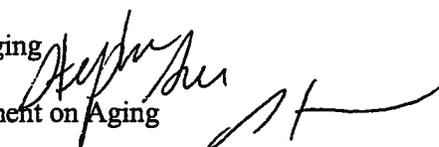


County of Milwaukee
Inter-Office Communication

Date: September 13, 2010
To: Peggy West, Chair, Health and Human Needs Committee
From: Stephanie Sue Stein, Director, Department on Aging
Subject: Overview of 2011 Budget Request from Department on Aging



Attached please find copies of the Requested 2011 Budget for the Fund 1 (Unit 7900) as submitted by Milwaukee County Department on Aging.

The requested budget for 2011 covers Administration (Director's Office and Fiscal and Support Services Division), Area Agency Services Division, and the Aging Resource Center. The 2011 budget request totals \$19,078,219 and includes a \$1,695,329 increase in expenditures, a \$1,266,674 increase in revenues, and a \$428,655 increase in tax levy.

The 2011 budget request includes a \$460,474 increase (from \$179,029 to \$639,503) in Adult Protective Services funding (representing a 60% Aging/40% Disabilities split, favoring the Aging population with greater demonstrated need), a \$507,137 increase in Resource Center 100% time reporting reimbursement, and a \$72,361 increase in Chronic Disease Self-Management Program to provide access to healthy living programs, increase referral resources and elder participation, and focus on outreach. Subsequent to adoption of the 2010 budget, the State restored Alzheimer's Family Caregiver Support Program funding to prior year level of \$242,158. The 2011 budget request reflects this funding increase of \$242,158.

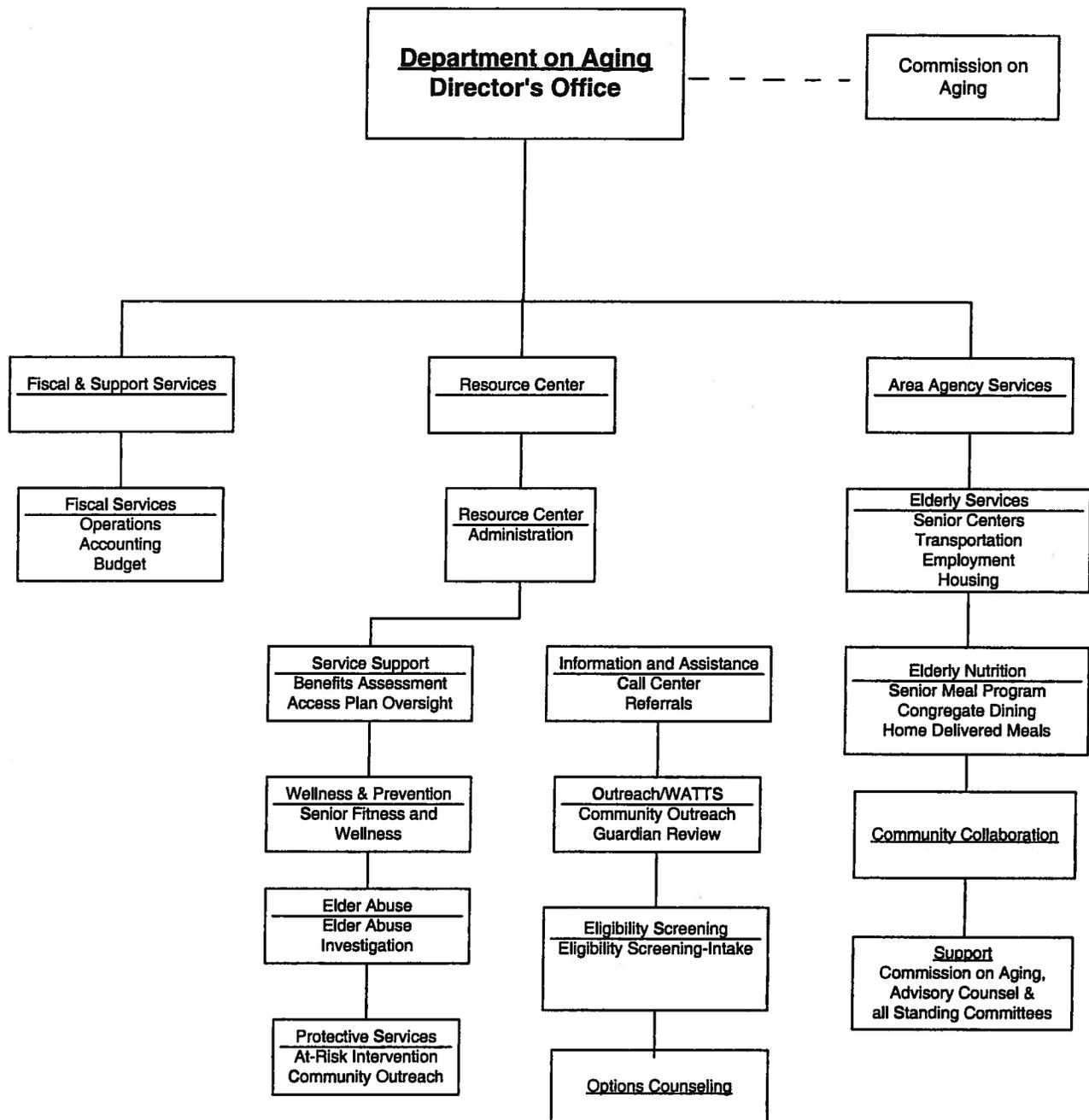
Also, in the 2011 budget request, Aging funded 2 HSW positions for elder abuse investigations, emergency request, and protective services. The Family Care (CMO) separation from Aging included the transfer of 2.5 FTEs to the Department of Family Care as well as some member service costs.

