administrator, Behavioral Health Division

SUBJECT: Report from the Director, Department of Health and Human Services,
         Requesting Authorization to Execute 2019 Purchase-of-Service Contracts
         with a Value in Excess of $100,000 for the Behavioral Health Division for the
         Provision of Adult and Child Mental Health Services and Substance Use
         Disorder Services

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health
(substance use disorder) with a value of at least $100,000. No contract or contract adjustment
shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute,
the Director of the Department of Health and Human Services is requesting authorization for
BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use
contracts for 2019.

Background

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient
Hospital to provide a broad range of rehabilitation and support services to adults with mental health
and/or substance use disorders and children with serious emotional disturbances.

Purchase-of-Service Contracts

AIDS Resource Center of Wisconsin- $96,213*
The Vendor provides Behavioral Health and/or Social Services for CARS consumers. BHD is
requesting $96,213 for 2019.

M & S Clinical Services, Inc. - $273,850*
The Vendor is an Access Point that does screening and assessments for CARS consumers and
matches the recommended services to the individual’s needs. BHD will be inviting community
agencies, organizations and interested parties to submit proposals to be an Access Point Vendor in
the first quarter of 2019, therefore BHD is only requesting $273,850 for the first six months of
2019.
M & S Clinical Services, Inc. - $150,000
The Vendor provides information, AODA prevention, and education to individuals, their families, and the general public through the Families Moving Forward coalition. BHD is requesting $150,000 for 2019.

Impact, Inc. - $254,706*
The Vendor is an Access Point that does screening and assessments for CARS consumers and matches the recommended services to the individual’s needs. BHD will be inviting community agencies, organizations and interested parties to submit proposals to be an Access Point Vendor in the first quarter of 2019, therefore BHD is only requesting $254,706 for the first six months of 2019.

Impact, Inc. - $315,000
The Vendor the IMPACT 211 services and is the central access point for people in need. During times of personal crisis or community disaster, the free, confidential helpline and online resource directory make it easy for residents to get connected to information and assistance. BHD is requesting $315,000 for 2019.

Wisconsin Community Services, Inc. - $157,756*
The Vendor is an Access Point that does screening and assessments for CARS consumers and matches the recommended services to the individual’s needs. BHD will be inviting community agencies, organizations and interested parties to submit proposals to be an Access Point Vendor in the first quarter of 2019, therefore BHD is only requesting $157,756 for the first six months of 2019.

Wisconsin Community Services, Inc. - $428,913
The Vendor has been contracted to run the Office of Consumer Affairs program for BHD. BHD is requesting $428,913 for 2019.

Justice Point, Inc. - $22,500*
The Vendor is an Access Point that does screening and assessments for CARS consumers and matches the recommended services to the individual’s needs. BHD will be inviting community agencies, organizations and interested parties to submit proposals to be an Access Point Vendor in the first quarter of 2019, therefore BHD is only requesting $22,500 for the first six months of 2019.

Matt Talbot Recovery Services, Inc. - $2,572,145
The Vendor provides residential intoxication monitoring service for CARS consumers. BHD is requesting $2,572,145 for 2019.

Matt Talbot Recovery Services, Inc. - $2,196,557
The Vendor provides residential service for CARS consumers. BHD is requesting $2,196,577 for 2019.
Community Advocates, Inc. - $500,000*
The Vendor provides information, prevention education, and training to individuals, their families, and the general public to increase awareness and reduce the stigma related to mental illness, substance abuse, and co-occurring disorders. BHD is requesting $500,000 for 2019.

Community Advocates, Inc. - $266,600*
The Vendor provides prevention services for CARS consumers. BHD is requesting $266,600 for 2019.

Mental Health America of WI - $40,000
The Vendor provides suicide prevention information and training for individuals, their families, and the general public to increase awareness and help reduce the number of suicides. BHD is requesting $40,000 for 2019.

Mental Health America of WI - $44,000
The Vendor provides information and training for individuals, their families, and the general public and provides linkages and referrals to other community services. BHD is requesting $44,000 for 2019.

St. Charles Youth & Family Services, Inc. - $350,000*
The Vendor provides training coordination for CARS. BHD is requesting $350,000 for 2019.

Meta House, Inc. - $50,000*
The Vendor provides AODA prevention services for CARS consumers. BHD is requesting $50,000 for 2019.

