



OFFICE OF COUNTY EXECUTIVE

Milwaukee County

SCOTT WALKER • COUNTY EXECUTIVE

Date: September 10, 2009
To: Lee Holloway, County Board Chairman
From: Scott Walker, County Executive
Subject: **Appointment to Care Management Organization (CMO)
Governing Board**

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in Milwaukee County resolution file no. 05-178, I am hereby appointing **Ms. Gina L. Green-Harris** to the CMO Governing Board. Attached for your review is a copy of Ms. Green-Harris resume. Ms. Green-Harris term will expire August 31, 2012.

Your consideration and confirmation will be appreciated.

A handwritten signature in black ink, appearing to be "Scott Walker", written over a horizontal line.

Scott Walker
Milwaukee County Executive

Attachment

SKM:sh

Cc: Supervisor Peggy West, Chair, Health & Human Needs Committee
Terry Cooley
Dee Hervey
Jodi Mapp
Stephanie Sue Stein, Director, Dept. of Aging
Gina Green-Harris

Gina L. Green-Harris, MBA

3143 N. 47th Street, Milwaukee, WI 53216, 414-442-5877 or 614-353-4852
ggharris08@yahoo.com

Summary of Qualifications

- Outstanding program manager and coordinator with experience in training, leadership and program creation and development.
- M.B.A. and extensive training in seminars for working professionals, grassroots organizations, communities of faith, etc.
- Outstanding productivity as a manager for community based grant programs, inner city community developer and community liaison and collaborative partner with diverse community agencies.
- Experience in Management in Multi-Cultural Leadership Development and Diversity
- Experience writing and implementing Policy and procedures for new and existing agencies and programs.
- Experience in development & implementation of performance standards for grant programs
- Program and fiscal grants management and administration
- Dynamic leader and team builder, consistently motivating others toward success.
- Unique combination of expertise in social services, criminal justice, education and public health.

Professional Experience

Senior Outreach Specialist/Program Manager I
Wisconsin Alzheimer's Institute (WAI)
University of Wisconsin School of Medicine and Public Health/
Center for Urban Population Health
April 2008- Present

- Provide leadership and governance to guide and build the capacity of a newly developed WAI Milwaukee Office.
- Create and implement a plan to build a solid outreach and research program designed to provide resources and recruit minorities into research that is culturally specific to African Americans in the Milwaukee area.
- Oversee and manage the day to day program and budgetary operations of the WAI Milwaukee office.
- Supervise the Milwaukee WAI outreach and research personnel and volunteers.
- Responsible for the orientation and training of new employees and volunteers of the WAI
- Manage outreach activities concerning community outreach and education about Alzheimer's disease for the WAI in Milwaukee.
- Identify and oversee the coordination of physician CME training for AD.
- Oversee the development of Alzheimer's disease memory clinics in the Milwaukee area.
- Supervise and oversee the research recruitment activities of the newly formed Minority Alzheimer's Prevention Program (MAPP) in Milwaukee.
- Build collaborations with community leaders and organizations to identify and provide services for African American elders in need of dementia diagnosis and supportive services provided by the MAPP team.
- Assist with the development of culturally appropriate educational materials.
- Develop an advisory committee to support the Milwaukee site for the recruitment of persons into the Wisconsin Registry Alzheimer's Prevention (WRAP).
- Identify and/or create culturally sensitive materials to disseminate information about Alzheimer's disease and WRAP.
- Identify and build further develop community partnerships within Milwaukee's Alzheimer's and aging services community by serving on boards, councils and key aging committees.
- Assist in writing grants to support dementia-specific program development.

**Ohio Commission on Minority Health, Columbus, OH
Special Grant Coordinator and Community Developer
May 2003-October 2007**

- Responsible ensuring efficient and effective operations of the agency's federal and state grant health programs.
- Establish guidelines, policies and procedures as well as conduct assessments, and site visits and provides technical assistance training to grantees to maximize their performance.
- Develop Curriculum for new grantee trainings in the areas of grant writing, management, evaluation, program design, board development, etc.
- Identify and provide technical assistance to non-traditional grassroots programs and indigenous leaders to increase their capacity to become a freestanding agency.
- Held key leadership positions and served on multiple national, statewide and local groups. Advisory member of statewide and local HIV workgroups and planning committees
- Represented the commission and presented at national and state conferences.

**United Way of Central Ohio, Columbus, OH
Care Columbus
Consultant/Trainer
December 2005-October 2007**

- Using the national Cultural Competency Training Model CARE model trained physicians, nurses, and other health care workers how to work through cultural biases and develop solutions to working with other cultures to provide quality health care services in their respective communities and health environments.

**State of Wisconsin/ Department of Corrections, Milwaukee, WI
Sr. Level Probation/Parole Agent /Trainer
October 1995- April - 2003**

- Supervised caseload of 60-75 offenders at minimum ranging from high to low risk
- Trained agents on cultural sensitivity and victim empathy
- Completed needs and risk assessments for supervision of offender
- Conduct law and rule violations
- Prepare violation investigation reports and represent department at revocation hearings. Investigate and write pre-sentence investigations, write court reviews. Assist victims/survivors of crime in collection of restitution from offenders. Work with victims of domestic violence, homicide, theft, and other crimes.

Professional Accomplishments

- Within one year under my leadership the WAI-Milwaukee office has doubled the number of African Americans enrolled in the WRAP study and is being sought out by researchers across the state and nation to learn about our outreach and recruitment model.
- As of result of my efforts we have created a solid program that has resulted in the need to double our staff due to the increase of work volume, secured state national funding from the NIH of more than 1.5 million dollars, funding from a local philanthropic agency for the next five years.
- Successfully revived and help build the capacity of seven statewide HIV/AIDS grassroots coalitions across Ohio that have set precedence in their communities
- Successfully implemented the first faith based HIV/AIDS training curriculum at an Ohio AME Seminary, using community participants as trainers.
- Successfully assisted in the development of an indigenous leadership-training program for Diabetes in the Hispanic Latino and African American Communities.

Education and other Specialized Training

Franklin University, Columbus, OH
Master's Degree of Business Administration
Focus Area- Executive Leadership Coaching
Franklin University Executive Leadership Program, 2006- 2007

Central State University, Wilberforce, OH
Bachelors of Science-Psychology



OFFICE OF COUNTY EXECUTIVE

Milwaukee County

SCOTT WALKER • COUNTY EXECUTIVE

2

Date: September 10, 2009
To: Lee Holloway, County Board Chairman
From: Scott Walker, County Executive
Subject: **Appointment to Care Management Organization (CMO)
Governing Board**

Subject to the confirmation of your Honorable Body and pursuant to the provisions set forth in Milwaukee County resolution file no. 05-178, I am hereby appointing **Ms. Monica M. Lopez** to the CMO Governing Board. Attached for your review is a copy of Ms. Lopez's resume. Ms. Lopez term will expire August 31, 2012.

Your consideration and confirmation will be appreciated.



Scott Walker
Milwaukee County Executive

Attachments

SKM:sh

Cc: Supervisor Peggy West, Chair, Health & Human Needs Committee
Terry Cooley
Dee Hervey
Jodi Mapp
Stephanie Sue Stein, Director, Dept. of Aging
Monica M. Lopez

Monica M. Lopez
1552 S. 10th Street
Milwaukee, WI 53204
(414) 647-2977
monicamlopez@yahoo.com

Objective:

As a parent of two children who have Cerebral Palsy, I would like to be a member of the committee who serves people with disabilities in Milwaukee County. I believe I can contribute a lot and have ideas on how the County can improve their services to people with disabilities.

Volunteering Experience:

Alianza Latina Aplicando Soluciones (A.L.A.S. Inc.)
Founder and Board President
1615 S. 22nd Street. Suite #209
Milwaukee, WI 53204
(414) 643-2202
www.alianzalatinawi.org

1997 - Present

In June of 1997, I started a support group for Hispanic families who had children with special needs.

Currently, A.L.A.S. Inc. is a non-profit organization serving over 200 families who have children with special needs in the areas of education, health care, and other community resources.

Casa Romero
423 W. Bruce Street
Milwaukee, WI 53204
(414) 224-7564
casaromero@wi.rr.com

2006 - Present

Co-facilitating spiritual/religious groups for mothers with topics on how to be a better mother, spouse, and person.

Recruiting participants for different sessions.

Preparing meals for the mother/daughter retreats.

State Superintendent's Council on Special Education
Madison, Wisconsin
Board Member

September 2005 - September 2007

Healthy Transition Project

Board Member

March 1994 – May 1998

Latino Health Organization

October 1992 – April 1995

Health Promoter

Allen-Field School
730 W. Lapham Blvd.
Milwaukee, WI 53204

Parent Volunteer: served on the Head Start Governance Council, Parent Teacher Association's Secretary and Treasurer. Title I Representative and School Governance Council

September 1991 – May 2000.

Work Experience:

Milwaukee Public Schools
Parent and Student Services
5225 W. Vliet Street
Milwaukee, WI 53208

April 2004 - Present

I am a Parent Information Specialist providing parents answers to their questions and concerns regarding Regular and Special Education; along with information about resources in the community.

WI-FACETS
2714 N Martin Luther King Drive
Milwaukee, WI 53212
(414) 374-4655

February 2000 – September 2007

Latino Outreach Specialist.

Children Hospital of Wisconsin -Special Needs Family Center
9000 W. Wisconsin Ave.
Milwaukee, WI 53226
(414) 266-2000

September 2000 - April 2004

I worked as a Parent Mentor doing home visits and helping parents by connecting them with several resources and assisting them with filling forms from Clinics, Hospitals, SSI, Schools, and other agencies. Translating documents and helping them to set up medical appointments and transportation; and connecting them with other community resources. I was able to provide one on one support to over fifty active families.

Penfield Children Center
833 N. 26th Street
Milwaukee, WI 53233
(414) 344-7676

September 1996 - September 2004

I worked as a Parent Mentor doing home visits with the therapist and showing parents how to work with their child at home with non-expensive toys like bubbles, balls, cars, books, etc.

County of Milwaukee
INTEROFFICE COMMUNICATION

DATE: September 2, 2009

TO: Sup. Lee Holloway, Chairman, Milwaukee County Board of Supervisors
Sup. Peggy West, Chairman, Committee on Health and Human Needs

FROM: Stephanie Sue Stein, Director, Department on Aging

RE: Requesting that the Milwaukee County Board of Supervisors adopt a Resolution and Ordinance that dissolves the Local Long Term Care Council (Chapter 75, General Ordinances of Milwaukee County), and creates an Aging and Disability Resource Center (ADRC) Governing Board under Family Care, as specified under s. 46.283 (6) of Wisconsin Statutes, and authorizing the ADRC Governing Board to assume the duties as specified under s. 46.283

I respectfully request that the attached resolution/ordinance be scheduled for consideration by the Committee on Health and Human Needs at its meeting on September 16, 2009.

The resolution/ordinance dissolves the Local Long Term Care Council (Chapter 75, General Ordinances of Milwaukee County) and creates an Aging and Disability Resource Center (ADRC) Governing Board under Family Care, as specified in s. 46.283 (6), and authorizing the ADRC Governing Board to assume the duties as specified under s. 46.283. The County Executive, with approval of the County Board of Supervisors, shall appoint members of the ADRC Governing Board based on s. 46.283 (6).

Family Care is a Wisconsin program that organizes long-term care programs for older persons and persons with disabilities. Family Care consolidates several long-term care services, including Medicaid, the Community Options Program (COP), the Community Options Waiver Program (COP Waiver) and others, and creates an entitlement to Home and Community Based Care alongside the existing entitlement to institutional care under Medicaid.

To provide access to and to administer its benefits, Family Care creates two types of entities, Resource Centers and Care Management Organizations. Resource Centers provide a single point of access to Family Care by conducting a comprehensive functional and financial eligibility screen on all persons requesting assistance. Care Management Organizations administer Family Care benefits for persons determined to be eligible by Resource Centers and create a comprehensive plan of care for each client, contracting with a wide range of service vendors and monitoring the quality of services that clients receive.

The ADRC Governing Board will serve as the lead county agency responsible for specific duties related to policies and operations of the Aging Resource Center and the Disability Resource Center under Family Care. The CMO Governing Board (Chapter 16, General Ordinances of Milwaukee County) was created in 2005 to perform similar functions for Care Management Organizations in Milwaukee County. Creation of the ADRC Governing Board eliminates the need for the Local Long-Term Care Council (LLTCC) that provided guidance to both the Resource Center and the Care Management Organization as part of the Family Care Pilot Project.

Statutory requirements and administrative rules for an ADRC Governing Board include the following:

Board Membership Requirements

While the statute does not specifically direct the size of governing board membership, it does require a certain percentages of consumer representation on the board depending on the total number of board members. The attached resolution/ordinance provides for seventeen (17) board members. Based on the statute, all of the following requirements must be met by the governing board:

- The composition of the governing board must generally reflect the ethnic and economic diversity of the geographic area served by the ADRC.
- At least one-fourth of the membership of the board must consist of individuals who belong to the ADRC client groups or their family members, guardians, or other advocates. (Note: the proposed 17-member board requires 35% consumer representation.)
- The proportion of board members representing older people, people who are physically disabled, and people who are developmentally disabled shall be the same as the proportion of individuals in these target groups statewide that are enrolled in Medicaid managed long-term care programs. These individuals may only represent one target group. (Note: the proposed 17-member board must include at least one representative for developmental disabilities, one representative for physical disabilities, and four elder representatives.)
- One member of the governing board shall be an individual with a mental health or substance abuse issue, or their family member or other representative.
- One member of the governing board may represent youth transitioning to the adult system.

Conflict of Interest

ADRC governing boards are required to avoid the following conflicts of interest:

- Any individual who has a financial interest in, or serving on the governing board of, a Managed Care Organization (MCO), PACE program, Family Care Partnership Program, SSI managed care plan, or has a family member with any of these same conflicts, is prohibited from serving on the governing board of an ADRC that shares a common service area.
- It is expected that various client populations for Family Care will be well represented in the governance of the ADRC, without assigning individuals to represent multiple target groups.
- County employees may not serve on the board, unless prior authorization for exceptional circumstances is obtained from the Wisconsin Department of Health Services (DHS).
- Elected county officials may not serve as a consumer representative on the board of an ADRC serving their constituency.

Operational Duties

ADRC governing boards are required to do the following:

- Develop a mission statement for the ADRC.
- Determine the appropriate structure, policies, and procedures.
- Oversee the on-going operations of the ADRC including annual review of interagency agreements.
- Assure input from consumers, service providers, MCOs and local constituents in the policies, procedures and goals of the resource center.
- Identify potential new sources of community resources and funding to serve the target populations.
- Provide financial oversight, including reviewing of budgets and monitoring of expenditures.
- Ensure the terms of the contract with Department (DHS) are fulfilled.
- Recommend strategies for building local capacity to serve the target populations to local elected officials, advisory committees, and the Department (DHS) as appropriate.

Oversight Duties

ADRC governing boards are expected to provide oversight as indicated:

- Review the number and type of grievances and appeals concerning the long-term care system in their service area and make recommendations for improvements as appropriate.
- Identify the unmet needs of the target populations (see section below).
- Provide well advertised opportunities for persons to participate in the board's informational gathering activities.
- Report findings to the regional advisory committee.
- Appoint members to the regional advisory committee. At least half of the delegates to the committee must be older people, people who are physically disabled, people who are developmentally disabled, or representatives of these groups. The Department (DHS) will provide guidance on the number of delegates from each ADRC.

Identifying Unmet Needs

ADRCs are required to gather information annually from consumers and providers of long term care services and other interested persons concerning the adequacy of long term care services in the area served by the ADRC. The governing board is expected to analyze this information and share the results with the county board, the regional long-term care advisory committee and the Department at least annually. The ADRC board may also share this information with local organizations that fund or operate service programs.

Supervisor Lee Holloway and Supervisor Peggy West
September 1, 2009
Page 4

Expenditures for ADRC Governing Board operations and staffing will be funded through annual allocations to the Aging Resource Center and Disability Resource Center and any interagency agreements with Care Management Organizations.

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



Stephanie Sue Stein, Director
Department on Aging

cc	County Executive Scott Walker	Gail Cheatham
	Thomas Nardelli	Jeanne Dorff
	Stephen Cady	Nubia Serrano
	Jennifer Collins	Mary Proctor Brown
	Cynthia Archer	Maria Ledger
	Joseph Carey	Jim Hodson
	Steve Kreklow	Chester Kuzminski
	Lisa Marks	Gary Portenier
	Geri Lyday	Greg Reiman
	Mark Stein	Beth Werve
	Karin Bachman	

Attachments

RESOLUTION/ORDINANCE

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4 WHEREAS, on March 16, 2000, the Milwaukee County Board of Supervisors authorized the
5
6 Director, Department on Aging, to execute a contract with the Wisconsin Department of Health and
7
8 Family Services to serve as an Aging and Disability Resource Center pilot under Family Care; and
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10 WHEREAS, on May 18, 2000, the Milwaukee County Board of Supervisors authorized the
11
12 Director, Department on Aging, to execute a contract with the Wisconsin Department of Health and
13
14 Family Services to serve as a Care Management Organization (CMO) pilot under Family Care; and
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16 WHEREAS, the primary purpose of Family Care is to divert persons requiring long-term care
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18 from high cost nursing home care to more appropriate and cost-effective community-based forms of
19
20 care; and
21

22 WHEREAS, as the original Family Care pilot program required the establishment of a local
23
24 term care council (LLTCC) as an advisory body to both the Resource Center and Care Management
25
26 Organization under Chapter 46.282 of Wisconsin Statutes; and
27

28 WHEREAS, Chapter 46 of Wisconsin Statutes was amended to require the establishment of a
29
30 CMO Governing Board under s. 46.284 replacing the local long-term care council as the oversight
31
32 body for the Care Management Organization under Family Care; and
33

34 WHEREAS, in 2005 the Milwaukee County CMO Governing Board was established under
35
36 File No.05-178; and
37

38 WHEREAS, Chapter 46 of Wisconsin Statutes was amended to require the establishment of a
39
40 ADRC Governing Board under s. 46.283 replacing the local long-term care council as the oversight
41
42 body for the Aging Resource Center and the Disability Resource Center under Family Care;
43
44 and
45

46 WHEREAS, this resolution and proposed ordinance provides for dissolving the local long
47
48 term care council and creating an aging and disability recourse center (ADRC) governing board; now,
49
50 therefore,
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52 BE IT RESOLVED, the Milwaukee County Board of Supervisors does hereby abolish and
53
54 recreate Chapter 75 of the General Ordinances of Milwaukee County to dissolve the local long term
55

56 care council (LLTCC) and create the Aging and Disability Resource Center (ADRC) Governing
57 Board as follow:
58

59
60 AN ORDINANCE

61
62 The County Board of Supervisors of Milwaukee County does ordain as follows:

63
64 SECTION 1. Section 75 of the General Ordinances of Milwaukee County is created to read as
65 follows:

66
67 **Section 75 Aging and Disability Resource Center Governing Board**

68
69 **75.01 Aging and disability resource center governing board created.**

70
71 There is hereby created an aging and disability resource center governing board. The board
72 shall be the lead county agency required to perform specific functions related to the policies,
73 operations, and oversight of both the Aging Resource Center and the Disability Resource Center
74 under Chapter 46 of Wisconsin Statutes, serving older persons age 60 or older and adults age 18 to 59
75 with physical or developmental disabilities in need of long-term care. In addition, the aging and
76 disability resource center governing board shall advise the county board of supervisors, county
77 executive, and Wisconsin Department of Health Services on policies, operations, and oversight of the
78 Aging Resource Center and Disability Resource Center under the Family Care program.
79

80 **75.02 Appointing authority.**

81
82 The members of the aging and disability resource center governing board shall be appointed
83 by the county executive with the approval of the county board of supervisors.
84

85 **75.03 Membership and qualifications.**

86
87 The aging and disability resource center governing board shall consist of seventeen (17)
88 members, with the total composition of the governing board including at least one (1) representative
89 for developmental disabilities, one (1) representative for physical disabilities, and four (4) elder
90 representatives, each from respective ADRC client groups or their family members, guardians, or
91 other advocates. In addition one (1) member of the governing board shall be an individual with a
92 mental health or substance abuse issue, or a family member or other representative. The composition
93 of the governing board must generally reflect the ethnic and economic diversity of the geographic
94 area served by the ADRC. Designation of representatives on the council shall remain in effect in
95 accordance with section 75.02 of the ordinance, unless otherwise amended by the county board as a
96 result of federal, state, or county requirements.
97

98 **75.04 Terms.**

99
100 The members of the aging and disability resource center governing board shall serve a term
101 of three (3) years, provided, however, that for the original seventeen (17) members, the county
102 executive shall classify their terms so that six (6) members shall be appointed to a three-year term, six
103 (6) members shall be appointed to a four-year term, and five (5) members shall be appointed to a five-
104 year term. No member may serve more than two (2) consecutive terms.
105

106 **75.05 Vacancies.**

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108 Vacancies occurring because of resignation or other valid reasons will be filled by
109 appointment of a successor for the unexpired term of the office vacated. An aging and disability
110 resource center governing board member may be removed from office for the following reasons:

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(a) For cause, by a two-thirds vote of the county board of supervisors, on due notice in writing and hearing of the charges against the member; and

(b) If the member, when appointed, was a member of the county board of supervisors or was another elected official and was not reelected to that office, on due notice in writing.

75.06 Compensation and training.

Members of the aging and disability resource center governing board shall receive compensation from the county for reasonable expenses associated with council membership. The county will provide training to governing board members to enable them to participate effectively.

75.07 Organization.

The aging and disability resource center governing board shall proceed to elect a chairperson, a vice-chairperson, a secretary and other officers as necessary. The officers so elected shall serve a term of one (1) year. Vacancies in these offices shall be filled for the unexpired term. The chairperson shall preside at all meetings when present and countersign all actions taken by the aging and disability resource center governing board. In case of the absence of the chairperson for any meeting, the vice-chairperson will chair the meeting. If both the chairperson and vice-chairperson are absent, the members will choose a temporary chairperson. The board may appoint committees composed of members, non-members, or both. The board may adopt bylaws of procedure.