If you have any questions, please contact me at 289-6876.

Attachment

cc: County Executive Scott Walker
Supervisor Lee Holloway
Thomas Nardelli
Jennifer Collins
Joseph Carey
Cynthia Archer
Steve Kreklow
Jonette Arms
Jeanne Dorff
Nubia Serrano
Mary Proctor Brown
Chet Kuzminski
Greg Reiman
Gary Portenier
Pat Rogers

DEPARTMENT ON AGING (7900)



REQUESTED 2011 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

MISSION

The mission of the Milwaukee County Department on Aging (MCDA) is to affirm the dignity and value of older adults of this County by supporting their choices for living in and giving to our community.

Budget Summary		
	2011	2010/2011 Change
Expenditures	19,078,214	1,695,329
Revenue	17,055,113	1,266,674
Levy	2,023,101	428,655
FTE's	77.0	(2.6)

Major Programmatic Changes

- Separation of the Department on Aging and the Care Management Organization (CMO)
- Adult Protective Services expanded funding
- Wellness Program continues, with a federal American Recovery and Reinvestment Act (AARA) grant for Chronic Disease Self Management

OBJECTIVES

- A 2010-2012 Area Plan will be executed by the Department on Aging and monitored by the Commission on Aging.
- Continue automation initiative to provide access to information and forms on the Internet for potential vendors for the Area Agency Services 2011 Request for Proposal process. Provide a similar secure Internet access area for continuing vendors eligible for a 2011 contract extension.
- Provide access to Healthy Living programs including supervised fitness programs, (at five senior fitness centers) physical therapy services and Chronic Disease Self Management in collaboration with University of Wisconsin, Milwaukee College of Health Sciences and Therapy Plus Wisconsin. Physical therapy services will be available at Washington, Wilson, Rose and OASIS centers.
- Department on Aging Fiscal and Department of Administrative Services will realign responsibilities based on the personnel changes associated with the separation of the Care Management Organization.
- MCDA will implement meal site efficiency and consumer satisfaction changes to include: demographics, participation, home delivered meal dispatch locations, along with a special focus on meal site donations.
- Continue with support of the business community to promote, advocate, and celebrate senior residents' contributions to Milwaukee County communities through the Senior Hall of Fame, Senior Statesman, Nutrition Volunteer Recognition and Golden Idol.

DEPARTMENTAL PROGRAM DESCRIPTION

The Milwaukee County Department on Aging was created in the 1991 budget to serve as Milwaukee County's designated Area Agency on Aging under the Older Americans Act and as the County's designated unit to administer aging programs. The Department plans for and services the growing needs of Milwaukee County's large and diverse older adult population. It is the one dedicated, specialized agency within Milwaukee County government to represent and serve the needs of the elderly.