Outreach Community Health Centers, Inc. - $2,196,557
The Vendor provides outpatient treatment service for CARS consumers. BHD is requesting $2,196,557 for 2019.

National Alliance for Mentally Ill - $30,000
The Vendor provides consumer advocacy services for CARS consumers. BHD is requesting $30,000 for 2019.

Milwaukee Center for Independence, Inc. - $331,984
The Vendor provides benefit advocacy and assistance for BHD consumers through the Winged Victory program. BHD is requesting $331,984 for 2019.

Milwaukee Center for Independence, Inc. - $1,160,000
The Vendor provides a Crisis Resource Center (North) that serves adults with mental health needs who are in need of crisis intervention and/or short-term crisis stabilization versus hospitalization. BHD is requesting $740,000 for 2019. Additionally, $420,000 in Medicaid passthrough payments is also being requested to support CRC services.
Milwaukee Center for Independence, Inc. - $1,160,000
The Vendor provides a Crisis Resource Center (South) that serves adults with mental health needs who are in need of crisis intervention and/or short-term crisis stabilization versus hospitalization. BHD is requesting $740,000 for 2019. Additionally, $420,000 in Medicaid passthrough payments is also being requested to support CRC services.

United Community Center - $45,000
The Vendor in partnership with the Sixteenth Street Community Health Center will strengthen their bilingual and bicultural service delivery for both behavioral health and physical health for BHD consumers. BHD is requesting $45,000 for 2019.

Warmline, Inc. - $50,000
The Vendor provides non-crisis phone line coverage to individuals living with mental illness who need supportive talk and linkages to community resources. BHD is requesting $50,000 for 2019.

Our Space, Inc. - $250,962
The Vendor provides a psychosocial drop-in center that provides a casual environment for education, recreation, socialization, pre-vocational activities, and occupational therapy opportunities for individuals with severe and persistent mental illness and/or co-occurring disorders. BHD is requesting $250,962 for 2019.

Our Space, Inc. - $400,000
The Vendor is creating a peer run respite house for individuals who are experiencing an increase in symptoms, or life needs, and who are in need of support and services to aid in their recovery and thereby avert crises and prevent hospitalization. BHD is requesting $400,000 for 2019.

Grand Avenue Club, Inc. - $200,000
The Vendor provides psycho-social club which is a model of rehabilitation for individuals living with mental illness and/or co-occurring disorders. The clubhouse operates with participants as members, who engage in partnership with staff in the running of the clubhouse and includes involvement in the planning processes and all other operations of the club. BHD is requesting $200,000 for 2019.

Vital Voices for Mental Health - $75,000
The Vendor does consumer satisfaction surveys for CARS consumers. BHD is requesting $45,000 for 2019.

La Causa, Inc. - $609,714
The Vendor provides post hospitalization support by Peer Specialists to increase independence and success following discharge. BHD is requesting to enter into a purchase of service contract for $329,714 for 2019. This is the same amount that was requested for these services in 2018. Additionally, $280,000 in Medicaid passthrough payments is also being requested to support these services.
La Causa, Inc. - $200,000
The Vendor provides crisis mobile services. Crisis mobile pairs crisis workers with Police Officers to more effectively handle mental health crisis in the community and decrease involuntary admissions. BHD is requesting $200,000 for 2019.

Bell Therapy, Inc. - $298,000
The Vendor provides crisis stabilization home services. BHD is requesting $298,000 for 2019.

Bell Therapy, Inc. - $279,135
The Vendor provides crisis stabilization home services. BHD is requesting $279,135 for 2019.

AJA Enterprises LLC dba AJA Counseling Center - $1,770,372
The Vendor provides Care Coordination, REACH, and screening/assessment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting $1,770,372 for 2019.

Alternatives in Psychological Consultation, S.C. - $2,500,491
The Vendor provides Care Coordination, REACH, and screening/assessment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting $2,500,491 for 2019.

SEA Group - $300,000
The Vendor provides Educational Advocacy services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting $300,000 for 2019.

Family Strong, LLC - $225,000*
The Vendor provides family engagement and advocacy services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting $225,000 for 2019.

Kids Forward - $250,000
The Vendor provides support services such as program evaluation, training, consultation for the Wraparound Milwaukee Program. BHD is requesting $250,000 for 2019.

La Causa, Inc. - $4,736,424
The Vendor provides Care Coordination, REACH, and screening/assessment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting $4,736,424 for 2019.