75.08 Open meetings.

All meetings of the aging and disability resource center governing board and it's consulting committees shall be publicly held and open to all citizens at all times, as required by s.19.81 et seq., Wis. Stats.

75.09 Powers and Duties.

The aging and disability resource center governing board shall do all of the following:

1. Determine the structure, policies, and procedures of, and oversee the operations of, the resource centers. The operations of resource centers that are operated by a county are subject to the county's ordinances and budget.
2. Annually gather information from consumers and providers of long-term care services and other interested persons concerning the adequacy of long-term care services offered in the area serviced by the resource centers. The board shall provide well-advertised opportunities for persons to participate in the board's information gathering activities conducted under this subdivision.
3. Identify any gaps in services, living arrangements, and community resources needed by individuals belonging to the client groups served by the resource centers, especially those with long-term care needs.
4. Report findings made under subdivisions 2. and 3. to the applicable regional long-term care advisory committee.
5. Recommend strategies for building local capacity to serve older persons and persons with physical or developmental disabilities, as appropriate, to local elected officials, the regional long-term care advisory committee of the Wisconsin Department of Health Services.

165 6. Identify potential new sources of community resources and funding for needed services for
166 individuals belonging to the client groups served by the resource centers.

167
168 7. Appoint members to the regional long-term care advisory committee, as provided in s.
169 46.2825 (1).

170
171 8. Annually review interagency agreements between the resource centers and care
172 management organizations that provide services in the area served by the resources and make
173 recommendations, as appropriate, on the interactions between the resource centers and the care
174 management organizations to assure coordination between or among them and to assure access to and
175 timeliness in provision of services by the resource centers and the care management organizations.

176
177 9. Review the number and types of grievances and appeals concerning the long-term care
178 system in the area served by the resource centers, to determine if a need exists for system changes,
179 and recommend system or other changes if appropriate

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181 10. If directed to do so by the county board, assume the duties of the long-term community
182 support planning committee as specified under s. 46.27 (4) for a county served by the resource center.

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184 **75.10 Confidentiality; Exchange of Information**

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186 No record, as defined in s. 19.32 (2), of a resource center that contains personal identifiable
187 information, as defined in s. 19.62 (5), concerning an individual who receives services from the
188 resource center may be disclosed by the resource center without the individual's informed consent,
189 except as provided for under s. 46.283 (7)(a) or s. 46.283 (7)(b) of Wisconsin Statutes.

190
191 **75.11 Reports**

192
193 The governing board shall provide copies of all annual reports of its activities to the county
194 board, county executive, and all units of local government in the county.

195
196 BE IT FURTHER RESOLVED, that the aging and disability resource center governing
197 board shall assume all duties and responsibilities of the ADRC governing board as specified under
198 s.46.283 following an organizational meeting to select officers.
199
200
201

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: September 2, 2009

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Requesting that the Milwaukee County Board of Supervisors adopt a Resolution and Ordinance that dissolves the Local Long Term Care Council (Chapter 75, General Ordinances of Milwaukee County), and creates an Aging and Disability Resource Center (ADRC) Governing Board under Family Care, as specified under s. 46.283 (6) of Wisconsin Statutes, and authorizing the ADRC Governing Board to assume the duties as specified under s. 46.283.

FISCAL EFFECT:

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

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

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

This resolution/ordinance dissolves the Local Long Term Care Council (Chapter 75, General Ordinances of Milwaukee County), and creates an Aging and Disability Resource Center (ADRC) Governing Board under Family Care, as specified under s. 46.283 (6) of Wisconsin Statutes, and authorizing the ADRC Governing Board to assume the duties as specified under s. 46.283.

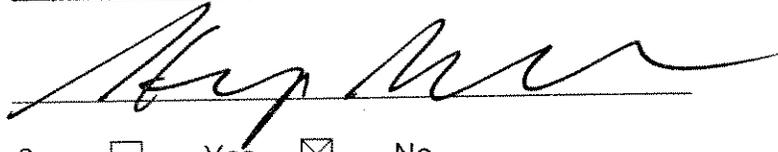
The adoption of this resolution/ordinance will not require the expenditure of any County Tax Levy not previously authorized in the 2009 Adopted Budget. This resolution has no fiscal impact on Milwaukee County other than the allocation of staff time required to prepare the accompanying report and resolution/ordinance.

Any incidental costs for operation of the ADRC Governing Board will be absorbed within annual allocations to the Aging Resource Center and the Disability Resource Center and/or within the budgets of the Department on Aging and the Department of Health and Human Services.

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

Department/Prepared By Department on Aging / Gary W. Portenier, Program Planning
Coordinator

Authorized Signature

A handwritten signature in black ink, appearing to read "Gary W. Portenier", is written over a horizontal line.

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

5

DATE: August 26, 2009

TO: Supervisor Elizabeth Coggs, Chairperson, Committee on Finance and Audit
Supervisor Peggy West, Chairperson, Health & Human Needs Committee

FROM: Lisa Marks, Interim Director, Department of Health and Human Services
Prepared by: John Chianelli, Administrator, Behavioral Health Division

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR OF HEALTH AND HUMAN SERVICES REGARDING THE STATUS OF THE DIETARY DEPARTMENT EMPLOYEES DISPLACED BY THE DIETARY OUTSOURCING INITIATIVE

BACKGROUND

The 2009 Budget included an initiative to contract for food service operations at the Behavioral Health Division (BHD). On June 8, 2009, A'viands LLC, the selected vendor, began operating the BHD food service. BHD has provided verbal status reports to the County Board since this initiative began. At the July 16, 2009 meeting of the Finance and Audit Committee, it was requested that the Department provide monthly written reports of the dietary employee placement status statistics by gender and race.

DISCUSSION

At the final June 7, 2009 date of County operated food services there were 69 employees, fifty of those were employed full time (40 hour/week) and 19 were employed hourly (17.5 hours or more/week).

Of the 69 employees, 36 people are currently working for A'viands:

Hired by A'viands	Asian	Black or African American	Hispanic or Latino	White	Total
Female					
Total	-	12	2	3	17
Male					
Total	1	13	2	-	16

* Note: One person was terminated from A'viands due to the results of the background check.

In addition, 36 individuals either did not apply to A'viands (19 people¹), did not accept (13 people), were not selected for positions with A'viands (3 people), or were terminated from A'viands (1 person). Below is the status of those 36 individuals.

¹ In the previous report, it was indicated that 21 people did not apply to A'viands. Since that time, two people reconsidered, applied with A'viands and were hired.

Current status of people not employed by A'viands	Asian	Black or African American	Hispanic or Latino	White	Total
Female					
Total	-	11	-	4	15
Placed within the County	-	2	-	1	3
Retired	-	2	-	1	3
Returning to School	-	3	-	-	3
Unable to contact	-	3	-	2	5
Has other job	-	-	-	-	-
Has other job & returning to school	-	1	-	-	1
Other*	-	-	-	-	-
Male					
Total	-	12	1	8	21
Placed within the County	-	2	-	4	5
Retired	-	1	-	1	2
Returning to School	-	-	-	1	1
Unable to contact	-	6	1	1	8
Has other job	-	-	-	-	-
Other*	-	3	-	1	4

*Other includes: applying for disability, pending return from an injury, did not want to talk about it, and deceased.

Below is a comparison of scheduled workweek for employees hired by A'viands and their current employment status with A'viands. Under Milwaukee County employment for food services, hourly status individuals were scheduled for a minimum of 17.5 hours per week with the opportunity to work additional hours if needed. A'viands' part-time status is 0-32 hours per week and full-time status is 32 or more hours per week. Only 3 of the 15 County hourly staff are at part-time status with A'viands, and that is due to each of them holding other full time jobs at different locations.

Work week comparison between MC and A'viands	Asian	Black or African American	Hispanic or Latino	White	Total
Female					
Total	-	12	2	3	17
MC Hourly	-	4	1	2	7
MC Full Time	-	8	1	1	10
A'viands Part Time	-	-	-	1	1
A'viands Full Time	-	12	2	2	16
Male					
Total	1	14	2	-	16
MC Hourly	-	6	1	-	7
MC Full Time	1	7	1	-	9
A'viands Part Time	-	2	-	-	2*
A'viands Full Time	1	11	2	-	14

Recommendation

This is an informational report. No action is necessary.

Respectfully Submitted:



Lisa Marks, Interim Director
Department of Health and Human Services

cc.: County Executive Scott Walker
Tim Russell, Deputy Chief of Staff, Office of the County Executive
Cynthia Archer, Director, DAS
Joseph Carey, Fiscal & Management Analyst, DAS
Dee Hervey, Chief Committee Clerk, County Board Staff
Steve Cady, Fiscal and Budget Analyst, County Board Staff

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

6

DATE: August 31, 2009

TO: Supervisor Elizabeth Coggs, Chairperson, Committee on Finance and Audit
Supervisor Peggy West, Chairperson, Committee on Health and Human Needs

FROM: Lisa Marks, Interim Director, Department of Health and Human Services
Prepared by: John Chianelli, Administrator, Behavioral Health Division

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REGARDING INITIATING A CAPITAL IMPROVEMENT PLAN FOR THE BEHAVIORAL HEALTH DIVISION – MENTAL HEALTH FACILITY

BACKGROUND

At the July 2009 Committees of Health and Human Needs and Finance and Audit, an informational report regarding a Capital Improvement Plan for the Behavioral Health Division (BHD) was submitted. At that time, the Committee members asked for a more detailed report to be presented in the September Board cycle.

ISSUE

Over the past few years the Behavioral Health Division (BHD) has been actively working on their space needs and exploring various options to provide efficient space for their operations. As has been reported previously, the current BHD facility has a total of 591,000 square feet, much of which is underutilized. In addition, improvements to BHD have been postponed in recent years due to the consideration of alternative proposals and no long-term strategic plan has been developed. BHD has embarked on a two-step plan for consolidation and capital improvement.

Consolidation

In the 2010 Requested Operating Budget, BHD has proposed the consolidation of all BHD services into the main Psychiatric Hospital. As part of that proposal, the Day Hospital would be vacated, moth balled and eventually sold along with ten acres of land surrounding it. This budget initiative assisted BHD in meeting its tax levy target and also allows BHD to have a more efficient use of space and streamline administrative staff into one building. To achieve the timeline presented in the 2010 budget and to continue BHD's 2009 cost containment strategies, some of the work, including moving some office areas out of the Day Hospital, will begin in late 2009. Since the consolidation initiative is part of the 2010 operating budget request, it is not included in the Capital Improvement Plan.

Capital Improvement Plan

In the 2010 Requested Capital Budget, a three-year capital project including \$12.4 million in funding for planning, conceptual design, construction bid documents, and construction/renovation work for the Psychiatric Hospital, comprised of four specific construction sub projects was included. This project will come under consideration during the 2010 Capital Budget hearings.

The project, as described in the 2010 Requested Capital¹ Narrative developed by BHD and DTPW-Architecture and Engineering (A&E) staff, includes four sub-projects with initial detail on each one:

- **Sub-Project 1: Planning/Strategic Master Plan** – This project includes funding for conceptual designs for the entire BHD facility (assuming the consolidation out of the Day Hospital) and planning, design and construction bid documents for the Psychiatric Crisis Services Redesign and Patient Unit Refurbishing.
- **Sub-Project 2: Psychiatric Crisis Services (PCS) Redesign** – This project includes demolition, new construction, paint, flooring, ADA compliance and other reconfigurations for PCS, including the Observation Unit, Emergency Room, Central Walk-In Clinic and the potential move of the Child and Adolescent Inpatient Services to this area.
- **Sub-Project 3: Patient Unit Modifications and Refurbishing** – This project includes funding to modify and revamp eleven patient units including new paint, flooring, furniture, equipment and fixtures for all patient rooms, patient common areas and staff areas. It also includes the replacement of all the nurses' stations and work in the utility and medication rooms.
- **Sub-Project 4: Office Space Configuration and Update** – This project includes the reconfiguration and renewal of approximately 300,000 square feet of non-patient care areas in BHD. New flooring, paint, ceilings and furniture/equipment (as needed) for all offices, conference rooms, hallways and common areas are included.

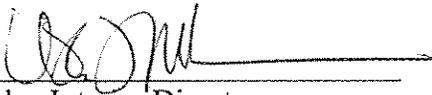
If the 2010 Capital proposal is approved, BHD will initiate a Request for Proposals process to secure a design firm to do the planning, design and construction bid documents. BHD and A&E anticipate that a vendor can be selected by early 2010 and that the planning process can be complete in the spring of 2010.

¹ Some of the work included in the 2010 Capital Budget may not be eligible for bond financing. This will be reviewed by DAS.

Recommendation

This is an informational report. No action is necessary.

Respectfully Submitted:

A handwritten signature in black ink, appearing to read 'Lisa Marks', is written over a horizontal line. The signature is cursive and includes a long horizontal stroke extending to the right.

Lisa Marks, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Tim Russell, Deputy Chief of Staff, Office of the County Executive
Cynthia Archer, Director, DAS
Joseph Carey, Fiscal & Management Analyst, DAS
Dee Hervey, Chief Committee Clerk, County Board Staff
Steve Cady, Fiscal and Budget Analyst, County Board Staff
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION



DATE: August 21, 2009

TO: Supervisor Peggy West, Chairperson, Committee on Health and Human Needs

FROM: Lisa Marks, Interim Director, Department of Health and Human Services
Prepared by: John Chianelli, Administrator, Behavioral Health Division

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR OF HEALTH AND HUMAN SERVICES REGARDING THE STATUS OF THE COMMUNITY MENTAL HEALTH OUTPATIENT SERVICES

Background

The Milwaukee County Behavioral Health Division (BHD) has maintained a commitment to providing Outpatient Mental Health care to adults with a mental illness who are also indigent. Outpatient care for the indigent has been a costly endeavor, as it has involved not only contracting for psychiatric services, but also payment for psychiatric medications. Services have been put in place to assist Outpatient Mental Health consumers access entitlement benefits as expeditiously as possible, however, this process can take months and may not ultimately result in acquisition of insurance benefits. As such, there are a considerable number of individuals who remain the financial responsibility of BHD for years.

In 2008, the State of Wisconsin announced its plan to provide Medicaid insurance coverage for childless adults through its BadgerCare Plus Core plan. Historically, the General Assistance Medical Program (GAMP) provided coverage to many of these individuals who were near or below the poverty level, though GAMP did not cover psychiatric medications. In the new Core plan, persons with income level at 200% of the poverty level or less are eligible, thus greatly increasing eligibility. With the advent of BadgerCare Core expansion, Milwaukee County did not expect to fund mental health outpatient services at the level experienced in 2008 because physician services are covered in the Core benefit plan, including services of psychiatrists and pharmaceuticals. An entitlement program that provides both primary, preventative medical care and access to psychiatric treatment, including coverage of medications, is recognized to be considerable progress for the indigent population.

The first round of enrollment into the BadgerCare Core Plan was to automatically enroll existing GAMP patients as of December 31, 2008, with coverage commencing on January 1, 2009. BHD projected that approximately 25% of the individuals enrolled in outpatient in 2008 would transition January 1 to Badger Care Core, and made corresponding reductions in mental health outpatient funding for the Medical College of Wisconsin and HealthCare for the Homeless in the 2009 budget allocations. Approximately 28% of the total BHD-enrolled outpatient population converted to BadgerCare Core as of January 1 this year. As a result of the reduction in funding, the Medical College determined that they could no longer maintain two clinical sites, and consolidated both

sites into their Wauwatosa location. A second round of enrollment for new enrollees commenced June 15, 2009, with benefits beginning July 15, 2009. The State may cap enrollments if the number of people eligible for this new benefit exceeds their projection.

Discussion

In addition to the State being unable to process Badger Care Plus Core clients in a timely fashion, the most visible local challenge with the BadgerCare Core Plan centers around issues of lacking network adequacy. There are currently five SSI Managed Care entities in Milwaukee County who are contracted with the State of Wisconsin to provide HMO services to the BadgerCare Core population. While it is the responsibility of these HMO providers to establish and maintain a network of providers for their members, they have not yet been able to successfully do so. Providers throughout the community have identified the low reimbursement rate as the primary reason for not participating in the program. Currently, there are only four known behavioral health providers in Milwaukee County accepting BadgerCare Core Plan members, with two taking no new patients, one taking patients on an "inconsistent" basis, and only one taking patients on recent but regular basis thus far.

Because of the lack of providers willing to serve the BadgerCare Core Plan population, patients who are able to gain appointments with a psychiatrist will have substantial wait times and generally go without treatment during this time. This may result in individuals experiencing a psychiatric crisis and ultimately requiring hospitalization.

Data from the BHD Central Walk-In Clinic indicates that, of the BadgerCare Core patients who were referred to call their HMO provider for appointments, 30% presented at the BHD Psychiatric Crisis Service within 30 days. This clearly demonstrates the BadgerCare Core plan has the potential to further overburden the inpatient mental health system. BadgerCare Core does not cover inpatient mental health hospitalization; therefore, Milwaukee County Behavioral Health Division is by default the only inpatient mental health provider available to this population. This cycle resulting from inadequate prompt treatment options is not only detrimental to the health and well being of plan participants, it is also a considerably costlier way of providing treatment.

Continuity of care is central to ethical behavioral health practice. At BHD, a great number of inpatient consumers arrive via emergency detention and are subsequently court-ordered to treatment. Under Chapter 51 of the Wisconsin Statutes, Milwaukee County is mandated to provide outpatient behavioral health care to individuals who are court-ordered to treatment. As a matter of best practice, inpatient staff works diligently to connect individuals with outpatient care appointments prior to discharge from the hospital. Again, because of network inadequacy, this has not been possible for BadgerCare Core Plan participants.

As a result of these issues, BHD has convened a Mental Health Outpatient Capacity group. The purpose of the group is twofold: 1) to develop a redesign plan for Milwaukee County BHD outpatient services that maintain adequate levels of service for uninsured patients; and 2) to

expand outpatient capacity for BadgerCare and Medicaid patients within the community to mitigate the need to access BHD services. In order to achieve the second objective, BHD will engage a Federally Qualified Health Center (FQHC) not currently in our system and invite Medicaid HMOs to participate. FQHCs receive an enhanced reimbursement rate from BadgerCare/Medicaid and are able to attract new providers, but are limited in their ability to expand due to a lack of physical space. A local private foundation has agreed to consider support for capitol expansion capacity at the FQHC(s) if a plan can be developed to address the adequacy of service access. This group will develop a written plan on both objectives to present to the foundation in support of this capacity expansion.

Recommendation

This is an informational report. No action is necessary.

Respectfully Submitted:



Lisa Marks, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Tim Russell, Deputy Chief of Staff – County Exec’s Office
Cindy Archer, Director – DAS
Joseph Carey, Analyst – DAS
Jennifer Collins, Analyst – County Board
Jodi Mapp, Committee Clerk – County Board

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

8

DATE: August 25, 2009

TO: Supervisor Peggy West, Chairperson, Committee on Health and Human Needs

FROM: Lisa Marks, Interim Director, Department of Health and Human Services
Prepared by: John Chianelli, Administrator, Behavioral Health Division

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REGARDING A PRESCRIPTION DRUG FORMULARY

BACKGROUND

In the 2009 Budget for the Behavioral Health Division (BHD), the Division Administrator was instructed to appoint a work group to work with Roeschen's Omnicare Pharmacy, the BHD pharmacy vendor, to develop a prescription drug formulary with an ultimate goal of cost containment, efficiency and consistency in medications. It was requested that the Division Administrator report back regarding the formulary plan to the Committee on Health and Human Needs.

ISSUE

In 2008, BHD let a Request for Proposals for pharmacy services for the mental health facility. As a result of the RFP, Roeschen's Omnicare Pharmacy won the contract and provides all pharmacy services to the Division. As part of the RFP process, BHD achieved some key changes including a 50 percent decrease in the dispensing fee and a standard of Average Wholesale Price (AWP) minus 18 percent (which previously was 15 percent). In addition, BHD has worked diligently with our vendor to ensure that generic drugs are used as often as possible. In July 2009, 23 percent of the prescriptions filled at BHD were generic compared to just 15% in January 2009.

During the RFP process a lot of attention was focused on the ability of the vendor to control costs and provide safe, efficient services to BHD. At the end of that process, the BHD Administrator re-tasked the Pharmacy Therapeutic Oversight Committee to create and monitor the preferred drug list (or formulary) by working with the vendor and analyzing monthly data received from them. This Committee came up with a series of initiatives/strategies that have since been implemented with BHD and Roeschen's Omnicare Pharmacy:

- Use of an automatic generic drug substitution policy with prior authorization capability
- Implementation of smart rules that are built into the system for dosing and therapeutic levels
- Implementation of smart rules by diagnostic class
- Establishment of a brand name to generic drug conversion tracking system
- Use of therapeutic interchange resulting in drug substitutions whenever possible

These four initiatives have enabled BHD to maximize the use of generic versus brand, control doses and proper therapeutic drug levels and automate systems that were manual previously. Due to that, BHD has controlled costs but also gained efficiencies in their prescription drug services. BHD is using a preferred drug list and will continue to implement the above-mentioned strategies and closely monitor the vendor and prescription drug data.

Recommendation

This is an informational report.

Respectfully Submitted:



Lisa Marks, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Tim Russell, Deputy Chief of Staff, Office of the County Executive
Cynthia Archer, Director, DAS
David Arena, Director, Employee Benefits
Joseph Carey, Fiscal & Management Analyst, DAS
Jennifer Collins, analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff

9

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: August 25, 2009

TO: Supervisor Peggy West, Chairperson, Health and Human Needs Committee

FROM: Lisa Marks, Interim Director, Department of Health and Human Services
Prepared by: John Chianelli, Administrator, Behavioral Health Division

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR OF HEALTH AND HUMAN SERVICES REGARDING THE STATUS OF THE ALCOHOL AND OTHER DRUG ABUSE (AODA) SYSTEM KNOWN AS WISER CHOICE (WISCONSIN SUPPORTS EVERYONE'S CHOICE) AND IMPLICATIONS OF FUNDING REDUCTIONS

Background

In 2003, the Behavioral Health Division (BHD) undertook a significant project of redesigning the public adult Alcohol and Other Drug Abuse (AODA) system. In May 2003 the AODA Re-Design Community Coalition was convened. This group, composed of individuals representing the AODA services provider network, BHD staff and consultants met through the fall of 2004 to analyze the system and recommend improvements in four main areas: System Access, Service Array, Evaluation/Performance Review and Management Information System.