REQUESTED 2011 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

The Department integrates several Federal and State revenue streams involving the Older Americans Act, the Senior Community Services Program, and Specialized Transportation Assistance Program for Counties (S85.21), Base Community Aids (BCA) and Family Care.

The Department is the designated Aging Resource Center (RC) for older people in Milwaukee County under the State of Wisconsin's Family Care initiative.

The sixteen member Commission on Aging is the lead county citizen board responsible for assessing the major aging issues and needs concerning the sixty (60) and over age population and for reviewing the planning and service efforts of organizations and institutions in the county and its aging network, and for making recommendations thereof. The Commission on Aging functions through three standing committees; the Advocacy, Resource Center Oversight, and Service Delivery. The Advisory Council to the Commission on Aging is made up of thirty (30) persons representing the diversity of Milwaukee County. The Commission on Aging has also created permanent Intergenerational Council and Wellness Council, which include members that represent the entire County of Milwaukee. Department on Aging serves as the administrative arm of the Commission on Aging.

The Department on Aging consists of three service areas:

Administration includes the Director's Office and the Fiscal and Support Services Division. The major functions of the Fiscal and Support Services Division include budget development and management, accounting, and personnel administration. The Division monitors departmental expenditures and revenues, reviews audits; reports service utilization and expenditures to County and State agencies, projects revenues and expenditures, and monitors compliance with funding source requirements. This Division also develops the Department's fiscal policies and assesses operations for effectiveness and efficiency.

Area Agency Services provides a comprehensive network of support services through community based agencies that assist older adults to remain independent in their homes. These programs are funded through the Older Americans Act and State revenue earmarked for elderly services. County tax levy funding is provided for program operation and maintenance of five county-owned senior center buildings. The Division is responsible for planning, research, and program development. In addition, unit staff solicits, monitors, evaluates and administers contracts for a variety of services in the community. Staff assists with contract development and coordinates the Request for Proposal process with other County departments.

The Area Agency Services Division provides staff support to the Milwaukee County Commission on Aging, its standing committees and the Advisory Council. The Advisory Council addresses issues identified in public hearings through three principle workgroups, including the Volunteer, Technology, and the Under-served Population workgroups. Division staff assists the Commission in conducting public hearings and needs assessments as required under Federal statute, provide technical assistance and serve as a resource for businesses, universities and volunteer organizations interested in meeting the needs of older adults in the community.

The Senior Meal Program, part of the Area Agency Services Division, is funded under Titles III-C-1 and 111-C-2 of the Older Americans Act, as well as other State and Federal funds received from the State of Wisconsin Bureau on Aging and Long Term Care Resources. The program also receives reimbursement for eligible elderly meals from the United States Department of Agriculture (USDA).

The purpose of the Senior Meal Program is:

- To provide older persons, particularly those with low incomes; low-cost, nutritionally sound meals in strategically located congregate sites. The program also seeks to reduce the social isolation of participants by providing supportive services including recreation, transportation, education and information about other programs and services available to older adults.

REQUESTED 2011 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

- To provide home-delivered meals five to seven days a week to eligible frail, homebound, older adults. The program assists older adults in remaining independent and living within their own homes and provides limited gap-filling services in addition to meals.

The Aging Resource Center acts as the point of entry for the Department's Family Care and all other long-term care programs and is responsible for arranging short-term assistance for older adults with immediate or pressing needs. It is the primary source of quality information and assistive services on issues affecting persons 60 years of age and older and their family support networks.

As a major component of the State of Wisconsin Family Care initiative, this Division has six primary functions:

- To provide Milwaukee County's older adults, their caregivers and the general public one central number to call for information about programs and services 24 hours a day;
- To provide pre-admission counseling to elders seeking residential placements;
- To determine eligibility for the Family Care and other Long Term Care Programs
- To provide community education to older adults, their families, and caregivers on a broad range of subjects, including wellness and prevention of functional decline.
- Options counseling for any resident sixty and over
- Investigating allegations of elder abuse and providing protective services, guardianships and protective placement services to vulnerable older adults