Lad Lake - $283,720
The Vendor provides the OYEAH program for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting $283,720 for 2019.

Pathfinders Milwaukee, Inc. - $141,860
The Vendor provides the OYEAH program for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting $141,860 for 2019.
**SaintA, Inc. - $1,917,779**
The Vendor provides Care Coordination, REACH, and screening/assessment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting $1,917,779 for 2019.

**St. Charles Youth & Family Services, Inc. - $4,567,143**
The Vendor provides Care Coordination, REACH, OYEAH, screening/assessment, mobile crisis, Peer Specialists, and case management services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting $4,567,143 for 2019.

**Willowglen Community Care - $1,920,516**
The Vendor provides Care Coordination, REACH, and screening/assessment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting $1,920,516 for 2019.

**Wisconsin Community Services, Inc. - $463,140**
The Vendor provides Care Coordination, and OYEAH services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting $463,140 for 2019.

**Fiscal Summary**

The amount of spending requested in this report is summarized below.

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>New/Amendment</th>
<th>2019 Amount</th>
<th>Total Contract Amount</th>
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<td>Willowglen Community Care</td>
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<td>$34,090,037</td>
</tr>
</tbody>
</table>

*Denotes a Vendor whose funding is supported by a grant.

Mary Jo Meyers, Director
Department of Health and Human Services

Cc: Maria Perez, Finance Chairperson
DATE: September 13, 2018

TO: Tom Lutzow, Chairperson – Milwaukee County Mental Health Board
    Maria Perez, Chairwoman – Finance Committee

FROM: Mary Jo Meyers, Director, Department of Health and Human Services

Approved by Michael Lappen, Administrator, Behavioral Health Division

SUBJECT: Report from the Director, Department of Health and Human Services,
Requesting Authorization to Execute 2018 Fee-for-Service Agreement
Amendments with a Value in Excess of $100,000 for the Behavioral Health
Division for the Provision of Adult and Child Mental Health Services and
Substance Use Disorder Services

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health
(substance use disorder) with a value of at least $100,000. No contract or contract adjustment
shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute,
the Director of the Department of Health and Human Services is requesting authorization for
BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contract
amendments for 2018.

Background

Approval of the recommended contract allocation projections will allow
BHD/CARS/Wraparound/Inpatient Hospital to provide a broad range of rehabilitation and
support services to adults with mental health and/or substance use disorders and children with
serious emotional disturbances.

Fee-for-Service Agreements

Allendale Association, Inc. - $400,000
This vendor provides Behavioral Health and/or Social Services for the Wraparound Milwaukee
Program serving children/youth and their families. BHD is requesting an additional $400,000 for
2018. The total contract amount will be $480,000.

Dominion Behavioral Health Services, LLC - $20,000
This vendor provides Behavioral Health and/or Social Services for the Wraparound Milwaukee
Program serving children/youth and their families. BHD is requesting an additional $20,000 for
2018. The total contract amount will be $155,688.
**Libertas Community Center - $115,000**
This vendor provides Behavioral Health and/or Social Services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting an additional $30,000 for 2018. The total contract amount will be $115,000.

**Fiscal Summary**

The amount of spending requested in this report is summarized below.

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>New/Amendment</th>
<th>2018 Increase</th>
<th>Total Contract Amount</th>
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<td>Allendale Association, Inc.</td>
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<td>Dominion Behavioral Health Services, LLC</td>
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<td>Libertas Treatment Center</td>
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<td><strong>Total</strong></td>
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<td><strong>$450,000</strong></td>
<td><strong>$750,688</strong></td>
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</table>

*Denotes a Vendors whose funding is supported by a grant.