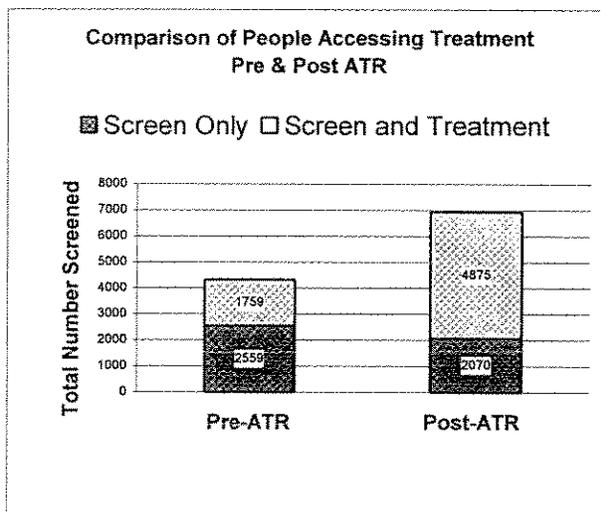
In March 2004 the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of Access to Recovery (ATR) grant, a \$100 million discretionary program for states to provide people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community-based services. In June 2004, the State of Wisconsin submitted an ATR application to SAMHSA, and in August 2004, the State received notice of a grant award from SAMHSA to fund its application for the Wisconsin Supports Everyone's Recovery (Wiser) Choice program. The State of Wisconsin selected Milwaukee County - Behavioral Health Division to serve as the contracted project management agency for Wiser Choice, and BHD was awarded a total of \$22,775,169 over the three-year grant period.

Through the ATR grant, Wiser Choice was able to significantly enhance all components of the system. The current information system now permits automated voucher authorizations and redemptions; gives BHD the ability to manage "burn rates" and other data in real time; has significantly enhanced reporting capabilities; and creates online billing, service capture, automated billing and reimbursement processes. These changes have enabled Wiser Choice to effectively and efficiently manage all of its service and financial resources. Project staff is able to access and provide timely, complete and accurate data as required by SAMHSA and by Wiser Choice.

A major (but not the only) system change from pre-Wiser Choice was the implementation of Recovery Support Coordination, an evidence-based practice modeled on comprehensive case management. The

model involves assigning, at intake, to all individuals meeting need-based criteria, a Recovery Support Coordinator (RSC), who provides not only case management, but coordinates care both within the Wiser Choice system and across other systems (e.g., criminal justice, mental health, child welfare, TANF, housing providers) that the participant is involved. The RSC follows the individual throughout enrollment in the system, even as levels of care and providers are changed.

A further enhancement utilizing evidence-based practices was employed at the Central Intake Units (CIU). The CIU performs a number of key functions: client identification and registration, financial eligibility, comprehensive screening, level of care determination, referral and linkage with treatment provider(s) and RSC and entry of authorization requests. If the client meets technical eligibility, the CIU performs a Comprehensive Screen (assessment) to determine if there is a need for substance abuse treatment and, if so, the most appropriate clinical level of care. The Comprehensive Screen uses the evidence-based Addiction Severity Index as the core measure, which has been enhanced with a set of supplementary items constructed to provide additional information relevant for placement decision and covering such areas as readiness to change, mental health stability and nuances specific to gender, culture, ethnicity and



religion/spiritual concerns. The Comprehensive Screen information is interpreted and the intensity/severity of problems rated in each of the Dimensions of the American Society of Addiction Medicine (ASAM) patient placement criteria, a nationally recognized best practice tool, in order to determine the most clinically appropriate and cost-effective recommended level of care.

The CIU system redesigned under ATR resulted in a substantial improvement in client access, as evidenced by the graph on the left. It compares 13 months immediately preceding

implementation of ATR with 13 months immediately following implementation of unduplicated clients. Milwaukee County experienced a 61% increase in the total number of screens and 177% increase in the number of people receiving treatment services with the benefit of ATR funds as opposed to pre-ATR. This equates to an additional 3,116 people able to receive treatment through a comparable time period due to the availability of ATR funds. Not only were more people able to be screened, but the percentage of those screened and went on to treatment rose from 40% in pre-Wiser Choice to over 80% due to the CIU enhancements.

A high proportion of individuals served by Wiser Choice reported current involvement with the criminal justice system including probation or parole, prison re-entry, alternatives to revocation, or awaiting trial. The involvement of people from the criminal justice system was the result of a concerted effort between BHD and the Department of Corrections (DOC) to collaborate on treatment expansion and enhancement for the correctional population as well as a naturally occurring high correlation between criminal activity and substance abuse. It is with this

population, heavily dominated by persons with current or past criminal justice involvement, that Wiser Choice – incorporating the tenets of strength-based comprehensive case management - has experienced significant, measurable success. For example, an analysis was conducted of all (506) reentering offenders screened into Wiser Choice between June 2005 and June 2007. Re-incarceration rates were tabulated for this group including any returns to prison through June 2008, which meant that everyone in the analysis had been released for at least one year. The recidivism rate (rate of incarceration 12 months post-release) for those offenders completing the program (20.6%) was less than half of those who enrolled but either never showed up or did not complete the program (41.8%). These individuals may have been returned to prison if not for the availability of Wiser Choice treatment and support services. Further evidence of the appropriateness of this evidence-based practice is provided by the results of client satisfaction surveys conducted with regard to recovery support services (comprehensive case management). The results provide a direct consumer endorsement of the comprehensive case management model exemplified by Milwaukee's RSC.

ATR provided the opportunity for people in Milwaukee County to choose from an array of services that impacted positively on their lives and support their ability to access AODA treatment, and remain in the system to achieve abstinence. While BHD had a voucher system pre-ATR, it did not have the capacity to provide the array of choices in a package of treatment and recovery support services that would lead to improved outcomes. ATR allowed Wiser Choice to obtain the following outcomes:

- Client Choice Expanded. The number of service providers in the network increased nearly five-fold from 22 providers at 32 sites to 108 providers at 142 sites. The number of participating faith based organizations increased from 3 agencies to 28, at 31 sites.
- More Clients Had Successful Treatment. The percentage of all clients receiving treatment who were closed from clinical episodes for reasons considered "successful" (completion or continued treatment) nearly doubled, increasing from 21.1% to 41.9%.
- More Clients Completed Treatment. The total number of clinical episodes closed for the reason "completed treatment" increased from an average of 23.5 per month to an average of 152.3 per month. Thus, Milwaukee Wiser Choice resulted in more than a six-fold increase in the number of clients who completed treatment.

As a result of the successful implementation of the first ATR grant, Milwaukee County was recognized as an emerging leader in the provision of substance abuse services. BHD staff was asked to present on a variety of topics related to our system, including:

- September 2005, the National ATR Conference held in San Francisco.
- July 2006, the National ATR Conference held in St. Louis.
- October 2006, the Wisconsin Mental Health and Substance Abuse Conference.

Milwaukee County was also the recipient of a Certificate of Commendation from Governor Doyle in 2006 (see Attachment 1). SAMHSA recognized Wiser Choice as one of three ATR projects that have taken steps to develop a Recovery Oriented System of Care (ROSC) in a case study publication from May 2007. Elements of a ROSC exemplified by Wiser Choice were identified as 1) engaging families and other allies in the recovery process; 2) reliance on natural and informal resources; 3) collaboration with the individual and allies to develop and support a single coordinated care plan; 4) strength based service plan; 4) integration/coordination across multiple service systems; and 5) culturally responsive values and

practices. The State of Wisconsin has requested to use training materials developed by Milwaukee County under the first ATR grant in other counties across Wisconsin.

Implementation of ATR 2

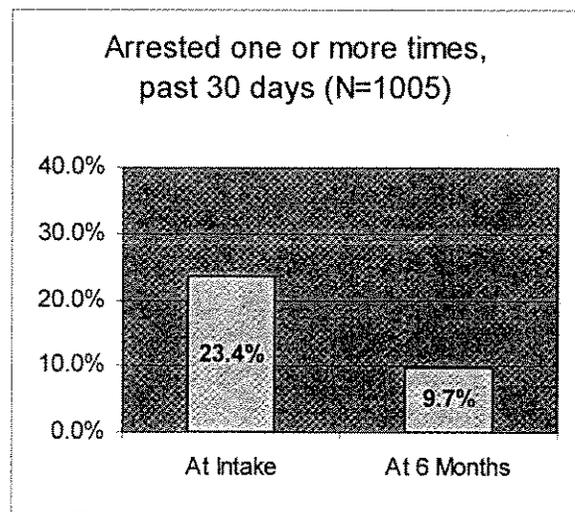
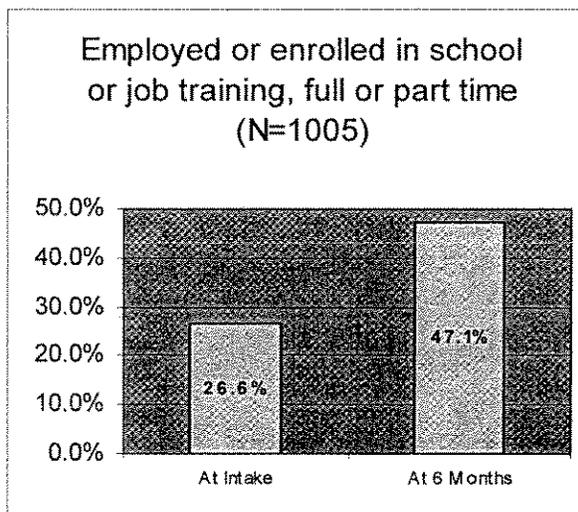
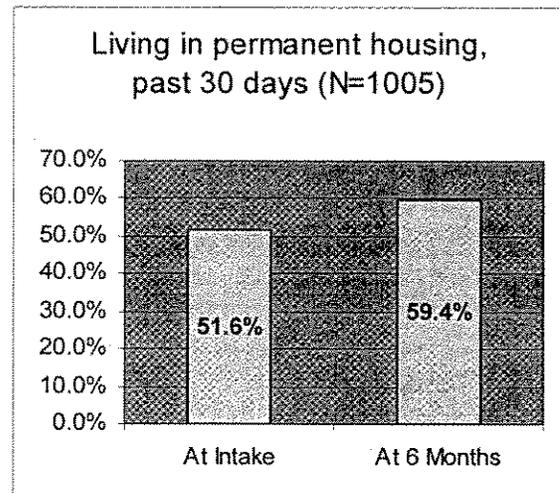
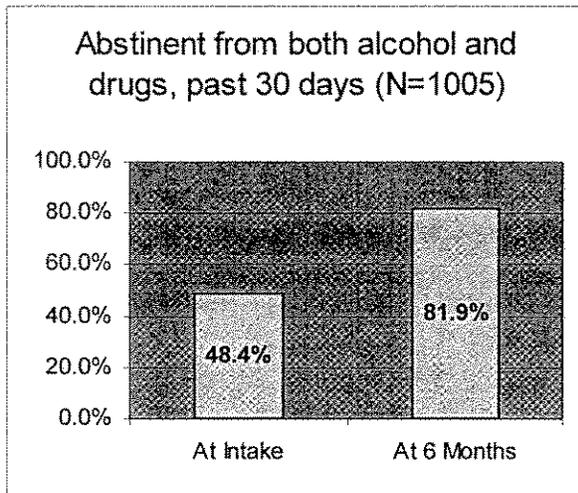
The original ATR grant ended in August 2007. BHD and the State of Wisconsin submitted the new ATR 2 application on June 7, 2007. The ATR 2 grant began Sep. 30, 2007 and even though Wisconsin received the highest national award, funding for the second ATR grant was reduced by approximately \$2.5 million per year compared to the first ATR grant because SAMHSA awarded more ATR 2 grants nationwide.

With the second round of ATR funding, BHD built on its highly successful implementation of ATR 1 by significantly expanding the scope of the criminal justice population served. Wiser Choice now covers the entire criminal justice continuum from pre-disposition (diversion) to sentencing (diversion and courts) to community alternatives to confinement (alternative to revocation and prison) to release from confinement (jail and prison reentry), in addition to the general adult population served in ATR 1.

In ATR-2, BHD has partnered with the Network for the Improvement of Addiction Treatment (NIATx) from the University of Wisconsin, in a focused quality improvement process. NIATx is working with Wiser Choice to identify some key issues within the system to target through-put. SAMHSA mandated that all ATR 2 grantees must obtain a minimum 80% six-month follow up rate for GPRA (Government Performance and Results Act) data (outcome measures). Grantees who fail to meet the required 80% threshold are subject to a 5% funding reduction in year three of the grant. As stated in our application to SAMHSA, Wisconsin's greatest concern for ATR-2 was this new requirement to collect six-month follow-up GPRA interviews for 80% of admitted clients. The challenge is to maintain contact with the large majority of clients who depart treatment prior to six months. Therefore, BHD has been working with NIATx to assist Wiser Choice in building protocols for key "hand-offs" within the voucher system. Hand-offs are transition events that are high-risk for treatment drop-out; (e.g., first-phone call to intake; intake to the first appointment; change in level of care or provider; or discharge from treatment to six-month GPRA interview). The only ATR grantees that were able to meet the 80% GPRA compliance were those sites that focused solely on the criminal justice population and were on probation/parole for a minimum of six months at the time of intake so that the ATR grantee could be assured of collecting the GPRA follow up. Milwaukee County serves a broader base through its inclusion of the general population in the ATR target population. BHD, through its partnership with NIATx, has demonstrated process improvements in GPRA collection and we currently have a six-month follow up rate of 65%, compared to 61.5% average for all ATR grantees. However, SAMHSA did in fact enforce a 5% funding reduction for all ATR grantees (more than two-thirds of the cohort) that did not meet the 80% compliance in year three of the grant, which begins September 30, 2009.

Collection of GPRA data at intake and six month follow up allows BHD to monitor treatment efficacy, and provides SAMHSA an opportunity to compare data across all 24 ATR sites. Milwaukee County exceeds every National Outcome Measure (NOM) monitored by SAMHSA

relative to the national ATR average, except that Wiser Choice meets the average for the re-arrest rate. The charts below are representative of the outcome data for Wiser Choice:



Milwaukee County continues to be recognized as a leader in the provision of community-based substance abuse services. SAMHSA held the 2008 National ATR Conference in Milwaukee in recognition of the success Milwaukee County achieved during implementation of both ATR 1 and ATR 2. Additionally, the National Drug Control Strategy 2008 Annual Report recognized Wiser Choice for its treatment of co-occurring disorders. Also in 2008, Milwaukee County was asked to review and comment on the pre-publication text from the American Society of Addiction Medicine Patient Placement Criteria. BHD staff continue to present on a variety of topics related to our system at the national level, including:

- October 2007, SAMHSA's Recovery-Oriented Systems of Care Conference held in Rhode Island.
- August 2008, SAMHSA's State Systems Development Project Conference held in Washington DC.
- October 2008, the National Association of Pretrial Services Conference held in Milwaukee.
- January 2009, SAMHSA's Regional Partnership Conference held in Arlington VA.
- May 2009, the National ATR Conference held in Baltimore.

Additionally, Wiser Choice received a Certificate of Appreciation from SAMHSA during the May 2009 ATR Conference in recognition of our contributions to the Access to Recovery program. BHD staff continues to receive invitations to present on Wiser Choice to other state systems, and will present in October 2009 in Virginia at SAMHSA's request. Furthermore, BHD staff continues to receive requests for information from other systems across the country regarding our system and outcome data. SAMHSA also provides information on a quarterly basis to the White House on all ATR grantees. Attachment 2 contains the most recent quarterly report on Wiser Choice.

Implications of Current and Future Funding Reductions

Current reductions:

Earlier this year the State reduced the TANF allocation to Milwaukee County by \$512,600. The TANF reduction from the State was a direct result of the State budget deficit that was passed on to Milwaukee County. Further, Milwaukee County received notification on June 30, 2009 that the Federal government has reduced the ATR grant by \$214,500 because Milwaukee County did not meet the 80% GPRA compliance threshold. These reductions in Federal and State funds, is now forcing BHD to take action now to prevent future deficit spending.

As a result, Milwaukee County must reduce costs to match the State and Federal cuts. AODA residential treatment continues to be the most expensive service and serves the fewest number of people relative to other clinical levels of care. The residential cap on the system is being reduced from 131 slots to 115 slots, or a 12.5% reduction consistent with the State and Federal reductions. The new individual residential caps by agency are as follows:

<i>Agency</i>	<i>Current Cap</i>	<i>Reduced Cap</i>
Adrianna	6	5
Genesis	32	28
Harambee	8	7
Horizon	2	2
Matt Talbot	16	14
Meta House	27	24
SRRR	8	7
UCC	18	16
White's	14	12

Effective immediately, providers will not schedule any new intakes. All new requests for a residential level of care will be added to the waitlist, and new admissions will not occur until the selected provider is under their cap. Service authorization requests for those currently receiving residential care will continue to be processed. Any pending intakes already planned for admission as a result of the received Provider Feedback Form will be honored.

Milwaukee County will not authorize payment for any provider to exceed their cap once they reach their cap limit. Pregnant women will continue to receive priority placement off of the waitlist. Interim services via outpatient and day treatment will be made available to them within 48 hours if they cannot be admitted to residential treatment. In order to create residential clinical treatment capacity and support women on the waitlist, residential providers certified to admit children into their program are not authorized to exceed 25% of their total agency slot capacity for children to be funded by Milwaukee County.

The Central Intake Units, with BHD approval, recently expanded the number of enrollments to achieve the ATR client count numbers as required under the grant. We have now achieved our client count numbers according to SAMHSA, and must limit the enrollments to maintain our client count number while also operating within the limits of the reduced funding. As a result, each of the three primary Central Intake Units (IMPACT, M&S, and WCS) will be limited to no more than four enrollments for their agency each business day for an outpatient/day treatment level of care. BHD will continue to monitor expenditures and adjust the cap as necessary, up or down.

Future reductions:

SAMHSA announced at the last national ATR conference that the President's budget request for next year includes \$99 million for a third ATR grant. The program will prioritize funding to treat individuals with methamphetamine addictions (Milwaukee County does not have a substantial methamphetamine issue). Average grant awards will be reduced by approximately \$1.3 million from the current funding level and the project period will be increased from three years to four years. The State of Wisconsin has indicated that it is considering expanding the geographic scope of ATR 3 to include additional county(ies), which would further reduce the amount available to Milwaukee County if an ATR 3 award is made.

Based on past experience, SAMHSA will not release the request for applications until Spring 2010, and will not make awards until September 2010. There are three components that will be critical to achieve in order for Milwaukee County to best position itself for the third ATR application: 1) continue to meet the targeted number of individuals required under the current grant, 2) continue to improve the six month GPRA follow up rate, and 3) increase the number of vouchers redeemed from faith-based organizations.

The impending reductions for AODA funding in 2010 and beyond will significantly decrease the amount available for voucher services in the next couple of years. Even though the exact reductions are unknown at this time, there could be a \$1.5 million dollar reduction in 2010, and an additional \$3 million dollar reduction in 2011, due primarily to the loss of the ATR grant and

changes in the Federal AODA Block Grant. While we anticipate applying for the third round of ATR, we cannot budget for a grant that we do not have, and will need to make further reductions in services next year to operate within our approved budget. BHD will be required to make these additional service reductions above and beyond those outlined under the current funding reductions as 2010 will be a transition year to “ramp down” capacity to be equal to the anticipated amount of funding that will be available in 2011. The intent is to do this in a progressive fashion so that services, albeit at a lesser amount, will be available throughout the year. The actions outlined earlier under current reductions are the first steps in this process.

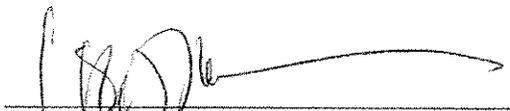
In anticipation of these future funding reductions, BHD applied for four SAMHSA grants this past spring totaling an additional \$1,450,000 per year in treatment funding if awarded all four grants. To date, SAMHSA has made inquiries on three of the four applications. Additionally, BHD is exploring an opportunity to provide AODA prisoner re-entry services with DOC later this year. It is possible, though by no means certain, that BHD may receive additional funding later this year through one or more of these grants. Award of any of the grants may positively impact the caps identified in this report.

BHD is fully cognizant that these are significant reductions, and will place a substantial financial stress on each affected agency, not to mention the impact on those who need treatment services within our community. We welcome the opportunity to work with the system network to provide creative solutions to reduce expenses while preserving overall capacity, and welcome feedback to this end. Indeed, this is the purpose of the AODA Sustainability Committee comprised of partnering agencies to assist BHD navigate these future funding reductions by making recommendations of service reductions and maximizing other potential revenue sources.

Recommendation

This is an informational report. No action is necessary.

Respectfully Submitted:



Lisa Marks, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Tim Russell, Deputy Chief of Staff, Office of the County Executive
Cynthia Archer, Director, DAS
Joseph Carey, Fiscal & Management Analyst, DAS
Jennifer Collins, analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff

Attachment 1



OFFICE OF THE GOVERNOR

CERTIFICATE OF COMMENDATION

WHEREAS, each day in Wisconsin, men, women, and youth seek and enter treatment for alcohol and substance abuse and families seek support and counseling; and

WHEREAS, 4,500 people in Milwaukee County have received assistance from Wiser Choice in the first two years of its existence; and

WHEREAS, approximately 40% of the participants seeking assistance from Wiser Choice are re-entering the community from the criminal justice system; and

WHEREAS, this program provides Milwaukee County residents with greatly improved access to and choice of providers, treatment, and recovery services through a voucher system; and

WHEREAS, an extensive network of providers including faith-based organizations offer quality assistance to Milwaukee County residents seeking treatment; and

WHEREAS, this program successfully treats alcohol and substance addiction by providing essential education to the community about the effects of such disorders upon children, families, and community; and

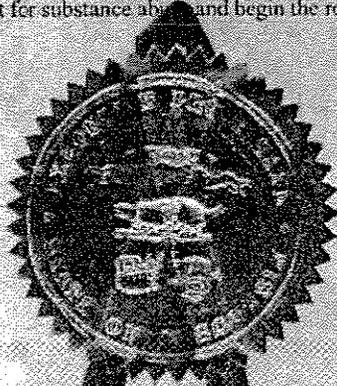
WHEREAS, this program reduces the social stigma of addiction and creates a stronger, healthier and safer community; and

WHEREAS, people who struggle with addiction, who are in recovery, or who are at risk are treated with respect;

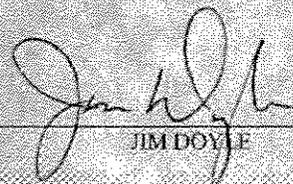
NOW, THEREFORE, I, Jim Doyle, Governor of the State of Wisconsin, do hereby commend

Milwaukee's Wiser Choice Program

in recognition of its leadership, creativity, and dedication to the residents of Milwaukee who seek treatment for substance abuse and begin the road to recovery.