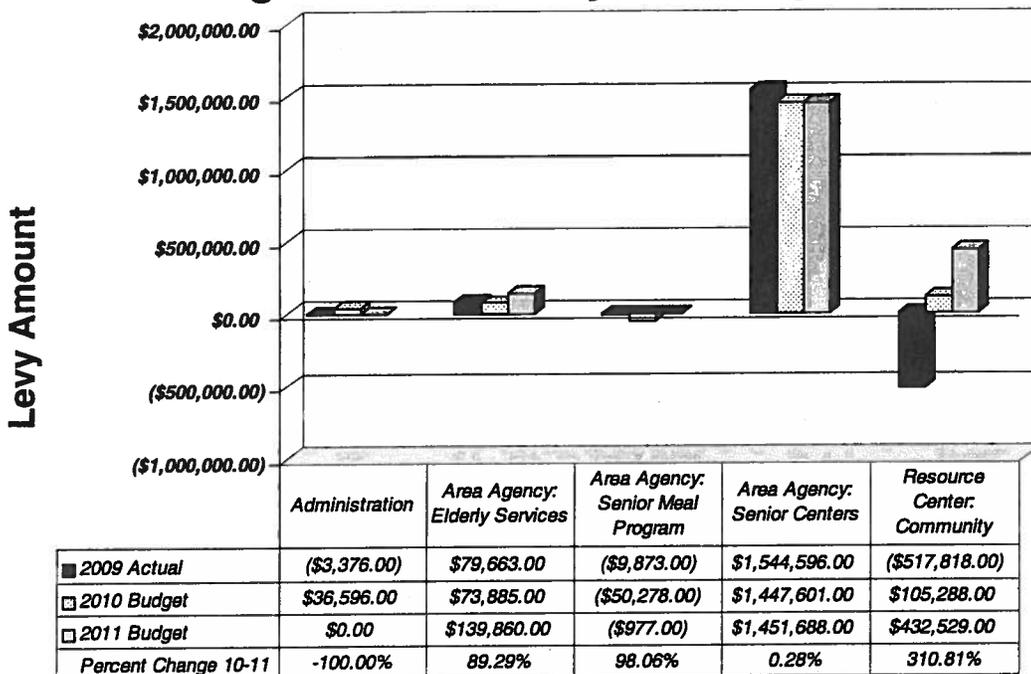
Another integral function of the Resource Center is to coordinate daily with the State Income Maintenance staff (formerly Economic Support Division - Milwaukee County Department of Health and Human Services) to assure Medicaid eligibility compliance for persons choosing the Family Care benefit.

REQUESTED 2011 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

Organizational Levy Summary



Department

2011 BUDGET

Approach and Priorities

- Redistribute State allocation of Adult Protective Services (APS) funding within Milwaukee County's Aging and Disability Resource Centers
- Maintain existing congregate and home delivered meal programs and senior center operations
- 2011 building space budgeted at 2010 cost per square footage levels
- Transfer the Human Resources Coordinator, one Accountant 1 and one Clerical Assistant 1 to the Care Management Organization

Programmatic Impacts

- Expand Adult Protective Services by funding two Human Service Worker (HSW) positions with additional State funding
- Alzheimer's Family and Caregiver Support Program will utilize contract services
- Expand Chronic Disease Self Management Program with a federal American Recovery and Reinvestment Act (AARA) grant

REQUESTED 2011 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

Budget Highlights

100% Time Reporting Initiative

(\$507,138)

The Department on Aging continues its staff development and training efforts and timely staff reporting to more accurately reflect tasks in the State reimbursement module. More accurate and timely reporting of RC staff time expended on services such as Medicaid and Medicare enables Department on Aging to continue enhancement of Federal reimbursement revenue.

Aging Resource Center Adult Protective Services (APS) funding increase

(\$460,474)

The State allocation of Adult Protective Service funding was designated for the Aging and Disabilities Resource Centers. Accordingly the Department on Aging and Disabilities Services agreed to a 60% Department on Aging and 40% Disabilities Services allocation of funding. Thus, the Aging Resource Center Elder Abuse/Protective Service units will fund two Human Service worker positions to perform elder abuse investigations, emergency requests and protective services.