Mary Jo Meyers, Director
Department of Health and Human Services

Cc: Maria Perez, Finance Chairperson
Milwaukee County Behavioral Health Division
2018 June Year to Date Projection - Major Variances
($ millions)

Total BHD Projected Surplus/(Deficit) $ (0.4)

Hospital (Adult Inpatient, CAIS, ER/Obs) ($1.7)

REVENUE:
Patient Revenue - CAIS ($0.9), PCS-ER/Obs ($1.7), Adult ($0.1) $ (2.7)

EXPENSES:
Personnel Expenses (Overtime over Budget) $ (0.6)
Miscellaneous Patient Expenses $ 1.8
State Institutes $ (0.6)
Internal Allocation revised, favorable to Inpatient $ 0.4

Sub-Total Hospital Expenses $ 1.0

Management/Operations/Fiscal $ 0.5

Personnel Expenses - Salary surplus from vacant positions

Community Services $ 0.7

REVENUE:
CCS WIMCR $ 1.8

EXPENSES:
Access Clinic $ (0.3)
CRS/IOP/Day Tx Underspend $ 0.7
Residential - CBRF $ (0.8)
Salary Underspend $ 1.3
AODA Grant underspend $ (0.5)
RSC/Outpatient Overspend $ (1.5)

Sub-Total Community Expenses $ (1.1)
DATE:       September 13, 2018

TO:         Tom Lutzow, Chairperson – Milwaukee County Mental Health Board

FROM:       Mary Jo Meyers, Director, Department of Health and Human Services

SUBJECT:    Report from the Director, Department of Health and Human Services, Providing Additional Information on 2019 Budget Amendment #1 Titled Veteran Health Support Program

Background

At the June 28, 2018, Finance Committee meeting, the Committee laid over 2019 Budget Amendment #1 titled Veteran Health Support Program. This Amendment would use $150,000 Behavioral Health Division (BHD) Reserve funds annually to fund a legal team to support Milwaukee County veterans in their efforts to overturn their denied benefits status.

In July, BHD Administration reached out to the Milwaukee County Veterans Service Office (MCVSO) to get information on what MCVSO is already doing to assist veterans in overturning denied benefits status. After reviewing the Budget Amendment, the MCVSO Director, Jim Duff, offered to submit a memorandum to the Milwaukee County Mental Health Board (See Attachment A) on the ability of MCVSO to meet this objective with existing resources.

Mary Jo Meyers, Director
Department of Health and Human Services

Cc: Maria Perez, Finance Chairperson
BUDGET RECOMMENDATION
2019 REQUESTED BUDGET
MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

Please send completed recommendation forms to:
Maria Perez, PhD (Maria.Perez@milwaukeecountywi.gov) &
Lisa Wozny (Lisa.Wozny@milwaukeecountywi.gov)

Title: Veteran Health Support Program
MCMHB Sponsor: Robert Curry

Narrative Description:
After recent discussions with various community stakeholders, it has become apparent that a gap exists in community service which results in an unnecessary burden upon Milwaukee’s county-funded behavioral health services. Other communities throughout the nation, facing similar financial hurdles, have invested resources into addressing this problem at its source rather than at the point of crisis, which results in improvements to the health of the targeted community while expanding available resources for the general public. The gap which this proposal seeks to fill is the lack of accessible legal services for trauma-affected veterans who have earned VA healthcare, but are unnecessarily utilizing county-funded behavioral health services.

Milwaukee’s current legal and advocacy services lack the capacity to provide specialized administrative knowledge on a pro bono basis to veterans who suffered service-connected trauma and have been denied VA eligibility. Private attorneys accept cases on retainer or collecting fees from the client’s financial award, and county veteran resources provide advice on completing paperwork and filing deadlines. What Milwaukee lacks is a resource for veterans with PTSD or other trauma to have an attorney represent them for free to challenge their denial of benefits, one who has been trained in current administrative guidance and the evolving treatment of PTSD and trauma by the military and VA. Investing in this advocacy as a priority to address public health is the forward-thinking solution which will, within months, reduce unnecessarily utilization of county resources.

The MCMHB can receive a great return on investing in such a program. By funding a local non-profit with $150,000 annually, the MCMHB could invite proposals from organizations to describe how they would implement such a project, and how county health services could better identify veterans currently utilizing BHD services whose costs of care should be borne by the federal government, not by Milwaukee County. Proposals would require the director of such a project to be a licensed attorney and accredited by the VA, and should describe how the remaining funds would be used to train a network of volunteer attorneys and implement positive change to BHD services. This Veteran Peer should be WI State Certified Peer, as well as Paralegal training. Assuming a limited commitment of 3 years of funding, proposals would also need to identify how the project would sustain itself once financial investments from MCMHB expire.

Anticipated 2019 Financial Impact of Recommendation:

<table>
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<th>Description</th>
<th>Revenue</th>
<th>Expense</th>
<th>Tax Levy</th>
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<tr>
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<td><strong>Total</strong></td>
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</tr>
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This initiative requires a total commitment of $450,000 from the BHD general reserve. This is a three year commitment, not to exceed $150,000 annually. The $450,000 commitment also does not include the administrative costs of setting up or administering an RFP.