Done at the Capitol in the City of
Madison this thirty first day of August
in the year two thousand six.


JIM DOYLE

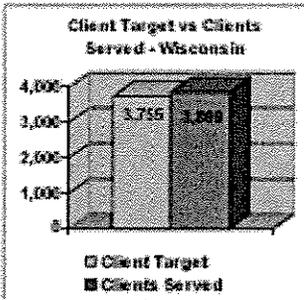
Attachment 2

Access to Recovery (ATR) Highlights Quarterly Profiles

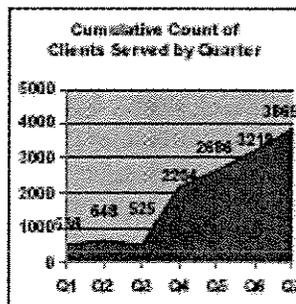
WISCONSIN ATR HIGHLIGHTS

Wisconsin Emphasizes Recovery Support Services

Program at a Glance	
3-Year Total Grant Amount:	\$14,248,500
Target Population:	Milwaukee County residents, pregnant women, families with children and the criminal justice population.
Target Area:	Milwaukee County



SAIS: June 30, 2009



SAIS: June 30, 2009

The Milwaukee Wiser Choice (Wisconsin ATR) project serves Milwaukee County residents, with priority given to pregnant women, families with children, and persons involved with the criminal justice system who are awaiting trial, in alternative treatment diversion, or on probation or parole. The project continues its work with the PR-Gang-Project Safe Neighborhood initiative and high-risk, maximum discharge reentry offenders. The Drug Treatment Court recently established in Milwaukee County is an additional client target group served by Wiser Choice.

This quarter, SAIS distribution data for Wiser Choice showed a continued emphasis on recovery support services, which comprise more than 65% of services provided. Case management (41.7%) maintained the

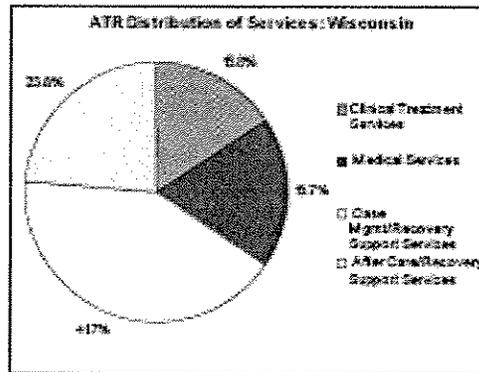


Chart depicts percent of clients that received each service. SAIS: June 30, 2009

lead in client interactions followed by after care services (23.9%). The treatment services remained about evenly divided between medical services (18.7%) and clinical treatment (18.8%).

This quarter, the project exceeded its target number of clients by serving a cumulative total of 3,859. The project exceeded the

3,755 client target by 114. The rate of abstinence from substance use, as measured by comparing intake data to discharge data, is a further indication of the project's success. The clients of Wiser Choice increased their rate of abstinence by 75.5%.

WISER CHOICE STRENGTHENS PARTNERSHIPS TO EXPAND PROVIDER BASE AND MEET KEY TARGETS

During the quarter, Wiser Choice implemented a new online billing feature for all ATR providers to their voucher management system (VMS). This VMS enhancement allows providers to operate on the same system platform and gives them simplified access to

data and billing. This enhancement allows WI ATR to improve the administration of their program.

Additionally, Wiser Choice completed a series of "listening sessions" with staff members who collect the six month follow up GFRA

data. These sessions covered how to ensure that Central Intake Units and providers collect accurate and verified information. They also discussed the new VMS online billing access. By giving providers online billing access, they can have client contact information readily available to view and

<p style="text-align: center;">Program Contacts</p> <p>Project Name: Milwaukee Wiser Choice</p> <p>Project Director: Janet Fiege (414) 267-6905</p> <p>Government Project Officer: Dawn Levinson (248) 278-2016</p> <p>Single State Authority: John Easterday (800) 267-0301</p> <p>Governor: Jim Doyle (800) 266-1212</p>	<p>WISER CHOICE STRENGTHENS PARTNERSHIPS TO EXPAND PROVIDER BASE AND MEET KEY TARGETS (CONT.)</p>						
<p style="text-align: center;"><i>"...through ATR, she was able to end the cycle of drug use."</i></p>	<p>to update should it change. By the end of the quarter, Wiser Choice experienced a slight increase in client follow up rate, which is now at 64%.</p> <p>They also continued the development of the local PRI Gang Initiative Project Safe Neighborhood Anti-Gang Pilot Project. Wiser Choice will be the treatment partner in this initiative and the project focuses on pre and post release services. They maintained monthly meetings with local Department of Community Corrections to discuss Wiser Choice updates. Wiser Choice hopes that these efforts will increase their provider base, ensuring client choice while expanding exposure of the ATR model. Wiser Choice also con-</p> <p>tinues to implement a solid fraud, waste, and abuse prevention and detection system. Their programmatic monitoring efforts have included fiscal audits, several cross-checking systems for duplicate payments, reviews of provider billing practices, electronic tracking and client surveys. No instances of fraud, waste or abuse occurred this quarter.</p>						
<p>Faith- and Community - based Updates</p>	<p>Based on the data ending June 30, 2009, 15.7% of the providers that have received and redeemed vouchers were faith-based organizations. 84.3% were secular providers, a 6% increase from last quarter.</p> <p>shop on working with sex offenders in partnership with the Department of Corrections.</p> <p>They also planned for the Matrix Model training for all clinical providers who work with methamphetamine-using clients.</p> <div data-bbox="1039 919 1331 1207"> <p style="text-align: center;">Provider Distribution: Wisconsin</p> <table border="1"> <caption>Provider Distribution: Wisconsin</caption> <thead> <tr> <th>Provider Type</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Secular Providers</td> <td>84.3%</td> </tr> <tr> <td>Faith Based Providers</td> <td>15.7%</td> </tr> </tbody> </table> </div> <p>During this reporting period, the Wiser Choice Provider Resource Center maintained an active training schedule. Its trainings included a facilitated work-</p> <p style="text-align: right;">SAR: June 30, 2009</p>	Provider Type	Percentage	Secular Providers	84.3%	Faith Based Providers	15.7%
Provider Type	Percentage						
Secular Providers	84.3%						
Faith Based Providers	15.7%						
<p>Success Story: ATR Helps Glenda Break the Cycle of Drug Use</p>	<p>Glenda, a single mother, says she was raised in an environment where drug use was normal. Drug use was "passed down to her from her parents" and she admits to using drugs with her parents on occasion.</p> <p>Glenda says that being incarcerated and losing her children was enough to motivate her into treatment. She enrolled in the Wiser Choice program "Female Offender Reentry Enhanced Program" to take back her life.</p> <p>She has maintained her recovery along with a positive relationship with her counselor. She developed her focus on recovery through groups and meetings. She says she is encouraged by the dedication of others in the program to attend treatment.</p> <p>She says that through ATR, she was able to end the cycle of drug use and not pass it on to her children. Today Glenda is enrolled in an academic learning center in her community with a focus on computer information systems. She says her treatment provider taught her to have strength in the recovery program.</p>						

COUNTY OF MILWAUKEE
Housing Division
Department of Health & Human Services
INTER-OFFICE COMMUNICATION

10

DATE: September 1, 2009

TO: Supervisor Lee Holloway, Chairman, Milwaukee County Board

FROM: Lisa Jo Marks, Interim Director, DHHS
Prepared by: James M. Hill, Director, Housing Division, DHHS

SUBJECT: FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY BOARD APPROVAL TO ALLOCATE \$500,000 OF FINANCING FROM THE COUNTY SPECIAL NEEDS HOUSING TRUST FUND TO CARDINAL CAPITAL MANAGEMENT FOR THE SUPPORTIVE HOUSING DEVELOPMENT TO BE KNOWN AS "EMPOWERMENT VILLAGE-LINCOLN"

Policy Issue

County Board approval is required for expenditures of funds from the Special Needs County Housing Trust Fund (CHTF). The Interim Director, DHHS, requests Board approval for an allocation of \$500,000 from the Fund to Cardinal Capital Management for the partial financing of the supportive housing development to be known as Empowerment Village-Lincoln (EV-L).

Background

In February of 2007, the County Executive proposed and the County Board approved creation of a Special Needs County Housing Trust Fund (CHTF) to provide partial financing for the development of supportive housing in Milwaukee County. The fund is currently financed through low-interest loans from the State of Wisconsin Trust Funds Loan Program. The 2007, 2008 and 2009 adopted county budgets each authorized borrowing of \$1 million from this state fund.

The Board has approved resolutions committing CHTF financial support for five permanent supportive housing developments since the fund was created. Those developments and their CHTF amounts funding are:

- **United House** is a 24-unit permanent supportive housing development at 25th & Center Sts. that opened in late August of 2008. This project is a joint initiative of Cardinal Capital Management and Our Space, a service provider. The project received \$348,450 of CHTF funding.
- **Prairie Apartments** is a 24-unit permanent supportive housing development at 12th St. & Highland Ave. that opened in April of 2009. This project is a joint initiative of Heartland Housing and Guest House of Milwaukee, a service provider. The project received \$157,544 in CHTF financing.
- **Washington Park Apartments** is a 24-unit permanent supportive housing development for families located in the 3900 block of West Lisbon Ave. This project is an initiative of United Methodist Children's Service, a developer and the project's service provider. The project is currently under construction and received \$277,000 of CHTF funding.

- **Johnston Center Residences** is a 91-unit permanent supportive housing development located at 13th St. and Windlake Ave. This project is a joint initiative of Mercy Housing Lakefront and Hope House, a service provider. The project is currently under construction and has been approved to receive \$750,000 of CHTF funding over two years.
- **Empowerment Village-National** is a 35-unit permanent supportive housing development located at 1527 W. National Ave. This project is a joint initiative of Cardinal Capital Management and Our Space, a service provider. The project is currently under construction and has been approved to receive \$500,000 of CHTF funding.

These projects account for a total of \$2,032,994 in CHTF commitments since the CHTF was created, leaving an available balance of \$967,006 for other eligible projects.

The resolution creating the CHTF established several criteria that development projects must meet in order to receive CHTF funding. These criteria specify, among other things, that the project provide permanent housing where at least 40% of the units developed are (in accordance with applicable fair housing laws) primarily set aside for use by Behavioral Health Division consumers with serious and persistent mental illness, and who are under 30% of median income.

CHTF grant amounts may not exceed 10% of the total development costs for units set aside for BHD consumers with serious and persistent mental illness. No eligible project may receive more than \$500,000 of CHTF funding *in a given year*. "Eligible activities" include new construction, rehabilitation, acquisition of real property, clearance and demolition, removal of architectural barriers, and other activities necessary for the development of the project. Finally, project developers receiving CHTF funding must agree to meet or exceed County Disadvantaged Business Enterprise (DBE) requirements pertaining to construction projects.

Empowerment Village-Lincoln (EV-L) Project Description

The developer has provided a packet of information to members of the Committees detailing the architectural and financial elements of the EV-L project. In addition, a sheet is attached to this Board report showing proposed sources, uses and applications of funds for the project. Here, at a glance, are the highlights:

Project Name: Empowerment Village-Lincoln

Location: 525 W. Lincoln Ave.

Service Provider: Our Space, Inc.

Units/% BHD Units: 30/100%

Total Project Cost: \$6,075,045 (est.)

Tax Credits: \$4,797,180 (assumes TC equity @ \$0.65 per unit pricing and Tax Credit Assistance Program (TCAP) supplement)

Conventional Loan: \$777,000

CHTF (County) Contribution: \$500,000 (recommended)

Other Assistance:

- 30 County Project-Based rent assistance vouchers.
- Developer will be applying for City of Milwaukee Housing Trust Fund and Community Development Block Grant (CDBG) support for the project. Applications are anticipated to be submitted in September.

Review Panel Evaluation

A review panel consisting of staff from the Housing Division, the Behavioral Health Division, the community, and two members of the County Board staff, met to hear a presentation by the developer and service provider.

EV-L is a supportive housing development that will, when completed, provide 30 one-bedroom units of decent, safe, affordable and permanent housing, along with community meeting/event space and space. Our Space, Inc., a community social service organization, will provide the support services on site to residents who choose to access them. Our Space, Inc. has been in existence since 1988 providing recovery-oriented services that assist individuals who have experienced mental illness to live successfully and independently in the community. The review panel determined that the agency is fully qualified and competent to provide the support services essential to the success of the development.

Our Space, Inc. currently owns and occupies a former funeral home at the site of the proposed development. The facility is old and in need of extensive and costly rehabilitation, and the Our Space organization has outgrown its available space. The review panel concurred with the agency's judgment that it was not financially feasible to repair and upgrade the property for their purposes. Our Space, Inc. plans to relocate its operation to the Empowerment Village-National (EV-N) site when that construction and rehabilitation work is completed.

The EV-L development is being undertaken by Cardinal Capital Management, the developer for the United House and Empowerment Village-National projects, in collaboration with Our Space. The panel determined that this developer is highly qualified to undertake this project, and that its experience and history of success with similar projects reflect well on the viability of the proposed development. All 30 units of housing to be developed are proposed for occupancy by persons with severe and persistent mental illness who are served by the Behavioral Health Division.

Meetings with Neighborhood Residents and Businesses

It should be noted that under zoning in place at the site of the proposed development, the developer has the legal authority to proceed with the project as originally designed without the need to obtain Common Council or neighborhood approval. Notwithstanding this, Cardinal Capital and Our Space have worked with local elected officials and area residents and businesses in the development of this proposal.

On April 20, 2009, Cardinal Capital Management participated in a community meeting sponsored by Supervisor Peggy West and held at the Kosciusko Community Center to discuss the project. Supervisor Marina Dimitrijevic, Alderman Jim Witkowiak, and city and county housing staff also attended. Cardinal Capital's project architect described the project and answered questions for over two hours. Approximately 45 people attended the meeting.

Based on concerns raised at this meeting, Cardinal Capital Management participated in follow-

up meetings on April 24 and again on May 18 with representatives of neighborhood businesses to discuss the original project design, consider suggestions for changes in the design, and discuss how residents would be kept informed about the project as its development progressed. Representatives of the Milwaukee Foundation and Our Space also attended these meetings.

From these meetings, Cardinal Capital and Our Space committed to the neighborhood groups that they will continue to be available for ongoing discussions on building design through the various approval processes and will work to incorporate all ideas that are determined to be feasible.

Like other projects of this developer, the property will pay property taxes when the development is completed and open, and will incorporate "green" building standards and technology. Following its review and discussion, the panel unanimously recommended the developer's request for CHTF funding.

Recommendation

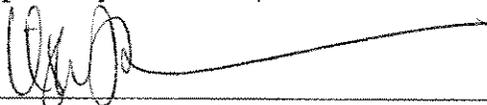
The Housing Division recommends that the Board approve an allocation of \$500,000 from the County Housing Trust Fund to Cardinal Capital Management, Inc. to support development of this project. The actual allocation of funds from the CHTF will occur only when the developer provides evidence to the county indicating that it has obtained all other commitments of financial resources for the project.

The Division further recommends that the Interim Director, DHHS, or designee be authorized to negotiate and execute an agreement with the developer to ensure compliance with the terms and conditions governing the use of trust fund monies and to accomplish such other objectives as will best serve the county and its clients.

Fiscal Effect

Sufficient funding authorization exists to provide the recommended amount of CHTF funds. Loan repayments are included in the County's annual budgeted debt service schedule.

Respectfully Submitted,



Lisa Jo Marks, Interim Director
Department of Health and Human Services

cc: Scott Walker, County Executive
Tim Russell, Deputy Chief of Staff – County Executive's Office
Cindy Archer, Director – DAS
Steve Kreklow, Fiscal & Budget Administrator – DAS
Joseph Carey – DAS
Pamela Bryant – DAS
Glenn Bultman – County Board Staff
Jennifer Collins – County Board Staff
Jodi Mapp, Committee Clerk
Dee Hervey, Committee Clerk

Attachment

Our Space - LINCOLN, New Construction
 Sources & Uses of Funds Summary
 30 Unit NEW CONSTRUCTION, Equity & TCAP Scenario

Updated

8/5/2009

9% credit scenario

Sources of Funds - TAX CREDIT

Conventional Loan
 Tax Credit Equity - - ESTIMATED INVESTOR PRICING
 WHEDA Tax Credit Assistance Program (TCAP)** to be applying 7/09
 Subtotal

<u>Total</u>		1.2 DCR
\$777,000.00	7.00% Interest Rate	23.5 Year Amortization
4,035,356.00	\$ 0.65 per unit Credit Pricing	
761,824.00	\$ 0.10 per unit Credit Pricing + Davis Bacon Costs	
<u>\$5,574,180.00</u>		

GAP - County Funds

500,865.00

Total Sources of Funds - TAX CREDIT

\$ 6,075,045.00

Uses of Funds - TAX CREDIT

Acquisition Costs
 Demolition of Building
 New Construction Costs
 Professional Fees / 3rd Party Reports
 Title / Recording / Capitalize Int / Misc
 Financing Fees
 Tax Credit Fees
 Developer Fees
 Operating Deficit Reserve Required by WHEDA
 Total Uses of Funds - TAX CREDIT

\$ 200,000.00	
100,000.00	
4,603,144.00	
214,500.00	
175,300.00	
5,070.00	
65,582.00	
576,449.00	80% Cardinal, 20% Our Space
135,000.00	7 months of Operating Deficit Reserve
<u>\$ 6,075,045.00</u>	

Financing Fees			
Financing Fees Est @ 1.0% first mortgage	5,070.00	5,070.00	
Legal Fees - Financing:		-	
Other Fees -		-	
Subtotal	<u>5,070.00</u>	<u>5,070.00</u>	-
Tax Credit Fees			
Tax Credit fees - application	2,000.00	2,000.00	
Tax Credit fees - reservation	62,082.00	62,082.00	
Tax Credit fees - compliance (8609)	1,500.00	1,500.00	
Subtotal	<u>65,582.00</u>	<u>65,582.00</u>	-
Total Costs Before Development Fees	5,363,596.00	494,052.00	4,869,544.00
Developer Fees @ 12%	643,632.00		643,632.00
Developer Fee REDUCTION	(67,183.00)		(67,183.00)
Reserve/Cash Requirements			
Operating Deficit Reserve - mos. =	7	135,000.00	135,000.00
Rent-Up Reserve			-
Construction Loan Interest Reserve (if necessary to pay upon placed in service)			-
Operating Cash			-
Subtotal		<u>135,000.00</u>	<u>135,000.00</u>
Total	6,075,045.00	629,052.00	5,445,993.00

Calculation of Credits

Eligible Basis		Rehab & New Construction
Less: Fed Funds/ Grants		5,445,993.00
Less: Historic Credits		-
Eligible Basis (NET)		<u>5,445,993.00</u>
Applicable Fraction		100.00%
Qualified Basis		5,445,993.00
Qualified Census Tract OR Basis Boost for 2009	yes	1,633,797.90
Credit Percentage - 4% rate overall HIGH point for 2008		9.00%
Annual Credit Amount		<u>637,181.18</u>

	WHEDA	
	ALLOCATION	CALCULATION
Total Annual Credits	620,824.00	637,181.00
Ten Year Credits	6,208,240.00	6,371,810.00
Credit Pricing	\$ 0.750	\$ 0.750
Calculation of Equity	4,656,180.00	4,778,858.00
	Davis Bacon Costs	141,000.00
Overall Investor Equity + TCAP	<u>4,797,180.00</u>	

Application of Funds - Detail & Tax Credit Calculation

Updated

8/3/2009

Our Space - LINCOLN, New Construction

9% credit scenario

30 Unit NEW CONSTRUCTION, Equity & TCAP Scenario

Units: 30
Allocation Percentage: 100%

Description	Total	Non-Basis	Rehab & New Construction
Acquisition Costs			
Acquisition Costs - Land	200,000.00	200,000.00	
Closing Costs			
Subtotal	200,000.00	200,000.00	-
Memo - Per Unit Acquisition Costs	6,666.67	6,666.67	-
Rehab / New Construction Costs			
On-Site Work			
Landscaping			
Demolition of BUILDING to the ground	100,000.00	100,000.00	
DAVIS BACON - estimate about 3.0% - 3.5%	141,000.00		141,000.00
Construction - Commercial Space			
Construction - Residential Space	3,928,898.00	120,000.00	3,808,898.00
Subtotal Hard Construction B4 GC	4,169,898.00	220,000.00	3,949,898.00
GC Fees - limited to 14%			
Builders Profit 6%	228,534.00		228,534.00
Builders Overhead 2%	76,178.00		76,178.00
Builders General Requirements 6%	228,534.00		228,534.00
Subtotal GC Fees	533,246.00		533,246.00
Subtotal Hard Construction & GC	4,703,144.00	220,000.00	4,483,144.00
	585,144.00		
Memo - Per Unit Hard Construction	156,771.47	7,333.33	149,438.13
Professional Fees / 3rd Party Reports			
Architect Design & Supervision 1.9%	90,000.00		90,000.00
Engineering 1.5%	70,000.00		70,000.00
Environmental Study - Phase I	2,500.00		2,500.00
Environmental Study - Lead / Radon / etc.	2,000.00		2,000.00
Survey - initial	3,000.00		3,000.00
Survey - post construction	5,000.00		5,000.00
Appraisal	3,500.00		3,500.00
Market Study	4,000.00		4,000.00
Accounting / Cost Certification (includes Syndication)	14,500.00	1,400.00	13,100.00
Legal Fees (includes Organization & Syndication)	20,000.00	2,000.00	18,000.00
Misc. - Permits, etc.			
Subtotal	214,500.00	3,400.00	211,100.00
Capitalized R.E. Purchase, Construction Costs & Common Space Furnishings			
Title & Rec. Fees			
Closing Fees - purchase			
Draw Fees \$ 300	3,300.00		3,300.00
Construction Interest	115,000.00		115,000.00
Construction Loan - Application fees/Origination .5%	25,000.00		25,000.00
Construction Insurance	30,000.00		30,000.00
Construction Real Estate Taxes	2,000.00		2,000.00
Furnishings - Common Space ONLY (non-revenue bearing items)			
Coin Operated Washer and Dryers - 1 for every 12 units \$ -			
Subtotal	175,300.00		175,300.00