Corporate Guardianship

(\$150,000)

Milwaukee County is responsible for "court ordered" corporate guardian services. Through monitoring, Department on Aging Resource Center will reduce tax levy by eliminating financial support and errors of non-county petitioners ordering corporate guardianships. The RC will also reduce spending through better coordination of benefits on court ordered guardianships and an initiative to identify and engage volunteers to be guardians. In some volunteer cases, Corporate Guardians are awarded a small monthly stipend to offset expenses, thus reducing cost.

Stanford - Chronic Disease Self Management Program (CDSMP) participation

(\$72,361)

The federal American Recovery and Reinvestment Act (AARA) funding will allow the Department on Aging to provide access to Healthy Living Programs including supervised fitness programs, physical therapy services and Chronic Disease Self Management in collaboration with University of Milwaukee, Milwaukee College of Health Sciences and Therapy Plus Wisconsin. The Department on Aging will focus on outreach to the aging population and referral sources for elders; CMUS Doctors, Churches, and housing. The Stanford CDSMP funding will allow the Department on Aging to increase participation over the next two years from 281 to approximately 331. Physical therapy services will be available at Washington, Wilson, Rose and OASIS senior centers.

Care Management Organization separation from the Department on Aging

\$0

The State requires separation of the Care Management Organization (CMO) from the Aging and Disabilities Resource Center leadership. Due to the elimination of shared personnel services with the Department on Aging, effective January 1, 2011 three positions will be transferred to the CMO (the Human Resources Coordinator, one Accountant 1 and one Clerical Assistant 1).

State Purchased Laptops and Scanners for Application, Eligibility and Screening

\$0

The state purchased laptops and portable scanners for the Application, Eligibility and Screening section of the Resource Center. The equipment will be used in client homes for on-line entry of the functional screens and applications. The online entry of this information will help to expedite the timing of the complete process and in some cases eliminate the need for client follow up. With the expansion of Family Care through the independent IRIS (Include, Respect, I Self-Direct) system, the recertification workload has increased and automation is needed to expand capacity. The automation of applications will reduce the state's income maintenance workload and also help to speed up the financial review process, once again aiding in the Family Care expansion demands on the Income Maintenance Division.

Reuss Lease

\$0

The lease at the Reuss building expires at the end of December 2010. A county-wide space planning report will be presented to the County Board outlining the available space within existing County owned facilities. The 2011 space cost budget was prepared under the assumption that no cost per square foot rate increase will occur for the Department on Aging on January 1, 2011.

REQUESTED 2011 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

Alzheimer's Family and Caregiver Support Program (AFCSP) funding **\$0**

Effective January 1, 2010, the State restored Alzheimer's Family and Caregiver Support Program funding to Milwaukee County. Milwaukee County's AFCSP senior population will continue to receive outreach support and monetary support for adult day-care, respite care and other long term care services. Approximately 75 families will receive respite care and other support services. The Department on Aging will continue to provide \$50,000 for the Alzheimer's Association of Southeastern Wisconsin. In 2011 the Department on Aging will contract with Interfaith to administer \$172,000 of the AFCSP funding to eligible Milwaukee County residents.

Nutrition Donations **\$0**

The Nutrition Program Coordinator will work with site supervisors and volunteers to increase donations. With the great discrepancy in donations per site, education and information will help to encourage donation participation to help maintain the meal sites.

In accordance to the Older Americans Act, eligible participants in the Senior Meal Program shall be provided an opportunity to voluntarily contribute to the cost of services. Such voluntary contributions must be used to provide supportive services directly related to nutrition services.

Senior Meal Program			
	2010 Budget	2011 Budget	change
Number of Meal Sites Open	31	31	-
Meals Served at Meal Sites	323,128	306,772	(16,356)
Home Delivered Meals	246,650	262,201	15,551
Total Meals Served	569,778	568,973	(805)

State Income Maintenance **\$62,134**

Department on Aging continues in an agreement with Wisconsin Department of Health Services due to the State assuming responsibility for Family Care Income Maintenance (IM) support staff in Milwaukee County effective January 1, 2010.