The 2019 budgeted contribution from reserves would increase from $351,697 to $501,697 in 2019 and 2020. The 2021 budgeted contribution from reserves would decrease to $150,000, since other initiatives currently funded from the reserve would have been completed at that time.

Contract expenditures would increase by $150,000 in 2019, and then decrease by $150,000 in 2022.
Memorandum for Record (Related to Budget Recommendation (Veteran Health Support Program))

From: Jim Duff, Director, Milwaukee County Veterans Service Office

Without further clarification of the extent of the need that may exist and sufficient justification for the amount requested, I would not support this budget recommendation. I would suggest that any BHD patients identifying as veterans and claiming ineligibility for VA health care (or any other veterans benefit) be referred to the Milwaukee County Veterans Service Office for assistance.

The Milwaukee County Veterans Service Office (2018 levy $197K) assists veterans and their families residing in Milwaukee County with identifying and applying for various state and federal veterans benefits, and connects them also with some associated social services.

In 2017, the MCVSO provided clients with 1500+ iterations of assistance with federal/misc benefits (direct assistance with applications and follow-up). These included 864 requests/provision of service records, 21 discharge upgrades, 54 VA compensation, 47 VA pension, 22 VA survivors’ pensions, and 106 VA Health Care Apps. There were another 800+ iterations of assistance to veterans and their families with state of Wisconsin veterans benefits.

Related to discharge upgrades, and contrary to the budget recommendation writer’s narrative, we do more than “provide advice on completing paperwork and filing deadlines.” We advise the veteran on the likelihood of success (90+% of less than honorable discharges will never be upgraded, because they were fair and legal when issued), identify and assist the veteran in obtaining supporting documentation, prepare the application for the veteran’s signature, submit the paperwork and correspond with the various Boards for Correction of Military Records.

Less than Honorable discharges may disqualify veterans for VA health care. However, the VA makes individual determinations, and does not deny emergency health care to veterans claiming service connected mental health care issues. See attached fact sheet.

County Veterans Service Offices throughout Wisconsin assist veterans with the discharge upgrade process, similar to what our office does. In some cases, veterans service organizations (e.g., American Legion, VFW, etc) may assist veterans also. In addition, private attorneys, as the budget recommendation writer mentions, assist veterans also, sometimes pro bono, sometimes for fees from a potential award of compensation. (It should be noted that there are similar groups of attorneys who assist citizens applying for Social Security Disability. I would not suggest that Milwaukee County consider funding attorneys to represent citizens on SSD claims.)

Related to the issues discussed in the budget recommendation, among other veterans we have assisted in the past 24 months with discharge upgrades, we assisted 4 veterans in particular with getting their discharges upgraded, who’s less than honorable discharges were related to mental trauma/Military Sexual Trauma.

a. Veteran 1 - Gulf War 1 veteran - Initially Other Than Honorable - Upgraded to General, Under Honorable Conditions. Mitigating factor: undiagnosed PTSD. Now eligible for VA benefits, including health care, and the WI Property Tax Credit for 100% service-connected disabled veterans.
b. Veteran 2 – Vietnam veteran - Initially Other Than Honorable - Upgraded to General, Under Honorable Conditions. Mitigating factor: undiagnosed PTSD. Previously eligible for VA health care. Now eligible for VA compensation, receiving at the 70% level.

c. Veteran 3 – Iraq War Veteran – Initially Other Than Honorable – Upgrade denied, but now in appeal. Mitigating factor: BiPolar Disorder. Review Board opined that veteran should be eligible for health care, and we have assisted vet with that application and are awaiting VA Hospital’s determination.


Where military sexual trauma, undiagnosed mental trauma, and/or racism can be shown to be a factor leading to a less than honorable discharge, there is a high likelihood of success in the upgrade process.

The DOD promulgated a policy letter a few years ago, directing the various Boards for Correction of Military Records to consider undiagnosed mental trauma as a mitigating factor when determining whether or not to upgrade a discharge. While the policy is not compelling on the Boards, it has had a positive effect.

The discharge upgrade process can take up to 2 years and sometimes longer, so it is not an immediate fix.