1
2
3
4 (ITEM *) FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY
5 BOARD APPROVAL TO ALLOCATE \$500,000 OF FINANCING FROM THE
6 COUNTY SPECIAL NEEDS HOUSING TRUST FUND TO CARDINAL CAPITAL
7 MANAGEMENT FOR THE SUPPORTIVE HOUSING DEVELOPMENT TO BE
8 KNOWN AS "EMPOWERMENT VILLAGE-LINCOLN"
9

10 A RESOLUTION

11
12 WHEREAS, in February of 2007, the County Executive proposed and the County Board
13 approved creation of a Special Needs County Housing Trust Fund (CHTF) to provide gap fi-
14 nancing to assist in developing units of supportive housing in Milwaukee County; and
15

16 WHEREAS, CHTF financing in the amount of \$500,000 has been requested to support the
17 development of 30 units of decent, safe, affordable and permanent housing with support ser-
18 vices in a project known as Empowerment Village-Lincoln; and
19

20 WHEREAS, this development project will, when completed, make 30 units available to
21 serve the housing needs of consumers in the county's behavioral health system; and
22

23 WHEREAS, a panel of reviewers including a representative of the County Board staff
24 evaluated this request and determined that the developer has submitted a proposal that the
25 panel believes is viable (provided anticipated funding from all other non-county sources mate-
26 rializes) and complies in all material respects with the provisions governing allocations of funds
27 from the CHTF; and
28

29 WHEREAS, the panel unanimously recommended CHTF funding of the Empowerment
30 Village-Lincoln proposal in the amount of \$500,000 to be awarded to the developer, Cardinal
31 Capital Management, Inc. Now, therefore,
32

33 BE IT RESOLVED, that the Milwaukee County Board of Supervisors approves and author-
34 izes an allocation of \$500,000 from the County Housing Trust Fund to Cardinal Capital Man-
35 agement, Inc. to support the development project known as Empowerment Village-Lincoln;
36 and be it
37

38 FURTHER RESOLVED, that the Interim Director, DHHS or designee is authorized to ne-
39 gotiate and execute an agreement with the developer which ensures compliance with the terms
40 and conditions governing the use of County Housing Trust Fund monies and which accom-
41 plishes such other objectives as will best serve the county and the housing needs of our behav-
42 ioral health system's consumers; and be it
43

44 FURTHER RESOLVED, that the allocation of County Housing Trust Fund dollars is con-
45 tingent on the developer providing evidence to the satisfaction of Department staff that the de-
46 veloper has received or will receive funding and subsidies sought from other sources and iden-
47 tified in the development proposal.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 9/1/09

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: FROM THE INTERIM DIRECTOR, DHHS, REQUESTING COUNTY BOARD APPROVAL TO ALLOCATE \$500,000 OF FINANCING FROM THE COUNTY SPECIAL NEEDS HOUSING TRUST FUND TO CARDINAL CAPITAL MANAGEMENT FOR THE SUPPORTIVE HOUSING DEVELOPMENT TO BE KNOWN AS "EMPOWERMENT VILLAGE-LINCOLN"

FISCAL EFFECT:

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

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

A. The 2008 and 2009 Adopted Capital Improvements Budget includes appropriations of \$1 million each year in capital project – WO951 - Special Needs Housing Program for the Behavioral Health Division (BHD) for the purpose of carrying out the Department's housing initiatives for persons with mental illness. Financing for the project will be provided from a loan from the State Trust Fund loan Program (STFLP). The Department of Administrative Services (DAS) has received the initial paperwork to begin the process to apply for a \$2 million loan from the STFLP.

B. At this time the direct costs from receiving the loan are estimates for discussion purposes only since the County has not applied for the loan and therefore, does not have a debt service schedule. Similar to the loan obtained from STFLP in 2007, the County will be requesting \$2 million to finance the 2008 and 2009 appropriations. The loan would be for a 10-year term at 4.50 percent. This is 75 percentage points lower than the 2007 loan. The interest rates are subject to change, but once a loan is approved the rate will not change. The estimated annual debt service costs would be \$277,500, for the years 2010 through 2018.

C. DAS requested an application for a loan with a ten-year term. Although the useful life of the project assets or improvements may exceed the ten years, DAS, in consultation with the County's financial advisor, determined that a ten-year loan was most appropriate for the project due to the dollar amount of the loan. In addition, since the initial project financing was general obligation bonding, a ten-year term would adhere to the County's debt management policy of limiting the financing term of general obligation bonding to 16 years.

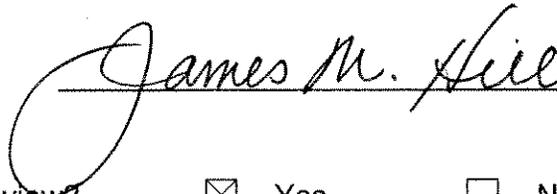
¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

If the loan is approved, DAS anticipates requesting the full \$2,000,000 loan from the BCPL. The County has one year from the County Board approval date to request the entire amount of the loan. The County will receive an amortization schedule upon BCPL approval of the loan.

D. At this time, the anticipated date of the ten-year loan is January 1, 2009. The estimated payment schedule for the loan would consist of 9 payments of \$277,500, beginning March 15, 2010. The total payment amount would be \$2,497,500, which consist of \$2,000,000 in principal and \$497,500 in interest. The debt service fund budget, starting in 2010, would be increased by the loan amount. Again the estimated amounts are to be used for discussion purposes only. The actual amounts will be determined once the loan is approved by the STFLP.

Department/Prepared By Pamela Bryant

Authorized Signature

A handwritten signature in cursive script that reads "James M. Hill". The signature is written over a horizontal line.

Did DAS-Fiscal Staff Review?

Yes

No

COUNTY OF MILWAUKEE
Housing Division
Department of Health & Human Services
INTER-OFFICE COMMUNICATION

11

DATE: September 1, 2009

TO: Lee Holloway, Chairman
Milwaukee County Board of Supervisors

FROM: Lisa Jo Marks, Interim Director, DHHS
Prepared by James M. Hill, Administrator, Housing Division

SUBJECT: FROM THE INTERIM DIRECTOR, DHHS, REQUESTING AUTHORIZATION TO ENTER INTO A SOLE-SOURCE PURCHASE-OF-SERVICE CONTRACT WITH HEALTH CARE FOR THE HOMELESS (HCH) TO PROVIDE INTAKE, CASE MANAGEMENT, VENDOR PAYMENTS, DATA COLLECTION AND OTHER SUPPORT SERVICES IN CONJUNCTION WITH THE GRANT FROM THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FOR HOMELESSNESS PREVENTION AND RAPID RE-HOUSING (HPRP) ASSISTANCE

Issue

Section 49.06 of the Milwaukee County Code of General Ordinances requires County Board approval of contracts and amendments to contracts for the purchase of human services from non-governmental vendors.

Background

Congress passed the American Recovery and Reinvestment Act of 2009 (P.L. 111-5, ARRA), commonly referred to as the "federal stimulus bill," on February 17, 2009. Shortly after its passage, HUD notified local governments that additional grant funds would be available under the stimulus bill for Homelessness Prevention and Rapid Re-Housing (HPRP) assistance. The local HUD office informed the Housing Division that Milwaukee County was eligible to receive \$712,755 in HPRP assistance over the next three years. The grant funding requires no local cash or in-kind match, nor is the county obliged to continue local funding of any project or activity undertaken once the federal supplemental funding ends.

Because the HPRP funds are allocated under the Community Development Block Grant (CDBG) program's regulations, an application to HUD for the funds was required. This included adoption of a substantial amendment to the CDBG plan that explains how the funds are to be spent, and how the initiative relates to the adopted CDBG plan. The County Board, by adoption of File No. 09-181, as amended, at its meeting on April 23, 2009, delegated to the Economic and Community Development Committee the final authority to approve the plan amendment so that the application could be filed on time.

Pursuant to this delegation, the Economic & Community Development Committee approved the plan amendment on May 11, 2009. The application was submitted timely; and HUD notified the County by letter dated August 14, 2009 that its application for the \$712,755 was approved.

Collaboration with the Behavioral Health Division (BHD)

When HUD announced the HPRP funding opportunity, the staffs of the Housing Division and the Behavioral Health Division (BHD) met to discuss how we might collaborate on an initiative that would benefit homeless individuals, or those at risk of homelessness, who also were experi-

encing mental illness and substance use issues. At the same time, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced a grant opportunity BHD would pursue that is directed at providing intensive treatment and services to the same population, whose needs are typically only addressed at the “deep end” of the BHD system of care.

The HPRP funds and the SAMHSA grant funds appeared to staff to be a near perfect complement offering an ideal opportunity to collaborate. The SAMHSA grant’s goal is to stabilize homeless or at risk individuals in psychiatric crisis by linking them quickly with supportive services at the point of contact with BHD’s psychiatric crisis service ideally before hospitalization becomes necessary, while the HPRP funds provide them with access to decent, safe and affordable housing through rent and other forms of financial assistance with housing related expenses. Numerous studies have shown that promptly providing these two types of supports greatly enhances the individual’s stability and capacity to sustain his/her recovery, thereby reducing the need for repeated and costly deep-end interventions.

Sole-Source Contract with Health Care for the Homeless (HCH)

As explained in the CDBG plan amendment approved by the E&CD Committee (copy attached to this report), the Housing Division proposes executing a sole-source contract with Healthcare for the Homeless (HCH) to provide case management to clients, and to administer the housing assistance provided on their behalf under the HPRP. HCH is uniquely qualified to provide these services and functions required by the HPRP grant. These qualifications include:

- 1) their extensive experience meeting the clinical needs of persons with mental illness who have been chronically homeless;
- 2) their training, qualification and experience with the SSI/SSDI Outreach, Access & Recovery (SOAR) initiative. SOAR provides rapid eligibility determinations for SSI and SSDI assistance to homeless persons and is the critical component of the HPRP plan which enables people to move off of HPRP assistance and onto these more permanent forms of assistance quickly, thereby making HPRP assistance available to more individuals; and
- 3) their experience managing the considerable data which must be collected and reported to HUD through its Homeless Management Information System (HMIS). HUD regulations governing HPRP make very clear that grantees and subgrantees must have the ability to use the HMIS system.

HCH is the only organization in the County, other than the County itself, that meets all three of these qualifications. This will enable the County to implement the HPRP initiative promptly. Prompt implementation is critical to ensure that the County meets the HPRP requirement that 60% of the funds be expended within two years of HUD’s approval of the County’s application. For additional information concerning the scope of work HCH is to perform under the contract, see the narrative in the attached plan amendment.

The SAMHSA grant, which is not a Recovery Act “stimulus” initiative, also requires no local cash match or obligation to continue the funding when the grant expires. We are confident that the collaboration between these systems (housing and behavioral health treatment) will strengthen both applications for funding. In addition, we believe it will produce significant benefits both for those receiving the assistance and for the behavioral health treatment system as a whole.

SAMHSA has not yet notified BHD regarding its application. Even if this application is not successful, however, the HPRP initiative will be able to operate on its own essentially as laid out in the application. The proposals were designed in this fashion so that if HPRP and SAMHSA funds are approved at different times, or if one is approved and the other is not, implementation need not be delayed for the initiative receiving funds first.

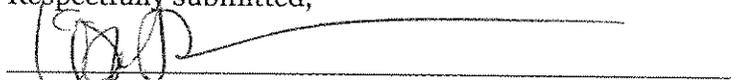
Recommendation

It is recommended that the County Board of Supervisors authorize the Director, Department of Health and Human Services, or designee, to enter into a purchase-of-service contract with Health Care for the Homeless for a period not to exceed three years, or until all HPRP grant funds are expended, whichever occurs first, to assist the County in the implementation of the Homelessness Prevention and Rapid Re-Housing (HPRP) assistance grant.

Fiscal Effect

As the HPRP Estimated Budget Summary table on the last page of the attached plan amendment shows, all but \$48,433 of the three-year grant will be managed by HCH through its contract. The vast majority of funds (\$529,322 of \$712,755) will be passed through HCH in the form of payments to vendors on behalf of clients for qualifying expenses under the grant. A fund transfer request authorizing receipt and proper allocation of these funds has been submitted for approval by the Finance & Audit Committee in this September cycle. The grant requires no local cash or in-kind match. Funding contained within the grant will be sufficient to cover all costs. There is no additional fiscal effect.

Respectfully submitted,



Lisa Jo Marks, Interim Director, DHHS

- cc: Scott Walker, County Executive
- Lee Holloway, County Board Chairman
- Tim Russell, Deputy Chief of Staff –
County Executive's Office
- Cindy Archer, Director - DAS
- Steve Kreklow, Fiscal & Budget Admin. - DAS
- Joseph Carey, Fiscal Analyst - DAS
- Jennifer Collins - County Board Analyst
- Jodi Mapp - Committee Clerk

Attachment

Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)

Grantees eligible to receive funds under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) are required to complete a substantial amendment to their Consolidated Plan 2008 Action Plan. This form sets forth the required format for this substantial amendment. A completed form is due to HUD within 60 days of the publication of the HUD HPRP notice.

To aid grantees in meeting this submission deadline, the HPRP Notice reduces the requirement for a 30-day public comment period to no less than 12 calendar days for this substantial amendment. With this exception, HPRP grantees are required to follow their Consolidated Plan's citizen participation process, including consultation with the Continuum of Care (CoC) in the appropriate jurisdiction(s). Grantees are also required to coordinate HPRP activities with the CoC's strategies for homeless prevention and ending homelessness. To maximize transparency, HUD strongly recommends that each grantee post its substantial amendment materials on the grantee's official website as the materials are developed.

A complete submission contains the following three documents:

- 1) A signed and dated SF-424,
- 2) A completed form HUD-40119 (this form), and
- 3) Signed and dated General Consolidated Plan and HPRP certifications.

For additional information regarding the HPRP program, visit the HUD Homelessness Resource Exchange (www.hudhre.info). This site will be regularly updated to include HPRP resources developed by HUD and its technical assistance providers.

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Public reporting burden for this collection of information is estimated to be 16 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the substantial amendment to the Consolidated Plan 2008 Action Plan does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)

A. General Information

Grantee Name	Milwaukee County
Name of Entity or Department Administering Funds	Housing Division, Milwaukee County Department of Health & Human Services
HPRP Contact Person (person to answer questions about this amendment and HPRP)	James M. Hill
Title	Director of Housing
Address Line 1	1220 W. Vliet St., Rm. 301-C
Address Line 2	
City, State, Zip Code	Milwaukee, WI 53205
Telephone	414-289-6542
Fax	414-289-6844
Email Address	Jim.Hill@milwcnty.com
Authorized Official (if different from Contact Person)	The Hon. Scott K. Walker
Title	Milwaukee County Executive
Address Line 1	Courthouse, Rm. 306
Address Line 2	901 N. 9 th St.
City, State, Zip Code	Milwaukee, WI 53233
Telephone	414-278-4211
Fax	414-223-1375
Email Address	countyexec@milwcnty.com
Web Address where this Form is Posted	www.milwaukeecounty.org/HealthandHumanServices/7753/HousingDivision.htm (no spaces)

Amount Grantee is Eligible to Receive*	\$ 712,755
Amount Grantee is Requesting	\$ 712,755

*Amounts are available at <http://www.hud.gov/recovery/homelesspreventrecov.xls>

B. Citizen Participation and Public Comment

1. Briefly describe how the grantee followed its citizen participation plan regarding this proposed substantial amendment (limit 250 words).

Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)

Response: A notice was published in four local newspapers: 1) the *Milwaukee Journal Sentinel*; 2) the *Milwaukee Business Journal*; 3) the *Milwaukee Community Journal*; and 4) the *Spanish Journal* (with a translation into Spanish). The notice described the plan generally, referred inquiries to the Housing Division Director with contact information, and solicited public comment on it. The full County Board, by adoption of File No. 09-181 at its meeting on April 23, 2009, delegated to its Economic and Community Development Committee the final authority to approve the plan amendment required to make this application. The County Board's Economic & Community Development Committee approved the plan amendment on May 11, 2009 after holding a public hearing on the plan amendment as required by its procedures.

2. Provide the appropriate response regarding this substantial amendment by checking one of the following options:

- Grantee did not receive public comments.
- Grantee received and accepted all public comments.
- Grantee received public comments and did not accept one or more of the comments.

3. Provide a summary of the public comments regarding this substantial amendment. Include a summary of any comments or views not accepted and the reasons for non-acceptance.

Response: No comments were received.

C. Distribution and Administration of Funds

Reminder: The HPRP grant will be made by means of a grant agreement executed by HUD and the grantee. The three-year deadline to expend funds begins when HUD signs the grant agreement. Grantees should ensure that sufficient planning is in place to begin to expend funds shortly after grant agreement.

1. Check the process(es) that the grantee plans to use to select subgrantees. Note that a subgrantee is defined as the organization to which the grantee provides HPRP funds.

- Competitive Process
- Formula Allocation
- Other (Specify):

The grantee anticipates entering into a sole-source contract with Healthcare for the Homeless (HCH) to provide case management (as defined by HPRP) to clients, and to administer the housing assistance payments provided on their behalf. HCH is uniquely qualified to provide these services and functions due to 1) their deep understanding of both the clinical and housing needs of persons with mental illness who have been chronically homeless; 2) their training, qualification and experience with the SOAR initiative, which

Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)

provides eligibility determinations for SSI and SSDI assistance to homeless persons and is the critical component of the HPRP plan enabling people to move quickly from HPRP onto these more permanent forms of assistance, thereby making HPRP assistance available to more individuals; and 3) their qualification, familiarity and experience using and working with HMIS. These qualifications will enable the County to implement the HPRP initiative promptly following HUD's approval of the plan. The County will share with HCH an appropriate portion of the 5% administrative allocation allowed by HPRP.

2. Briefly describe the process(es) indicated in question 1 above (limit 250 words).

Response: As the phrase implies, the "sole-source contract" process is non-competitive. The process leading to the award of the contract will involve direct negotiation with Healthcare for the Homeless (HCH) to provide the services and functions defined above. The formally negotiated contract will include outcomes expected of HCH that are appropriate to the goals of the HPRP initiative. Milwaukee County ordinances will require the County Board's approval of this contract.

3. Briefly describe the process the grantee plans to use, once HUD signs the grant agreement, to allocate funds available to subgrantees by September 30, 2009, as required by the HPRP Notice (limit 250 words).

Response: As described in item 2 above, the process will involve direct negotiation with Healthcare for the Homeless (HCH) to provide the services and functions defined above. These negotiations have already begun informally with HCH in an effort to save time following HUD's approval of the application. The formally negotiated contract will include outcomes expected of HCH that are appropriate to the goals of the HPRP initiative. We anticipate the contract will be approved by the Milwaukee County Board, as required by County ordinance, by no later than September 30, 2009.

4. Describe the grantee's plan for ensuring the effective and timely use of HPRP grant funds on eligible activities, as outlined in the HPRP Notice. Include a description of how the grantee plans to oversee and monitor the administration and use of its own HPRP funds, as well as those used by its subgrantees (limit 500 words).

Response: Within ten days of receiving HPRP funds, the Housing Division will begin dispersing funds. The contract with HCH will be fully executed and will have the County Board's approval. The HCH case manager will be in place and will have the ability to begin receiving referrals. Outreach planning will begin immediately and this will include several systems of identification and a coordinated relationship with Milwaukee County's Behavioral Health Division. When HPRP funds are received by the County, Housing Division staff will be available to make rent assistance payments at that time as well as make immediate inspections of the property units chosen. The Housing Division will oversee and monitor HPRP funds. The Housing Program Coordinator will be responsible for the processing of payments. Each payment will need electronic approval of the Housing Manager for the payment to be processed. The Housing Manager will also be responsible for monitoring the HPRP budget on a monthly basis to ensure the proper use of funds. The HCH case manager will be responsible for entering data into the HMIS Service

Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)

Point system. The data will be monitored by the Clinical Coordinator from HCH. The Milwaukee County Housing Program Coordinator will also audit data quality on a monthly basis and match each data entry with the payment that has been processed. Housing staff will also collect W-9 tax forms from all housing providers that receive HPRP payments to ensure all funds go to the proper owner on record.

D. Collaboration

1. Briefly describe how the grantee plans to collaborate with the local agencies that can serve similar target populations, which received funds under the American Recovery and Reinvestment Act of 2009 from other Federal agencies, including the U.S. Departments of Education, Health and Human Services, Homeland Security, and Labor (limit 250 words).

Response: Milwaukee County's Housing Division will collaborate with the local Continuum of Care (CoC) and also with the City of Milwaukee. Milwaukee County's HPRP participants may be eligible for City of Milwaukee Recovery Act programs such as Project Based Section 8, lead remediation, assistance with housing related legal issues, and access to intensive case management for benefits acquisition. Through this collaboration, maintaining income will be a major focus of grant funds. This will be accomplished through employment training or assistance with disability applications. These services will be coordinated through the use of the Homeless Management Information System (HMIS). Both municipalities and the local CoC will work closely to ensure each eligible applicant is receiving the most appropriate level of services under HPRP funds. HMIS will also ensure that participants are not receiving duplicate services through HPRP. This collaboration will assist in giving individuals wraparound services that will assist in better housing and services outcomes for those receiving funding.

2. Briefly describe how the grantee plans to collaborate with appropriate Continuum(s) of Care and mainstream resources regarding HPRP activities (limit 250 words).

Response: Milwaukee County Housing Division intends to collaborate with the local Continuum of Care (CoC). Due to Milwaukee County's current participation in the Homeless Management Information System (HMIS), the Housing Division will be able to coordinate care with other service providers to ensure that participants are receiving the necessary services from other agencies. This will help to ensure that individuals will be successful in maintaining their housing. Milwaukee County has already received written documentation from the CoC regarding its support for the use of HPRP funds. HPRP participants will also be assessed for additional case management services through Milwaukee County's Behavioral Health Division (BHD). Through this process, individuals will also be assisted in obtaining income through employment or through benefits acquisition. HPRP participants will also have the opportunity to apply for various long-term rental assistance subsidies, through Milwaukee County's HUD-funded Shelter + Care program. Each participant will also be offered assistance in locating safe and affordable housing by staff of the Milwaukee County Housing Division in residences that

Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)

can pass HUD Housing Quality Standards (HQS) inspections and that are compliant with the local municipality's building codes at all times.

3. Briefly describe how HPRP grant funds for financial assistance and housing relocation/stabilization services will be used in a manner that is consistent with the grantee's Consolidated Plan (limit 250 words).

Response: HPRP funds will be used in a manner consistent with Milwaukee County's Adopted 5-Year Consolidated Plan. The activities included in the HPRP initiative address several different objectives in the plan, including Anti-Poverty Strategy (Objective IV. H), Institutional Structure and Coordination (Objectives IV. I & J), and provision of social services to special needs populations (Priority 1). Specifically, funds will be used to provide medium-term rent assistance to individuals who are at risk of becoming homeless. The referral process will be coordinated by a Housing Case Manager who will ensure each individual meets all HPRP guidelines. The Case Manager will provide housing related services for each participant by monitoring rent payments to landlords as well as providing general case management services to assist individuals in maintaining their housing. Milwaukee County staff will conduct HQS inspections on all units funded by HPRP prior to the individual's acceptance of the unit.

Staff will also ensure that all activities are placed into HMIS. Milwaukee County's experience, familiarity with, and use of HMIS is both extensive and sophisticated. The goal of HPRP funds will be to assist participants in being able to secure safe and affordable housing, which will allow them to focus on their treatment needs. Outcomes will be measured based on how long individuals are able to maintain permanent housing once HPRP medium-term rent assistance has been exhausted. If eligible, individuals may continue to receive County funded services once they have completed their participation in the HPRP grant.

E. Estimated Budget Summary

HUD requires the grantee to complete the following table so that participants in the citizen participation process may see the grantee's preliminary estimated amounts for various HPRP activities. Enter the estimated budget amounts for each activity in the appropriate column and row. The grantee will be required to report actual amounts in subsequent reporting.

(next page)

Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)

HPRP Estimated Budget Summary			
	Homelessness Prevention	Rapid Re-housing	Total Amount Budgeted
Financial Assistance ¹	\$ 529,322	\$	\$ 529,322
Housing Relocation and Stabilization Services ²	\$ 135,000	\$	\$ 135,000
Subtotal (add previous two rows)	\$ 664,322	\$	\$ 664,322

Data Collection and Evaluation ³	\$	12,795
Administration (up to 5% of allocation)	\$	35,638
Total HPRP Amount Budgeted⁴	\$	712,755

¹Financial assistance includes the following activities as detailed in the HPRP Notice: short-term rental assistance, medium-term rental assistance, security deposits, utility deposits, utility payments, moving cost assistance, and motel or hotel vouchers.

²Housing relocation and stabilization services include the following activities as detailed in the HPRP Notice: case management, outreach, housing search and placement, legal services, mediation, and credit repair.

³Data collection and evaluation includes costs associated with operating HUD-approved homeless management information systems for purposes of collecting unduplicated counts of homeless persons and analyzing patterns of use of HPRP funds.

⁴This amount must match the amount entered in the cell on the table in Section A titled "Amount Grantee is Requesting."

F. Authorized Signature

By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

Signature/Authorized Official

Date

Title

1
2
3
4 **(ITEM) FROM THE INTERIM DIRECTOR, DHHS, REQUESTING AUTHORIZA-**
5 **TION TO ENTER INTO A SOLE-SOURCE PURCHASE-OF-SERVICE CONTRACT**
6 **WITH HEALTH CARE FOR THE HOMELESS (HCH) TO PROVIDE INTAKE, CASE**
7 **MANAGEMENT, VENDOR PAYMENTS, DATA COLLECTION AND OTHER SUP-**
8 **SUPPORT SERVICES IN CONJUNCTION WITH THE GRANT FROM THE DEPART-**
9 **MENT OF HOUSING AND URBAN DEVELOPMENT FOR HOMELESSNESS PRE-**
10 **VENTION AND RAPID RE-HOUSING (HPRP) ASSISTANCE**

11
12 **A RESOLUTION**
13

14 WHEREAS, the U.S. Department of Housing and Urban Development (HUD) notified the
15 County by letter dated August 14, 2009 that its application for Homelessness Prevention and
16 Rapid Re-Housing (HPRP) grant funding in the amount of \$712,755 over three years was ap-
17 proved; and
18

19 WHEREAS, the County, in its application for this funding and in the Community Develop-
20 ment Block Grant (CDBG) plan amendment approved as a requirement of the application, pro-
21 posed executing a sole-source contract with Health Care for the Homeless (HCH) to provide
22 case management to clients, and to administer the housing assistance provided on their behalf
23 under the HPRP; and
24

25 WHEREAS, Health Care for the Homeless is uniquely qualified to provide these services
26 and functions required by the HPRP grant; and
27

28 WHEREAS, HCH's qualifications include:
29

- 30 1) extensive experience meeting the clinical needs of persons with mental illness who have
31 been chronically homeless;
32
33 2) training, qualification and experience with the SSI/SSDI Outreach, Access & Recovery
34 (SOAR) initiative. SOAR provides rapid eligibility determinations for SSI and SSDI as-
35 sistance to homeless persons and is the critical component of the HPRP plan which en-
36 ables people to move off of HPRP assistance and onto these more permanent forms of
37 assistance quickly, thereby making HPRP assistance available to more individuals; and
38
39 3) experience managing the considerable data which must be collected and reported to
40 HUD through its Homeless Management Information System (HMIS). HUD regula-
41 tions governing HPRP make very clear that grantees and subgrantees must have the
42 ability to use the HMIS system; and
43

44 WHEREAS, HUD grant conditions require that all subgrantee agreements be approved and
45 in place on or before September 30, 2009. Now, therefore,
46

47 BE IT RESOLVED, that the Board authorizes the Director, DHHS, or designee, to enter into
48 purchase-of-service contract with Health Care for the Homeless for a period not to exceed three
49 years, or until all HPRP grant funds are expended, whichever occurs first, for the purpose of
50 assisting the County in the implementation of the Homelessness Prevention and Rapid Re-
51 Housing (HPRP) assistance grant in the manner outlined in the County's approved CDBG plan
52 amendment accompanying the HPRP application.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: September 1, 2009

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: FROM THE INTERIM DIRECTOR, DHHS, REQUESTING AUTHORIZATION TO ENTER INTO A SOLE SOURCE CONTRACT WITH HEALTH CARE FOR THE HOMELESS (HCH) TO PROVIDE INTAKE, CASE MANAGEMENT, VENDOR PAYMENTS, DATA COLLECTION AND OTHER SUPPORT SERVICES IN CONJUNCTION WITH THE GRANT FROM THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FOR HOMELESSNESS PREVENTION AND RAPID RE-HOUSING (HPRP) ASSISTANCE.

FISCAL EFFECT:

- | | |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact
<input type="checkbox"/> Existing Staff Time Required
<input checked="" type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below)
<input type="checkbox"/> Absorbed Within Agency's Budget
<input checked="" type="checkbox"/> Not Absorbed Within Agency's Budget
<input type="checkbox"/> Decrease Operating Expenditures
<input checked="" 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	712,755	0
	Revenue	712,755	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A.) The resolution, if approved, would authorize THE Department of Health and human Services Housing Division to execute a contract with Health Care for the Homeless in the amount of \$664,322 over three years primarily for case management and grant reporting (\$135,000) and vendor payments (\$529,322).

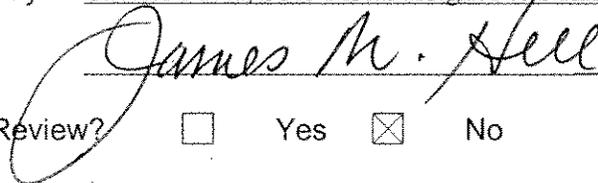
B) The Housing Division intends to award the contract for the total three year federal grant award in 2009 and do carryovers and fund transfers to adjust the 2010 and 2011 budgets based on actual grant to date expenditures at the close of each calender year.

C.) No local matching funds are required for the grant.

D.) No other assumptions. DHHS has submitted a fund transfer for the HUD grant for the September Board cycle.

Department/Prepared By Charles Brotz, DAS Fiscal assigned to DHHS

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

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

COUNTY OF MILWAUKEE
Inter-Office Communication

12

DATE: August 24, 2009

TO: Supervisor Peggy West, Chairperson, Health and Human Needs Committee

FROM: Lisa Jo Marks, Interim Director, Department of Health and Human Services
Prepared by: Felice Riley, Administrator, Economic Support Division

Subject: **INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR,
DEPARTMENT OF HEALTH AND HUMAN SERVICES, REGARDING
THE PROGRESS OF THE ECONOMIC SUPPORT DIVISION'S
MODERNIZATION INITIATIVE**

MODERNIZATION INITIATIVE

In April of 2008, the Economic Support Division implemented the Milwaukee Modernization Initiative. This new approach to service delivery is based on streamlined workflows, technology innovations, and partnerships with local community organizations, focusing on empowering customers in Milwaukee County by allowing them to apply for and re-certify benefits online and by telephone. A preliminary report by USDA Food & Nutrition Services indicates that Wisconsin continues to remain in line to be recognized and awarded for having the lowest negative error rate and lowest active error rate efforts in Federal Fiscal year 2009. Milwaukee County has the largest proportion, 32.32%, of FoodShare cases in the State. The effort of the Modernization Initiative has allowed Milwaukee County and the State of Wisconsin to improve dramatically.

New approaches to eligibility management are critical as state funding has remained flat and enrollments continue to climb, particularly in light of Wisconsin's historic recession and high unemployment numbers. Enrollment in the Food Share program is a good indicator of both increasing need in Milwaukee County and also the increasing workload experienced by the Economic Support Division. Caseloads continue to grow.

STREAMLINED WORKFLOW/CUSTOMER CONVENIENCE

Telephone Interviews and Online Applications

The effort to increase the percentage of both new and review interviews that are conducted by telephone has been delayed while waiting for the state to implement a telephonic signature solution for telephone interviews. The State has begun to distribute operations memos, which include information specific to the telephonic signature in anticipation of its future availability.

The ESD goal of increasing the use of on-line ACCESS applications transitioned from ESD to the State as of May 1, 2009.

With the assistance of the Hunger Task Force, ESD has increased the number of self-service computers in Room 105 of the Cogg Center. There are twelve self-service stations available, each containing a computer and a telephone for clients to set up an interview with the state. The

waiting room outside of Room 105 has an additional four self-service computers and the waiting room at Robles has four self-service computers for submitting ACCESS applications. We have added eight telephone stations outside of Room 105.

TECHNOLOGY INNOVATIONS

Q-Matic

ESD continues to monitor our customer flow with data provided by the Q'Matic system.

	Customers	Ave Transaction Time	Ave Wait Time
Client Registration			
Oct 2008	3,249	12:17	55:54
Nov 2008	2,722	11:00	52:32
Dec 2008	2,788	11:12	54:20
Jan 2009	3,267	7:50	56:26
Feb 2009	2,443	12:24	35:37
Mar 2009	4,271	10:01	1:26:42
April 2009	4,638	10:43	1:17:21
May 2009	3,887	10:53	30:03
June 2009	4,586	11:05	1:15:32
July 2009	4,132	11:17	1:57:23
Homeless Mail			
Oct 2008	3,013	2:25	6:26
Nov 2008	2,354	2:52	4:32
Dec 2008	2,808	2:31	7:20
Jan 2009	2,967	2:42	4:25
Feb 2009	2,664	2:33	3:33
Mar 2009	3,137	2:19	2:59
April 2009	3,214	2:26	3:29
May 2009	3,284	2:46	5:27
June 2009	3,884	2:17	4:24
July 2009	4,136	1:59	9:20
Case Questions			
Oct 2008	5,138	8:22	4:02:41
Nov 2008	3,557	10:06	4:03:57
Dec 2008	3,479	9:18	2:55:50
Jan 2009	4,429	8:08	2:45:35
Feb 2009	3,800	8:40	2:07:01
Mar 2009	3,870	9:03	1:51:27
April 2009	3,270	8:26	1:58:25
May 2009	3,382	8:10	1:35:04
June 2009	3,656	8:44	1:46:18
July 2009	3,183	8:35	1:28:44
Child Care Auth			
Oct 2008	1,479	5:08	19:05

Nov 2008	885	6:03	14:38
Dec 2008	725	6:04	17:14
Jan 2009	941	5:33	12:09
Feb 2009	780	5:16	8:08
Mar 2009	954	3:28	9:07
April 2009	1,153	3:51	14:27
May 2009	1,087	4:59	11:05
June 2009	1,513	5:06	16:13
July 2009	1,170	4:35	11:34
Review Appointment			
Oct 2008	3,767	32:59	22:57
Nov 2008	3,269	33:27	35:37
Dec 2008	3,255	33:19	34:54
Jan 2009	3,932	32:48	50:34
Feb 2009	4,433	30:16	1:01:18
Mar 2009	4,604	30:57	46:51
April 2009	4,704	30:14	48:04
May 2009	4,222	31:01	44:59
June 2009	4,769	31:29	48:53
July 2009	5,206	29:14	34:33
Appointment Line			
Oct 2008	1,988	4:56.	3:32:37
Nov 2008	1,561	4:43	3:23:05
Dec 2008	1,759	3:59	2:21:07
Jan 2009	2,045	3:33	1:59:12
Feb 2009	1,707	3:55	1:01:44
Mar 2009	2,428	2:57	57:33
April 2009	2,608	2:53	44:32
May 2009	2,375	3:14	51:58
June 2009	2,304	4:34	33:51
July 2009	2,422	3:54	23:47

June 2009 Attendance Data for Q-matic Service Areas

Service Area	Expected Staffing Pattern	Daily Staff Attendance
Client Registration	13	11
Homeless Mail	2	2
Case Questions	6	4
Child Care Authorization	2	1
Review Appointment	41	26
Appointment Line	2	2

July 2009 Attendance Data for Q-matic Service Areas

Service Area	Expected Staffing Pattern	Daily Staff Attendance
Client Registration	11	9
Homeless Mail	2	2
Case Questions	4	3
Child Care Authorization	1	1
Review Appointment	41	29
Appointment/ChildCare Line	9	7

The expected staffing pattern versus the daily staff attendance average will also affect the wait time for service areas, along with producing a need to pull staff from other service areas outside of the Qmatic areas to provide immediate assistance.

Call Center

As of July 1st 2009 the State began management of the call center and established 1-888-947-6583 as the new state telephone number for all calls with the exception of appointment and childcare calls. ESD maintains service to these call types, and utilizes 289-6464 as the new public telephone number. The prior 289-6000 number continues to be in service however contains recorded messages that direct clients to the new county and state telephone numbers.

	Calls Entering System	Calls Answered	Average Wait Time
November 08	10,316	4,760	1 hour 33 min.
December 08	14,932	8,197	51 min.
January 09	17,105	11,273	37 min.
February 09	17,463	10,620	36 min.
March 09	17,231	10,769	36 min.
April 09	20,655	12,966	38:53
May 09	13,919	8,716	44:22
June 09	15,165	9,388	45:24
July 09	21,051	10,315	32:21

Call Center data in this table through June 09 represents calls going to agents in the call center. It does not reflect all calls coming into the 289-6000 line as some of these calls are redirected to IVR, the appointment line and the child care line. The call center data as of July 09 reflects changes to the call center brought by the state transition, in which ESD became responsible for handling appointment, and child care calls only, without the use of the IVR technology.

*Note. The June 09 expected staffing pattern is 20 staff, and the average daily attendance was 16 staff. In July the expected staffing pattern was 9 and the average daily attendance was 7.

The number of attempts to reach the call center has continued to remain lower in 2009 than in 2008. In June of 2009 there were 732,861 attempts to contact the call center, a 16% reduction over the 876,716 attempts made in June of 2008. This reduced need to call ESD reflects improved application processing. It is also interesting to note that since November of 2008 the number of calls getting into the call center has doubled and the number answered by call center agents has nearly tripled. This has been achieved at the same time the average wait time has decreased in prior months. Although, the 289-6000 number is no longer in service during the month of July 09 the line received 31,844 callers seeking the recorded information. ESD recognizes a continued need to maintain the recorded messages on the prior line to assist with disseminating service information to clients during the transition.

OnBase In-Box

ESD continues to process Six-Month Report Forms (SMRFs) using the InBox technology. The OnBase In-Box allows all documents to be scanned the day they enter the building and to be assigned and monitored electronically.

VERIFICATION CENTER

In October of 2008 additional staff were moved to the verification center. Since that time, verification has been completed within 1-2 days. The change in average case processing for June and July 09 is a result of shifting verification center staff to other service areas that were in greater need. Although, an increase in processing time occurred, it did not exceed the 10-day processing timeline allowed by State guidelines.

	Ave. Cases Received/Day	Ave. Days to Process Case
November 08	730	1 – 2 days
December 08	652	1 – 2 days
January 09	630	1 – 2 days
February 09	584	2 days
March 09	570	2 days
April 09	555	2.5 days
May 09	563	2.5 days
June 09	513	3.0 days
July 09	268	4.0 days

ESD was expecting a decrease in verification as the State began processing applications. However, the anticipated decrease associated with the State processing ACCESS applications beginning in the month of May did not materialize, until the July 09 partial transition of verification processing was moved over to the State. The expected June 09 staffing pattern in the unit was 18 staff. The daily attendance average was 16 staff. The July 09 staffing pattern in the unit was 10 staff. The daily attendance average was 8 staff.

STATE TRANSITION OF ESD PROGRAMS

Processing ACCESS applications transitioned from ESD to the Department of Health Services (DHS) effective May 1, 2009. The second phase of transition occurred on July 1, 2009, in which DHS began operating the call/change center. The state facility is staffed with 59 Milwaukee County staff, who are responsible for answering all client phone calls, updating case changes, and processing verification documents that are received by mail, fax, and on-line. During the second phase, Milwaukee County continued responsibility for maintaining walk-in service, processing all verification documents that are being dropped off by clients in person, scheduling in-person appointments; processing and updating child care cases, processing Six Month Reporting Forms (SMRFs), handling fairhearing cases, and maintaining the family care caseload.

The second phase of transition, and the on-set of the Badger Care Core plan has created a great deal of shifting clients between the County and State service areas, resulting in the need to add additional transition phases with a goal of enhancing customer service, and eliminating some of the confusion that clients are currently experiencing. Clients who fit the "childless, single, adult" population experience particular frustration. According to DHS Operation Memo 09-30 and follow-up communication between DHS and ESD, the State has directed ESD to refer the walk-in Childless, Single Adults to a computer or a telephone to obtain services. Only at a later date if services are not received can the customer be served in person at Marcia P. Coggs Center by State staff.

The State and County have agreed to transition the remain of all drop off verification to the State effective August 24th, and SMRFs on September 15th; which will allow all documents affiliated with client processing to be handled in a single location. The transitioning of these tasks will result in the need to move (12) Economic Support Specialist, (1) Quality Assurance Tech, and (1) Clerical staff to state management as of September 15th. The (14) staff will be housed at the current state facility located at 6091 N. Teutonia Ave.

In addition, beginning September 1st the State will manage the EBT/Homeless mail issuance, as well as provide state staff support to handle clients that are identified as Badger Care Core Plan recipients that need assistance with resolving their case. This activity will take place on site at the Marcia P. Coggs Center.

ESD will continue to meet with the State on a weekly basis, as of current their remains 15 weeks before the end of the transition.

RECOMMENDATION

This report is for information only. No action is necessary.

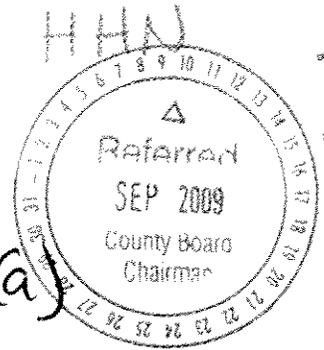
Respectfully Submitted,



Lisa Marks, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Tim Russell, Deputy Chief of Staff - County Exec's Office
Cindy Archer, Director - DAS
Joseph Carey, Analyst - DAS
Jennifer Collins, Analyst - County Board
Jodi Mapp, Committee Clerk - County Board

COUNTY OF MILWAUKEE
Inter-Office Communication



DATE: September 8, 2009

FILE NO. 09-243(a)(a)

TO: Lee Holloway, Chairman, Milwaukee County Board of Supervisors

FROM: Lisa Marks, Interim Director – Department of Health & Human Services

SUBJECT: **REPORT FROM THE INTERIM DIRECTOR – DEPARTMENT OF HEALTH AND HUMAN SERVICES – REQUESTING AUTHORIZATION TO DISTRIBUTE 2009 SPORTS AUTHORITY FUNDS**

Issue

County Board adopted policies require recommendations for distribution of funds appropriated for the Milwaukee County Youth Sports Authority to be approved by the County Board of Supervisors. In accordance with Sports Authority: Organization and Governance, Fighting Back, the fiscal agent on behalf of the Sports Authority Board, is requesting authorization to make the first distribution of 2009 Sports Authority funds.