It may be helpful to have knowledge of the state of the veterans population. The veterans population is in significant decline in Wisconsin and throughout the nation. In the past 12-14 years, the population of veterans in WI has declined by 25%, which approximately mirrors the decline nation-wide. The VA predicts veterans population nation-wide to decline by an additional 32% (from 20M to 13.6M) by 2037, more in WI. As of FY 2016, VA estimated WI’s veterans’ population at 373,606. The VA has the following estimates of Milwaukee County veterans population: (see also attached sheets)

- Sep 30, 2015 – 49,381
- Sep 30, 2017 – 45,832
- Sep 30, 2021 – 39,295
- Sep 30, 2025 – 33,555
- Sep 30, 2030 – 27,643
The reasons for this decline are the passing away of draft-era veterans (from WWII, Korea, Cold War, Vietnam eras), and the transition to an all-volunteer force coupled with low personnel end strength in the active military and reserves.

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<th>Personnel End Strength - end, FY2017</th>
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<tr>
<td>Marines</td>
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<tr>
<td>Air Force</td>
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(extracted from www.globalsecurity.org)

In summary, the number of veterans needing the kind of assistance referred to in the Budget Recommendation must be relatively small, and does not justify the expenditure of additional county resources to address it, especially when there are already county and other resources positioned/funded to assist. Those affected veterans should be referred to the Milwaukee County Veterans Service Office.
Dear Member of the Board,

Millions are facing a crisis among a population of veterans who are unable to obtain treatment through the Veterans Administration. Many veterans have ended their military careers due to conditions which is related to service-connected trauma. Only 10% of veterans who are eligible for benefits even challenge the presumption due to lack of access to legal counsel.

On behalf of Guernsey’s empowerment, this nonprofit seeks to develop $100,000 in order to create a legal clinic to assist veterans to access the benefits through the VA which they have earned. This investment would reduce the burden on county and private service providers while improving access for PTSD-affected veterans.

Significant community stakeholders are on board to assist with this initiative, including and veterans, and local providers.

Please contact Brian Michel to discuss the feasibility of this amendment.

Best,
Brian Michel
Other than Honorable\(^1\) Discharges
Impact on Eligibility for VA Health Care Benefits

**Benefit Description**

Except for persons who die during military service, status as a Veteran requires that he or she was discharged or released under conditions other than dishonorable. If a Veteran honorably completed the period of military service for which he or she was initially obligated but because of a change in military status was not discharged or released, and he or she did not honorably complete a subsequent period of service, then the Veteran may be eligible for VA benefits based on the initial period. An administrative decision is required by VBA to determine if the initial obligation was satisfied and whether or not the individual meets the qualification of a Veteran. Examples of a change in military status include:

- Reenlistment
- Voluntary or involuntary extensions of a period of obligated service
- Discharge for acceptance of an appointment as a commissioned officer or warrant officer;
- Change from a Reserve commission to a Regular commission
- Change from a Regular commission to a Reserve commission (Title 38 U.S.C. 101(18)).

Administrative “Other than Honorable” discharges may or may not be disqualifying for purposes of general VA benefit eligibility or VA health benefits eligibility specifically. In assessing whether such discharges were issued “under conditions other than dishonorable,” VA must apply the standards set forth in Title 38 Code of Federal Regulations (C.F.R.) §3.12.

**“Other than Honorable” Discharges – Special Health Care Rule**

An individual with an “Other than Honorable” discharge that VA has determined to be disqualifying under application of title 38 C.F.R. §3.12 still retains eligibility for VA health care benefits for service-incurred or service-aggravated disabilities unless he or she is subject to one of the statutory bars to benefits set forth in Title 38 United States Code §5303(a). Authority: Section 2 of Public Law 95-126 (Oct. 8, 1977).

VA health care benefits: If an individual presents or makes an application for VA health care benefits and has an “other than honorable” discharge, eligibility staff must register the individual and place in a Pending Verification Status unless Veteran has a separate and distinct “unconditional” qualifying military service episode with a qualifying Character of Service. A request for an administrative decision regarding the character of service for VA health care purposes must be made to the local VA Regional Office (VARO).