Background

In November 1999, the Milwaukee County Board of Supervisors adopted a provision as part of the 2000 County Budget that provided \$200,000 for establishment of the Milwaukee County Youth Sports Authority. The Sports Authority was to be governed by a seven-member board that would review requests for funding of youth sports programs from community organizations. The program, which was housed in the County Health Programs Division (CHP), was aimed at promoting activities for at-risk youth that would encourage healthier lifestyles and positive interpersonal behavior.

In February 2000, the County Board approved a recommendation from CHP to executive a contract with the Milwaukee Foundation to serve as administrator and fiscal agent for the Sports Authority. Later that year, the County Board also approved operational policies to govern the distribution of Sports Authority funds.

The Sports Authority also received an appropriation of \$200,000 in the 2001, 2002, and 2003 adopted budgets. The 2003 Adopted Budget also directed CHP to initiate a process to potentially secure a new entity to administer the program in 2003. In August 2003, the Planning Council for Health and Human Services, Inc. was awarded a six-month contract to serve as the new fiscal agent and administrator of the Sports Authority. That contract was extended for an additional year in February 2004, again in February 2005, again in February 2006, again in February 2007 and again in February 2008. In January 2009, the Planning Council informed Milwaukee County that it would not seek to renew the Sports Authority contract because of mission fit. In March 2009, Fighting Back Inc. was awarded a twelve-month contract to serve as the new fiscal agent and administrator for the Sports Authority.

The 2004, 2005, 2006 Adopted Budgets contained an appropriation of \$150,000 for the Sports Authority and transferred the program to the Delinquency and Court Services Division. An appropriation of \$145,000 was contained in the 2007 Adopted Budget. An appropriation of \$200,000 was contained in the 2008 and is also contained in the 2009 Adopted Budget.

2009 Second Half Distribution Recommendations

The Sports Authority Board met on August 27, 2009, to review applications for conformance to the Sports Authority's adopted policies and goals and to make recommendations for which proposals should be funded during the second half of 2009. A total of 16 applications were submitted for a total request of \$159,230.04. At that meeting, the Board recommended that 10 organizations be awarded grant funding for a total amount of \$63,621.19. DHHS concurs with that recommendation. The following table summarizes the community-based youth programs recommended for funding:

Organizations	Approved Funding	Sport	Use of Funds
Bay View Redcats Inc.	\$ 2,500.00	Boys & Girls Basketball	Team Registration/tournament fees, Uniforms, Other: facility usage, insurance, medals/trophies
Bay View Redcats Inc.	\$ 12,000.00	Boys & Girls Football	Team Registration/tournament fees, Referees, Equipment, Nutritious food, Clinic for Coaches, Other: field rental and insurance
Bay View Redcats Inc.	\$4,294.28	Boys & Girls Cheerleading	Team Registration/tournament fees, Uniforms, Equipment, Nutritious food, Clinics for Coaches, Other: practice gym rental, insurance
American Youth League - Bulldogs	\$ 7,150.00	Boys and Girls Football	Uniforms, Equipment, Nutritious food
Camp Esmeralda Foundation, Ltd.	\$6,500.00	Boys & Girls Tennis	Uniforms, Transportation, Equipment, Nutritious food, Clinics for Coaches, Youth Coach Stipends, Other: ball machine maintenance/repair, prizes, net straps, 1 st aid, bug spray
King Advisory, Inc.	\$ 9,826.00	Boys and Girls Basketball (Middle School Age)	Uniforms, Referees, Equipment, Nutritious food, Youth coach stipends, Other: facility rental, janitorial, trophies and awards
King Advisory, Inc.	\$ 11,150.00	Boys and Girls Basketball (High School Age)	Uniforms, Referees, Equipment, Nutritious food, Clinic for Coaches, Youth Coach stipends, Other: facility rental fees
Kosciuszko Community Center	\$ 1,800.91	Girls Karate	Uniforms, Equipment, Other: freight charges
Nori, Inc.	\$4,200.00	Boys and Girls Basketball	Uniforms, Referees, Nutritious food, Youth coach stipends
Nori, Inc.	\$ 4,200.00	Boys and Girls Soccer	Uniforms, Referees, Nutritious food, Youth Coach stipends
TOTAL	\$63,621.19		

Fiscal Effect

There is no fiscal impact associated with this recommendation as it simply reflects the distribution of funds contained in the 2009 Adopted Budget for the Sports Authority that have already been transferred to the Sports Authority's fiscal agent.

- **Funding Cap on Sports Authority Grants** – The Sports Authority Board did approve a recommendation to decrease the current cap on Sports Authority Grants. The current cap is at \$15,000. The Board recommends that amount be \$12,000.
- **\$10,000 Set-Aside** - The Sports Authority Board recommends that \$10,000 of Sports Authority funding be set-aside and available for Children's Court Center Probation Officers to be used to offset registration costs in signing youth up to Sports Authority funded programs.



Lisa Marks, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Tim Russell, Deputy Chief of Staff – County Executive's Office
Cindy Archer, Director - DAS
Joseph Carey, Analyst - DAS
Jennifer Collins, Analyst - County Board
Jodi Mapp, County Board

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4
5 (ITEM) From the Director, Department of Health and Human Services, requesting
6 authorization for Fighting Back, Youth Sports Authority Board fiscal agent, to distribute
7 2009 funds for the Youth Sports Authority and amend grant making processes, by
8 recommending adoption of the following:
9

10 **A RESOLUTION**

11
12 WHEREAS, the Milwaukee County Board of Supervisors adopted a provision as part
13 of the 2000 County Budget that established the Milwaukee County Youth Sports Authority,
14 which was to be governed by a seven-member Sports Authority Board (SAB) that would
15 review requests for funding of youth sports programs from community organizations that
16 were aimed at promoting activities for at-risk youth; and
17

18 WHEREAS, the 2009 Adopted Budget includes an appropriation of \$200,000 for the
19 Sports Authority; and
20

21 WHEREAS, at its March 19, 2009 meeting, the County Board of Supervisors
22 authorized a one-year contract with Fighting Back for program administration and fiscal
23 agent services for the SAB, and the transfer of the \$200,000 appropriation provided for the
24 Sports Authority in the 2009 Adopted Budget to the fiscal agent for distribution; and
25

26 WHEREAS, the SAB solicited applications for funding and the SAB met on August
27 27, 2009 to review those applications and to make recommendations for which proposals
28 should be funded as part of its 2009 distribution; and
29

30 WHEREAS, a total of 16 applications were submitted for a total request of
31 \$159,230.04, and the SAB recommended that 10 organizations be awarded grant funding
32 for a total amount of \$63,621.19, as summarized in the following table:
33

Organizations	Approved Funding	Sport	Use of Funds
Bay View Redcats Inc.	\$ 2,500.00	Boys & Girls Basketball	Team Registration/tournament fees, Uniforms, Other: facility usage, insurance, medals/trophies
Bay View Redcats Inc.	\$ 12,000.00	Boys & Girls Football	Team Registration/tournament fees, Referees, Equipment, Nutritious food, Clinic for Coaches, Other: field rental and insurance
Bay View Redcats Inc.	\$4,294.28	Boys & Girls Cheerleading	Team Registration/tournament fees, Uniforms, Equipment,

			Nutritious food, Clinics for Coaches, Other: practice gym rental, insurance
American Youth League - Bulldogs	\$ 7,150.00	Boys and Girls Football	Uniforms, Equipment, Nutritious food
Camp Esmeralda Foundation, Ltd.	\$6,500.00	Boys & Girls Tennis	Uniforms, Transportation, Equipment, Nutritious food, Clinics for Coaches, Youth Coach Stipends, Other: ball machine maintenance/repair, prizes, net straps, 1 st aid, bug spray
King Advisory, Inc.	\$ 9,826.00	Boys and Girls Basketball (Middle School Age)	Uniforms, Referees, Equipment, Nutritious food, Youth coach stipends, Other: facility rental, janitorial, trophies and awards
King Advisory, Inc.	\$ 11,150.00	Boys and Girls Basketball (High School Age)	Uniforms, Referees, Equipment, Nutritious food, Clinic for Coaches, Youth Coach stipends, Other: facility rental fees
Kosciuszko Community Center	\$ 1,800.91	Girls Karate	Uniforms, Equipment, Other: freight charges
Nori, Inc.	\$4,200.00	Boys and Girls Basketball	Uniforms, Referees, Nutritious food, Youth coach stipends
Nori, Inc.	\$ 4,200.00	Boys and Girls Soccer	Uniforms, Referees, Nutritious food, Youth Coach stipends
SUBTOTAL	\$63,621.19		
Juvenile Justice Youth Allocation	\$10,000	TBD	TBD
TOTAL	\$73, 621.19		

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WHEREAS, the SAB recommends that \$10,000 be set-aside by the fiscal agent for the specific use of reimbursing the above organizations for actual registration fees and other costs associated with participation with Sports Authority funded programs deemed necessary to engage and serve youth referred by the juvenile justice system; and

WHEREAS, the SAB recommends that the maximum amount awarded to any one organization be reduced from \$15,000 to \$12,000 in order to maximize available funds

; now, therefore,

BE IT RESOLVED, that the County Board of Supervisors hereby authorizes the distribution of 2009 Sports Authority funds to the community organizations identified

47 herein and in the amounts specified above, authorize the fiscal agent to set-aside \$10,000
48 for juvenile justice system referred youth, and authorize the SAB to decrease the maximum
49 award amount to \$12,000.

50

51

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 9/9/09

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request to award and distribute 2009 Youth Sports Authority funds

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure		
	Revenue		
	Net Cost		
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. Adoption of this request would result in distribution of \$63,621 of funds to the identified organizations and \$10,000 of funds to the same organizations for registration and other costs necessary for participation based on actual costs for a maximum net total of \$73,621. A total of \$200,000 was appropriated for the Youth Sports Authority in the 2009 Adopted Budget.

B. Funds associated with this action were approved in the 2009 Delinquency and Court Services Division budget for use by the Youth Sports Authority Board. In May 2009, per County Board resolution, the \$200,000 appropriated for the Youth Sports Authority was awarded to Fighting Back to perform administrative and fiscal agent activities. Minimal staff time will be required to integrate this resource and communicate availability with the assistance of the fiscal agent.

C. There would be no budgetary impact associated with this proposed action in 2009. The funds to be distributed come from the 2009 budgeted appropriation totaling \$200,000 for the Youth Sports Authority. The 2009 funds have already been transferred to the fiscal agent.

D. There were no assumptions or interpretations utilized to provide the information on this form.

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

Department/Prepared By Eric Meaux -DHHS

Authorized Signature *Eric Meaux*

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Inter-Office Communication

14

DATE: September 8, 2009

TO: Supervisor Peggy West, Chairperson, Committee on Health and Human Needs

FROM: Lisa Marks, Interim Director, Department of Health and Human Services

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, PROVIDING A COMPARISON OF SERVICES FUNDED IN THE 2009 ADOPTED BUDGET VERSUS THE 2010 DEPARTMENTAL REQUESTED BUDGET

Policy Issue

The agenda for the July 2009 meeting of the Health & Human Needs Committee included item #6 (09HN12), which provided an overview of the Department of Health and Human Services (DHHS) 2010 Requested Budget. During discussion of this item, Supervisors DeBruin and Mayo requested a follow-up report for the September cycle comparing the numbers of clients served and the types of services provided in 2009 versus the projected number of clients served and the types of services provided in 2010.

Background

The DHHS 2010 requested budget includes program reductions in the Disabilities Services, Economic Support, Housing and the Behavioral Health divisions. With these reductions, State controls on the property tax levy and increased health insurance and pension costs, DHHS did not meet its assigned tax levy target and submitted a budget with a tax levy increase of \$8.2 million.

The impact on clients for each of the various program services affected by the reductions is presented below as identified in the requested budget narrative and is summarized in an attachment to this report.

Disabilities Services Division – Reduction in Contracted Services for Non-Waiver Consumers

DSD has historically contracted with a number of private agencies to provide a variety of supportive services to dozens of individuals with disabilities, in order to allow these persons to live independently in the community (and thus avoid more costly institutionalization). Services are tailored to meet unique needs of each individual (i.e., not every consumer requires, receives or is eligible for every service). Some of the services may include recreation, work and day services, respite and employment. By assisting the consumer with services, it often allows the parents of adult children with disabilities to continue their own employment. Many of these individuals are on the DSD waiting list for Long Term Support services and eventually will be served through Family Care.

The 2009 adopted budget included \$2,962,127 in expenditure authority for the contracted services outlined below. Due to the fiscal constraints faced in 2010, significant program reductions are necessary and expenditure authority for these contracted services is reduced in 2010 to \$581,936.

It is important to note that the Disabilities Services Division has an initiative for the last half of 2009 to re-assess the clients who currently receive services under these contracts for their eligibility for the Medicaid Waiver service package (and then future conversion into Family Care). The division can minimize the impact on clients through this initiative to convert clients from contracts to the waiver program funding for services.

The proposed 2010 reductions include:

- Contracts for Community Support (CSP) Living Services are reduced \$402,096, from \$619,489 in 2009 to \$217,393 for 2010. In 2009, eight agencies served approximately 670 consumers. This 2010 reduction, which is an average of 65% when compared to 2009, will impact approximately 400 consumers. This program area provides a variety of different services.
- Contracts for Supportive Living Options are reduced \$422,657, from \$610,337 in 2009 to \$187,680 for 2010. In 2009, eight agencies served approximately 106 consumers. This 2010 reduction, equaling 69% when compared to 2009, will impact approximately 73 consumers who may experience service reductions. Supportive living options services will be prioritized and will be based on different levels of service intensity per person. Many individuals will receive a reduction of service as opposed to actual elimination.
- Contracts for Advocacy are reduced \$111,957 from \$244,689 in 2009 to \$132,732 for 2010 (this represents a 45% reduction when compared to the prior year's budget). In 2009, four agencies were supported with this funding. The Division believes that a good portion of this activity will be done by the Disability Resource Center in its new role thereby decreasing the level of needed services to be provided by community agencies.
- The contract with the Milwaukee County Executive's Office for Persons with Disabilities for operation of the Wil-O-Way Summer Camp is reduced \$44,133, from \$88,266 in 2009 to \$44,133 for 2010. In 2009, the Wil-O-Way Summer Camp Recreation program served approximately 150 consumers. This 2010 reduction is approximately 50% when compared to 2009, and will impact approximately 75 consumers. While this is a very important service for many families and consumers, 63% of the individuals that attend recreation events have Medicaid Waiver funding that also supports them. Therefore, the majority of these individuals will be eligible for Family Care.
- Contracts for Day Services, providing independent living skills, are reduced \$258,599 from \$258,599 in 2009 to \$0 in 2010. In 2009, five agencies served approximately 14 consumers. This 2010 reduction, equaling 100% when compared to 2009, will result in these 14 consumers losing existing services as of January 1, 2010.
- Contracts for Work Services, providing noncompetitive employment, are reduced \$626,767 from \$626,767 in 2009 to \$0 in 2010. In 2009, four agencies served approximately 37 consumers. This 2010 reduction, equaling 100% when compared to 2009, will result in these 37 consumers losing existing services as of January 1, 2010.
- Contracts for Employment Services, procuring competitive employment opportunities, are reduced \$513,980 from \$513,980 in 2009 to \$0 in 2010. In 2009, five agencies served approximately 38 consumers. This 2010 reduction, equaling 100% when compared to 2009, will result in these 38 consumers losing existing services as of January 1, 2010.
- The Division anticipates that the majority of these individuals will be eligible for the conversion project to Medicaid Waiver funding in 2009 thereby reducing the impact of these service cuts in 2010.
- The small number of individuals that may not be Family Care eligible confronts the policy issue about the County's continued role in providing funding and services to individuals that are not Family Care eligible and the Division's role in assuring services to these populations. This has been an issue that all Counties have had to address during the transition to Family Care.

Economic Support Division

- Elimination of Interim Disability Assistance Program (IDAP) - Tax Levy support for the Interim Disability Assistance Program (IDAP) is reduced \$151,120, from \$151,120 in 2009 to zero in 2010 (the position attached to this program is part of the State takeover and is not included in this total). In 2008, the program served an average of 125 cases and is averaging a monthly caseload of 123 in 2009. The 2010 reduction results in zero cases being served.
- Reduction to General Assistance Burials Program - The budget for General Assistance Burials is reduced \$305,000, from \$325,000 in 2009 to \$20,000 in 2010 (the position attached to this program is part of the State takeover and is not included in this total). In 2008, General Assistance burials accounted for 353 burials or 23 percent of the overall burial assistance provided (State W2 and SSI burials and GA burials totaled 1,526 burials for 2008). The \$20,000 in 2010 funding would provide for unclaimed burials only which are estimated to be 18 burials.
- IMPACT 211 Help Line - The contract with IMPACT for operation of the 211-telephone line is reduced \$288,162, from \$480,000 in 2009 (combined total from DHHS & BHD) to \$191,838 in 2010.

In 2008, the 211 Help Line handled 130,083 calls with 140,000 calls projected in 2009. To date the State has not committed to funding IMPACT 211 as part of the transition of Economic Support. Due to the 2010 budget reduction, IMPACT anticipates reducing its staff

Housing Division – Elimination of Tax Levy for Homeless Shelters and Supportive Housing Administration

- Tax Levy support for the Continuum of Care and City-County Commission on Supportive Housing is reduced \$75,000, from \$75,000 in 2009 to zero in 2010. These funds assisted in efforts to secure HUD funds for housing for the homeless and promote the development of selected supportive housing projects.
- Tax Levy support for On-site Case Management Assistance is reduced \$72,500, from \$72,500 in 2009 to zero in 2010. These funds were used to support 30 residents currently living at the former Hillview Nursing Facility who were relocated from West Samaria when it closed. Community Advocates provided the onsite support. In 2009, this amount represented 100 percent of Community Advocates' budget for this function.
- Tax Levy support for Domestic Abuse Counseling is reduced \$30,353, from \$30,353 in 2009 to zero in 2010. This reduction impacts domestic counseling services administered by Community Advocates (\$15,353) and Sojourner Truth House (\$15,000). The County comprises a small percentage of the overall domestic abuse counseling budgets for Community Advocates (two percent) and Sojourner Truth House (eight percent). In conjunction with other funding sources, these agencies anticipate serving 480 clients in 2009.

- The contract with Community Advocates for Coordinated Community Housing is reduced \$45,000, from \$45,000 in 2009 to zero in 2010. Under this contract, Community Advocates provided assistance to individuals in obtaining and maintaining safe and affordable housing through a continuum of services. Community Advocates anticipates serving 1,680 clients in 2009. The County's funding represents five percent of Community Advocates' total budget for this program.
- Contracts for Emergency Shelter are reduced \$418,881, from \$418,881 in 2009 to zero in 2010. This reduction eliminates County funding for seven emergency shelter contracts – Cathedral Center, Salvation Army, Sojourner Truth House, Guest House, Hope House, Community Advocates and Social Development Commission. These contracts assist agencies in providing emergency shelter to an average of 337 persons every night. The County's allocations subsidizes between three percent and 32 percent of the total emergency shelter budgets for each agency. For this reason, the exact number of individuals impacted by these cuts is unknown.
- Supported Apartment Contracts are reduced \$361,499 – These funds assisted consumers in living independently through contracts with the Social Rehabilitation & Residential Resources (SRRR), Transitional Living Services (TLS) and Peer Support Apartments (Our Space). This reduction would affect approximately 94 clients. At least 30 of these clients attached to the Our Space contract will no longer be served since the County funds 100% of that contract. In addition, the County funds about half of the TLS contract and about one-third of the SRRR contract so the remaining 64 clients will not be fully served though to what extent is unknown.

Delinquency and Court Services Division – General Prevention

Sports Authority – The 2010 budget proposes that the \$200,000 budget for the Sports Authority would be eliminated due to fiscal constraints. Funding for the County Board first approved the Sports Authority as part of the 2000 adopted budget and was transferred into the DHHS Delinquency and Court Services Division as part of the 2004 adopted budget. The Sports Authority board reviews and approves funding requests from various youth sports groups. Activities and services target the at-large community in predominantly high-risk neighborhoods providing an opportunity for positive recreational activities. Reports obtained by the Planning Council estimate that 4,000 youth participated in activities funded by the Sports Authority.

Siblings and Program Graduates – The 2010 budget proposes that \$128,333 budgeted for the Firearm and Serious Chronic Offender programs would be eliminated due to fiscal constraints. Funding for these areas was first approved in 2008 due to projected increases in Youth Aids surplus. The additional funding supports the partner agency's efforts to engage siblings and graduates of the court-ordered programs. In 2008, the supplemental funding served 32 siblings. In addition, 41 youth or adults, already served by the court-ordered programs, returned voluntarily for various support services.

Foster Care Placements and Licensing – The 2010 budget proposes that funding for this service area be reduced by \$50,000 based upon the actual need for such services in the past two years. In CY2007 and CY2008, the annual average number of youth requiring this type of court-ordered placement was five, resulting in actual expenditures of \$63,821 and \$64,232 respectively. The majority of youth requiring this services typically occurs through the collaborative arrangement with Wraparound Milwaukee.

Behavioral Health Division – Day Treatment and Community Support Programs/Targeted Case Management

Day Treatment – In 2010, BHD requests that the Day Treatment Partial Hospitalization Program (PHP) be reorganized to deliver best practice treatment to high-risk individuals with serious mental illness through one highly specialized, multi-disciplinary treatment team providing Dialectical Behavior Therapy (DBT). This is a decrease from two treatment teams in 2009 to one treatment team in 2010. Cost

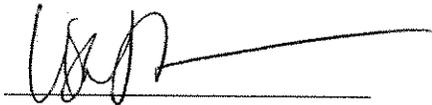
savings of \$399,082 reflect an effort to improve seamless delivery and not duplicate services available to this population in other settings. The number of clients served is reduced from 25 in 2009 to 14 in 2010.

Community Support Programs and Targeted Case Management - The two BHD-run CSP programs will be discontinued as of April 1, 2010. No change in the number of clients served will occur due to this change. The BHD-run TCM program will be eliminated January 1, 2010, as placement of clients to community providers will be achieved in the last quarter of 2009. Currently the BHD-run TCM program serves 234 clients and BHD included an allocation to purchase 180 slots in 2010 for a reduction of 54 slots. Total net savings associated with this initiative is (\$637,289).

Other Items - BHD included the reduction of 24 beds in Hilltop as part of the 2010 Requested Budget; BHD does not anticipate that this will result in decreased capacity since these clients will transition to community providers. In addition, a reduction of \$500,000 for Detoxification services is included and could potentially result in a reduction of ten medical detoxification beds. It is BHD's intention to reallocate existing funds to provide additional alternative detoxification care such as ambulatory detoxification.

Recommendation

This report is for information only. No action is necessary.



Lisa Marks, Interim Director
Department of Health & Human Services

Attachment

cc: County Executive Scott Walker
Cindy Archer, Director – DAS
Tim Russell, Deputy Chief of Staff - County Exec's Office
Joseph Carey, Analyst - DAS
Jennifer Collins, Analyst - County Board
Jodi Mapp, Committee Clerk - County Board

Contracted Services Comparison
2009 ADOP vs 2010 REQ

DSD SERVICE	2009 ADOP	2010 REQUEST	2010 REDUCTION	2009 CLIENTS SERVED	2010 CLIENTS SERVED	2010 REDUCTION
Community Support Living Services	\$ 619,489	\$ 217,393	\$ (402,096)	670	270	(400)
Supportive Living Options	\$ 610,337	\$ 187,680	\$ (422,657)	106	33	(73)
Advocacy	\$ 244,689	\$ 132,732	\$ (111,957)			
Milwaukee County Executive's Office for Persons with Disabilities - Wil-O-Way Summer Camp	\$ 88,266	\$ 44,133	\$ (44,133)	150	75	(75)
Day Services	\$ 258,599	\$ -	\$ (258,599)	14	0	(14)
Work Services	\$ 626,767	\$ -	\$ (626,767)	37	0	(37)
Employment Services	\$ 513,980	\$ -	\$ (513,980)	38	0	(38)
TOTAL	\$2,962,127	\$ 581,938	\$ (2,380,189)	1,015	378	(637)

ESD SERVICE	2009 ADOP	2010 REQUEST	2010 REDUCTION	2009 CLIENTS SERVED	2010 CLIENTS SERVED	2010 REDUCTION
Interim Disability Assistance Program	\$ 151,120	\$ -	\$ (151,120)	125	0	(125)
General Assistance Burial Program	\$ 325,000	\$ 20,000	\$ (305,000)	353	18	(335)
IMPACT - operation of the 211 line	\$ 480,000	\$ 191,838	\$ (288,162)	140,000	53,200	(86,800)
TOTAL	\$ 956,120	\$ 211,838	\$ (744,282)	140,478	53,218	(87,260)

DHHS HOUSING SERVICE	2009 ADOP	2010 REQUEST	2010 REDUCTION	2009 CLIENTS SERVED	2010 CLIENTS SERVED	2010 REDUCTION
Continuum of Care and City-County Commission on Supportive Housing	\$ 75,000	\$ -	\$ (75,000)			
On-site Case Management Assistance	\$ 72,500	\$ -	\$ (72,500)	30	0	(30)
Domestic Abuse Counseling	\$ 30,353	\$ -	\$ (30,353)	480	1	County cut betw 2-8% of agency's total program budget
Coordinated Community Housing	\$ 45,000	\$ -	\$ (45,000)	1,680	1	County cut 5% of agency's total program budget
Emergency Shelter	\$ 418,881	\$ -	\$ (418,881)	337	1	County cut between 3-32% of agency's total program budget
Supported Apartments	\$ 361,499	\$ -	\$ (361,499)	94	2	County cut between 29-100% of agency's total program budget
TOTAL	\$1,003,233	\$ -	\$ (1,003,233)	2,621	0	(30)

Housing Division Footnotes

¹Due to the County's allocation being a percentage of each contract agency's total program budget, it is difficult to determine the overall impact on the number of clients affected by the reductions.

²This cut would affect about 94 clients. At least 30 are Our Space clients who will no longer be served since the County funds 100% of that contract. The County also funds about 50% of the TLS contract & about 30% of the SRRR contract so the remaining 64 clients will not be fully served though to what extent is unknown.

DELINQUENCY SERVICES	2009 ADOP	2010 REQUEST	2010 REDUCTION	2008 CLIENTS SERVED	2010 CLIENTS SERVED	2010 REDUCTION
Sports Authority	\$ 200,000	\$ -	\$ (200,000)	4,000	0	(4,000)
Foster Care and Licensing	\$ 150,000	\$ 100,000	\$ (50,000)	3	5	2
Siblings and Program Graduates	\$ 140,000	\$ 11,667	\$ (128,333)	32	0	(32)

BEHAVIORAL HEALTH DIVISION		2010 REDUCTION	2009 CLIENTS SERVED	2010 CLIENTS SERVED	2010 REDUCTION
Community Support Programs/Targeted Case Management		\$ (637,289)	568	514	(54)
Day Treatment		\$ (399,082)	25	14	(11)

COUNTY OF MILWAUKEE
Interoffice Memorandum

DATE: September 4, 2009

TO: Peggy West, Chair, Committee on Health and Human Needs

FROM: Jennifer Collins, County Board Research Analyst

SUBJECT: DHHS 2010 Requested Departmental Budget Analysis

BACKGROUND

At the July 17, 2009 meeting of the Committee on Health and Human Needs, the Interim Director of the Department of Health and Human Services presented the Department's 2010 Requested Budget, which was submitted to the County Executive earlier in the month. Members of the committee had numerous questions and referred the Requested Budget to Departmental and County Board staff for evaluation.

ANALYSIS

On August 24, 2009, County Board staff met with the Interim Director of the Department of Health and Human Services, Division administrators, and Departmental fiscal staff to discuss the Department's 2010 Requested Budget. In discussing how the budget was put together, Interim Director Marks highlighted the following factors in budget planning: statutory tax levies of \$2.97 million for Income Maintenance (IM) and \$6.8 million in GAMP funding for the State's Badger Care Plus expansion, as well as the increasing costs associated with Family Care expansion in the Disabilities Services Division. The Department then looked at preserving State mandated functions, including those in the Delinquency and Court Services Division, and Behavioral Health Division. Administrators stated they looked for efficiencies to preserve patient/client care, which in some cases meant limiting the intensity of programs or services rather than eliminating them entirely. In the end, total program cuts were made in some areas.

The following chart (see Attachment A) compares the Department's 2010 Requested Budget by program to the 2009 Adopted Budget. The figures included in Attachment A were assembled by County Board staff using data provided by the Department of Health and Human Services in their Requested Budget, follow-up report to the Committee on Health and Human Needs (dated August 21, 2009), as well as individual conversations with Division administrators and fiscal staff.

SUMMARY

As requested by the committee, the chart highlights an estimated number of clients served by each program in each year. A third column calculates the change in funding levels and clients served between the two budgets. Proposed personnel changes are also included.

County Board staff recognizes that the forthcoming Recommended Budget will alter this programmatic analysis. This is an informational report and no action is required.

Jennifer Collins
Research Analyst, County Board

cc: Lisa Marks, Interim Director, DHHS
Felice Riley, Economic Support Division Administrator
Eric Meaux, Delinquency & Court Services Division Administrator
Geri Lyday, Disabilities Services Division Administrator
John Chianelli, Behavioral Health Division Administrator
Chuck Brotz, Budget Manager (DHHS)
Pat Walslager, Fiscal Services Director, BHD
Alex Kotze, Fiscal & Management Analyst
Jodi Mapp, County Board staff

ATTACHMENT A

Comparison of 2009 Adopted Budget and 2010 Departmental Requested Budget

Economic Support Division			
Program - Interim Disability Assistance Program (IDAP)			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$151,120	<u>2010 Departmental Requested Budget:</u> \$0	<u>Change:</u> (\$151,120)
<i>Clients Served</i>	<u>2009</u> Approx. 123	<u>2010</u> 0	<u>Change</u> (123)
Program - General Assistance Burials Program			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$325,000	<u>2010 Departmental Requested Budget:</u> \$20,000	<u>Change:</u> (\$305,000)
<i>Clients Served</i>	Approx. 353 burials (in 2008 or 23% of overall burial assistance provided)	<u>2010</u> Approx. 18 burials (funding for unclaimed burials only)	(335)
Program - IMPACT 211 Help Line			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$480,000 (combined ESD & BHD contributions)	<u>2010 Departmental Requested Budget:</u> \$191,838	<u>Change:</u> (\$288,162)
<i>Clients Served</i>	<u>2009</u> Approx. 140,000 calls handled	<u>2010</u> Direct client impact unknown; staff reductions at Impact anticipated	<u>Change:</u> Unknown
Overall Division Personnel Changes:			
<ul style="list-style-type: none"> ▪ 328.5 filled and vacant represented positions within the Division will transition to State management and supervision ▪ 38.5 FTEs are abolished due to the State takeover (3.5 FTEs are maintained for 3-6 months for the transition) ▪ 7.75 FTEs in the Management Services Division are also abolished due to the workload reduction resulting from the IM State takeover 			
Delinquency and Court Services Division			
Program - Chronic Offenders, Engagement of Siblings, and Firearm Offenders			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$200,000 Includes \$140,000 in supplemental funding (serving	<u>2010 Departmental Requested Budget:</u> \$16,667 Includes \$11,667 in supplemental funding (serving	<u>Change:</u> (\$183,333)

	siblings and voluntary youth/adult graduates of the Firearm & Serious Chronic Offenders programs) & \$60,000 (supplemental funding serving youth already enrolled in the Serious Chronic Offenders program)	siblings and voluntary youth/adult graduates of the Firearm & Serious Chronic Offenders programs) & \$5,000 (supplemental funding serving youth already enrolled in the Serious Chronic Offenders program)	
<i>Clients Served</i>	<u>2009:</u> 105 slots available at any given time for Firearm & Serious Chronic Offender programs	<u>2010</u> 105 slots are preserved	<u>Change:</u> # of slots will not change, cuts will affect "extra" services added to the programs in prior years
<u>Program - Youth Sports Authority</u>			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$200,000	<u>2010 Departmental Requested Budget:</u> 0	<u>Change:</u> (\$200,000)
<i>Clients Served</i>	<u>2009</u> The Board recommended \$123,705.17 in funding for 17 organizations in 2009. Planning Council estimates that 4,000 youth have participated in Sports Authority activities.	<u>2010</u> 0	<u>Change:</u> Exact # of youth affected, unknown, likely hundreds who participated in the 17 programs approved for 2009.
<u>Program - Foster Care Placements and Licensing</u>			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$150,000	<u>2010 Departmental Requested Budget:</u> \$100,000	<u>Change:</u> (\$50,000)
<i>Clients Served</i>	<u>2009 Adopted Budget Estimates:</u> 8	<u>2010</u> 5	<u>Change:</u> (3) *According to DCSD, this program has been over-

			budget in years past and the actual # of youth served annually is 5
<p><u>Overall Division Programmatic Changes:</u> The Division will continue to implement two programs initiated in late 2009 that they anticipate will generate savings:</p> <ul style="list-style-type: none"> ▪ Alternatives to Corrections (ACE): \$199,131 net savings anticipated ▪ County Aftercare Supervision: \$89,406 net savings anticipated 			
<p><u>Overall Division Personnel Changes:</u></p> <ul style="list-style-type: none"> ▪ Outsourcing of Detention Center Housekeeping (\$106,896): 6.0 FTE abolished as of February 2010 ▪ Staff Restructuring (\$137,139): 4.58 FTE (& associated OT) Custody Placement Specialist abolished; 1.67 Human Service Worker created, \$120,000 OT budgeted 			
Disabilities Services Division			
<u>Program - Purchase of Service Contracts</u>			(\$2,380,189)
<u>Community Support Living Services</u>			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$619,489	<u>2010 Departmental Requested Budget:</u> \$271,393	<u>Change:</u> (\$402,096) 65% reduction
<i>Clients Served</i>	Change affects 8 agencies and approximately 840 customers (according to Requested Budget)/400 customers (according to 8/21/09 DHHS committee report)		
<u>Supportive Living Options</u>			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$610,337	<u>2010 Departmental Requested Budget:</u> \$187,680	<u>Change:</u> (\$422,657) 69% reduction
<i>Clients Served</i>	Reduction impacts 8 agencies and approximately 106 customers (according to Requested Budget)/73 customers may experience service reductions (according to 8/21/09 DHHS committee report)		
<u>Advocacy</u>			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$244,689	<u>2010 Departmental Requested Budget:</u> \$132,732	<u>Change:</u> (\$111,957) 45% reduction
<i>Clients Served</i>	Reduction impacts 4 agencies (estimated that the new DRC will perform some advocacy)		
<u>Wil-O-Way Summer Camp</u>			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$88,266	<u>2010 Departmental Requested Budget:</u> \$44,133	<u>Change:</u> (\$44,133) 50% reduction
<i>Clients Served</i>	Reduction of 150 customers (according to Requested Budget)/75 (according to 8/21/09 DHHS committee report)		
<u>Day Services</u>			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$258,599	<u>2010 Departmental Requested Budget:</u> \$0	<u>Change:</u> (\$258,599) 100% reduction

<i>Clients Served</i>	<u>2009</u> 14	<u>2010</u> 0	<u>Change:</u> (14) Impacts 5 agencies
Work Services			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$627,767	<u>2010 Departmental Requested Budget:</u> \$0	<u>Change:</u> (\$627,767) 100% reduction
<i>Clients Served</i>	<u>2009</u> 37	<u>2010</u> 0	<u>Change:</u> (37) Impacts 4 agencies
Employment Services			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$513,980	<u>2010 Departmental Requested Budget:</u> \$0	<u>Change:</u> (\$513,980) 100% reduction
<i>Clients Served</i>	<u>2009</u> 38	<u>2010</u> 0	<u>Change:</u> (38) Impacts 5 agencies
Overall Division Programmatic Changes: The budget includes the expansion of Family Care for persons with disabilities ages 18-59, and includes the operation of a Disabilities Resource Center within DRC, which amounts to \$804,649 in levy for 2010.			
Overall Division Personnel Changes: Due to the Family Care Expansion,			
<ul style="list-style-type: none"> ▪ 9.75 FTEs are transferred to the Department of Aging (3.25 RN 2 and 6.50 Human Service Worker) ▪ .75 FTE Business Systems Project Manager is abolished ▪ .42 FTE Service Support Specialist is created 			
Housing Division			
Program - Housing Contracts			(\$1,003,233)
Contributions to Local Consortiums			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$75,000 (\$50,000 to Continuum of Care; \$25,000 to Supportive Housing Development Commission)	<u>2010 Departmental Requested Budget:</u> \$0	<u>Change:</u> (\$75,000)
<i>Clients Served</i>	*Funds assisted in efforts to secure HUD funds for housing for the homeless and promoted the development of selected supportive housing projects.		
Supportive Housing			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$72,500	<u>2010 Departmental Requested Budget:</u> \$0	<u>Change:</u> (\$72,500)

<i>Clients Served</i>	<u>2009</u> 30 residents are currently supported with this funding (70 served in 2008 according to Requested Budget)	<u>2010</u> 0	<u>Change</u> (30)
<u>Domestic Abuse Counseling</u>			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$30,353 (\$15,353 to Community Advocates; \$15,000 to Sojourner Truth House)	<u>2010 Departmental Requested Budget:</u> \$0	<u>Change:</u> (\$30,353)
<i>Clients Served</i>	Direct impact is unknown—County’s contribution represents 2% of Community Advocates budget and 8% of Sojourner Truth House’s budget. Total annual clients served at both sites are 480.		
<u>Coordinated Community Housing</u>			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$45,000 (to Community Advocates)	<u>2010 Departmental Requested Budget:</u> \$0	<u>Change:</u> (\$45,000)
<i>Clients Served</i>	Direct impact is unknown -Community Advocates served 1,680 clients in 2009, the county’s contribution represents 5% of their budget for this.		
<u>Emergency Shelter Contracts</u>			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$418,881 (for 7 contracts with: Cathedral Center, Salvation Army, Sojourner Truth House, Guest House, Hope House, Community Advocates, and Social Development Commission).	<u>2010 Departmental Requested Budget:</u> \$0	<u>Change:</u> (\$418,881)
<i>Clients Served</i>	Direct impact is unknown -County’s allocations are 3%-32% of each organization’s budget. Combined, the shelters average 337 people a night.		

<u>Supported Apartment Contracts</u>			
<i>Funding Level</i>	<u>2009 Adopted Budget:</u> \$361,499 (to Social Rehabilitation & Residential Resources, Transitional Living Services, and Peer Support Apartments)	<u>2010 Departmental Requested Budget:</u> \$0	<u>Change:</u> (\$361,499)
<i>Clients Served</i>	At least 30 clients will not be served at all (the county's contribution is 100% of Our Space's budget for this), 64 additional clients will not be "fully" served.		
<u>Overall Division Programmatic Changes:</u> The remaining tax levy, \$307,540 will be spent on the following programs:			
<ul style="list-style-type: none"> ▪ \$182,540 to supportive services for housing developments <ul style="list-style-type: none"> -Our Space: \$110,000 -Guest House: \$49,000 -Mercy Housing: \$23,540 ▪ \$125,000 to provide temporary housing to BHD patients transitioning back into the community <ul style="list-style-type: none"> -Transitional Housing Program: \$75,000 (staff support to manage 6 beds) -Rent Subsidy: \$50,000 			
Behavioral Health Division			
<u>Program - Inpatient Services: Nursing Facility Services – Hilltop Reduction of 24 beds</u>			
<i>Funding Level</i>	<u>2009 Adopted Levy:</u> \$7,130,532	<u>2010 Departmental Requested Levy:</u> \$9,241,765	<u>Change:</u> Levy change: \$2,111,233 *Cost to restore program (\$797,064)
<i>Clients Served</i>	<u>2009</u> 72 beds	<u>2010</u> 48 beds	<u>Change</u> (24 beds) *24 patients to be transitioned into "community placement" through Family Care
<u>Program - Adult Community Services: Mental Health – Redesign of the Day Treatment Program</u>			
<i>Funding Level</i>	<u>2009 Adopted Levy:</u> \$134,618	<u>2010 Departmental Requested Levy:</u> (\$113,880)	<u>Change:</u> Levy change: (\$248,498) *Cost to restore program (\$399,082)

<i>Clients Served</i>	<u>2009</u> 25 clients served 2 treatment teams used	<u>2010</u> 14 clients served 1 treatment team used	<u>Change</u> (11) (1 treatment team)
Program - Adult Community Services: Mental Health -- Community Support Program (CSP) & Targeted Case Management (TCM) Program			
<i>Funding Level</i>	<u>2009 Adopted Levy:</u> \$3,315,592 (CSP) \$1,369,122 (TCM)	<u>2010 Departmental Requested Levy:</u> \$3,260,975 (CSP) \$1,306,929 (TCM)	<u>Change:</u> Levy change: (\$116,910) for both ((\$54,717) CSP (\$62, 193) TCM) *Cost to restore programs (\$637,289)
<i>Clients Served</i>	<u>2009</u> CSP – 1,357 total slots (334 provided by BHD) TCM – 1,171 total slots (234 served by BHD)	<u>2010</u> CSP – 334 slots purchased in the community TCM – 180 additional community slots to be purchased	<u>Change</u> CSP – No change in slots provided TCM – (54)
Adult Community Services: Mental Health – AODA Community Contracts			
<i>Funding Level</i>	<u>2009 Adopted Levy:</u> \$17,002,808	<u>2010 Departmental Requested Levy:</u> \$15,607,456	<u>Change:</u> Levy change: (1,395,352) *Cost to restore program (\$946,957)
<i>Clients Served</i>	<u>Change</u> POS contracts are reduced to the “minimum required allocation for prevention services” and a reduction in funding for Detoxification services could result in a reduction of 10 medical detoxification beds. An alternative model of care for detoxification is being explored.		
*Note from BHD fiscal staff regarding data listed: The levy change does NOT reflect the savings for each initiative due to other adjustments made during the budget process including: personnel services (fringe, legacy costs, salary increases, etc), internal cost allocations, revenue reconciliations within BHD and various account reconciliations.			

Overall Division Programmatic Changes:

- EMS Operations transferred to BHD (\$3,000,000): there is a \$3,000,000 cut in supplemental payments to municipalities.
- Personnel Services and Fringe Benefits (\$1,776,025): Personnel Services are reduced due to a reduction of 163.1 FTE (see below).
- Outsourcing of Housekeeping Services (\$1,400,000): Budget includes a contract for \$1,330,000 for housekeeping services for the Psychiatric Hospital, including paper products and supplies.
- Redesign of Operations within BHD (\$393,931): Efficiencies identified since DHHS-Facilities has taken over operations at BHD.
- State Mental Health Institutes and Discharge Planning:
 - BHD is still responsible for the non-federal share of the cost of care for children and elderly patients placed in State Mental Health Institutes—estimated at \$100,000)
 - \$125,000 is budgeted for housing for clients discharged from the inpatient unit

Overall Division Personnel Changes:

- Consolidation/Reevaluation of Duties (\$619,993):
 - Abolish: 3.0 Certified Occupational Therapy Assistances, 1.0 Distribution Asst., 1.0 Stores Clerk 1, 1.0 Sewing Machine Operator 2 (off-set with \$15,000 contract for alteration Services), 1.0 BH Emergency Service Clinician, 1.0 Contract Services Coordinator, and 1.0 Accountant 4.
- Clerical Consolidation (\$613,282):
 - Abolish/unfund: 3.0 Clerical Asst. 2, 1.0 Admin Asst. NR, 2.0 Office Asst. 2 and 4.0 Secretarial Asst.
- Reallocation of RN 2 positions (\$251,986):
 - 30.0 RN 2 positions are abolished
 - 30.0 RN 1 positions are created
- Position Adjustments \$132,666:
 - 0.2 Clinical Program Director – Psych and 1.0 Exec Director 1 – Fiscal Services transferred from DHHS
- Outsource of Housekeeping Services (\$1,400,000):
 - 51.0 FTE abolished
- Medical Records Efficiencies (\$102,924):
 - 2 Medical Records Supervisor positions are abolished upon vacancy.
 - 1 Asst. Medical Records Administrator created.
- Human Resources Positions:
 - 1.0 Management Asst. (HR) and 1.0 Human Resources Coordinator (MHD) transferred to BHD from DAS-Human Resources.