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\(^1\) In this document, the phrase “other than honorable discharge” refers to specific the administrative military discharge “under other than honorable conditions.” Thus, this term does not encompass punitive discharges (dishonorable discharges, bad-conduct discharges, or officer dismissals), or other types of military discharges.
This request may be submitted using a VA Form 7131, Exchange of Beneficiary Information and Request for Administrative and Adjudicative Action. In making determinations of health care eligibility the same criteria will be used as are now applicable to determinations of service connection when there is no character of discharge bar. The active psychosis or mental illness presumptions under 38 U.S.C. § 1702 (implemented at 38 C.F.R. § 17.109) may be applicable to an individual with an other than honorable discharge. If the eligibility criteria are met, the individual's mental health condition will be presumed to be service-connected for purposes of health care benefits for service-incurred or service-aggravated disabilities.

**Note:** Treatment for mental health conditions may be provided under VA’s tentative eligibility authority (38 C.F.R. § 17.34) to an individual with an other than honorable discharge who presents to VA seeking mental health care in emergency circumstances for a condition the former servicemember asserts is related to military service. For non-mental health conditions, VA may provide emergent treatment under VA’s humanitarian care authority at 38 U.S.C. 1784. In instances where a former servicemember’s eligibility is not yet established, the former servicemember must sign a VA Form 119, Report of Contact, stating that if s/he is subsequently found to be NOT eligible for VA health care, they agree to pay the Humanitarian Rate for any emergent care or services provided.

**Review of Military Discharge References:**
A Veteran may request a review of his/her discharge from the Armed Forces, by submitting Form DD 293, “Application for the Review of Discharge from the Armed Forces of the United States” to the appropriate branch of service where the active duty was served. This request must be made within 15 years of discharge from active service. Form DD 293 can be found at the following link:


If the discharge the Veteran wants reviewed was issued over 15 years ago, instead of applying on a DD Form 293, the Veteran must petition the appropriate Board for Correction of Military Record using DD Form 149, Application for Correction of Military Record Under the Provisions of Title 10, U.S. Code, Section 1552. Form DD 149 can be found at the following link: www.dtic.mil/whs/directives/forms/eforms/dd0149.pdf.

**Note:** A Veteran may request copies of Military Records, by submitting Form SF 180, “Request Pertaining to Military Records” to the appropriate branch of service. The form can be found at www.archives.gov/research/order/standard-form-180.pdf, or it may be completed online at www.archives.gov/veterans/military-service-records.

For Further Information: Contact your local VA health care facility’s Eligibility office or the Health Eligibility Center at 404-828-5257. This and other eligibility related fact sheets are available at www.va.gov/healthbenefits/resources/publications.asp.

**Authorities:** Title 38, United States Code, §5303(a); Pub. L., No. 95-126, §2; and Title 38, Code of Federal Regulations, §§3.12 and 17.34.
The Veteran Population Projection Model 2016 (VetPop2016) provides the latest official Veteran population projection from the Department of Veterans Affairs (VA). VetPop2016 contains projections for each fiscal year from 2015 to 2045.

The total Veteran Population is predicted to decline from 20.0 million in 2017 to 18.6 million in 2037.

Annual % Change 2017 - 2037
- Total: -1.9%
- Male: -2.3%
- Female: +0.7%

Race and Ethnicity

Minority Veterans are predicted to increase from 23.2 percent of the total Veteran population in 2017 to 32.8 percent in 2037. Hispanic Veterans will increase from 7.4 percent in 2017 to 11.2 percent in 2037. Minorities are all races/ethnicities except non-Hispanic White Veterans.

Beginning in 2016 Gulf War Era Veterans became the largest Veteran Cohort

2017
Gulf War 7,271,000
World War II 624,000
Korean Conflict 1,475,000
Vietnam Era 6,651,000

Where Veterans Live

50% of Veterans reside in the top 10 states. Veterans are moving to the West and South.

Rank 2017 2027 2037
1 California Texas Texas
2 Texas California Florida
3 Florida California Virginia
4 New York Virginia California
5 Virginia Ohio New York
6 Ohio Virginia Arkansas
7 N. Dakota Pennsylvania Ohio
8 Pennsylvania Ohio North Dakota
9 Georgia New York Pennsylvania
10 Illinois Washington New York

Top 10 States in veteran population
Percent Change in Veteran Population by State

The total Veteran population decreased 24% between 2000 and 2015

Source: Department of Veterans Affairs, Data Governance and Analytics, Veteran Population Projection Model (VetPop), 2018 as of 9/30/2018
Prepared by the National Center for Veterans Analysis and Statistics