Department on Aging continues to assume financial responsibility for infrastructure costs for both Income Maintenance Family Care, Mental Health and Nursing Home staff co-located with the RC in the Reuss Building. In 2011, infrastructure expenditure reallocations are based on FTE to reflect costs more equitably, including Information Management Services Division (IMSD) system support of \$196,802, building and space rental of \$138,380, phones of \$17,840 and office related supplies of \$19,629. The agreement allows for revenue reimbursement under the Medicaid system of 50% of infrastructure costs incurred by Department on Aging for IM staff, resulting in revenue reimbursement of \$186,328.

REQUESTED 2011 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

BUDGET SUMMARY				
Account Summary	2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Personal Services (w/o EFB)	\$ 4,402,682	\$ 4,301,426	\$ 4,349,865	\$ 48,439
Employee Fringe Benefits (EFB)	3,009,038	3,327,269	3,708,805	381,536
Services	785,584	775,040	697,979	(77,061)
Commodities	1,281,018	1,281,519	1,334,415	52,896
Other Charges	6,504,490	6,409,036	6,418,866	9,830
Debt & Depreciation	0	0	0	0
Capital Outlay	215,717	100,000	100,000	0
Capital Contra	0	0	0	0
County Service Charges	3,680,577	3,397,931	3,998,915	600,984
Abatements	(2,766,381)	(2,209,336)	(1,530,631)	678,705
Total Expenditures	\$ 17,112,725	\$ 17,382,885	\$ 19,078,214	\$ 1,695,329
Direct Revenue	1,233,819	1,136,416	1,396,176	259,760
State & Federal Revenue	14,785,739	14,652,023	15,658,937	1,006,914
Indirect Revenue	0	0	0	0
Total Revenue	\$ 16,019,558	\$ 15,788,439	\$ 17,055,113	\$ 1,266,674
Direct Total Tax Levy	1,093,167	1,594,446	2,023,101	428,655

PERSONNEL SUMMARY				
	2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Position Equivalent (Funded)*	0.8	79.6	77.0	(2.6)
% of Gross Wages Funded	98.3	98.6	98.1	(0.4)
Overtime (Dollars)	\$ 7,982	\$ 21,276	\$ 26,112	\$ 4,836
Overtime (Equivalent to Position)	0.2	0.4	0.5	0.1

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Human Resources Coord-Aging	65850	Transfer Out	(1.00)	(1.00)	Administration	\$ (67,778)
Program Coordinator (RC)	57340	Unfund*	(1.00)	(1.00)	Resource Center	(54,170)
Accountant 1	4100	Transfer Out	(1.00)	(1.00)	Administration	(38,052)
Clerical Assistant 1	42	Transfer Out	(1.00)	(1.00)	Resource Center	(33,714)
Human Service Worker - Aging	56160	Fund**	2.00	2.00	Resource Center	107,088
TOTAL						\$ (86,626)

* The Program Coordinator (RC) position is currently funded.

** The 2 Human Service Worker - Aging positions are currently unfunded.

REQUESTED 2011 BUDGET

DEPT: Department on Aging

UNIT NO. 7900
FUND: General - 0001

ORGANIZATIONAL COST SUMMARY					
DIVISION		2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Administration	Expenditure	\$ (2,318)	\$ 36,596	\$ 0	\$ (36,596)
	Revenue	1,058	0	0	0
	Tax Levy	\$ (3,376)	\$ 36,596	\$ 0	\$ (36,596)
Area Agency: Elderly Services	Expenditure	\$ 3,164,132	\$ 3,154,618	\$ 3,482,827	\$ 328,209
	Revenue	3,084,469	3,080,733	3,342,967	262,234
	Tax Levy	\$ 79,663	\$ 73,885	\$ 139,860	\$ 65,975
Area Agency: Senior Meal Program	Expenditure	\$ 4,857,243	\$ 4,949,865	\$ 4,982,433	\$ 32,568
	Revenue	4,867,116	5,000,143	4,983,410	(16,733)
	Tax Levy	\$ (9,873)	\$ (50,278)	\$ (977)	\$ 49,301
Area Agency: Senior Centers	Expenditure	\$ 1,544,596	\$ 1,447,601	\$ 1,451,688	\$ 4,087
	Revenue	0	0	0	0
	Tax Levy	\$ 1,544,596	\$ 1,447,601	\$ 1,451,688	\$ 4,087
Resource Center: Community Alternatives & Intervention Services	Expenditure	\$ 7,364,502	\$ 7,761,301	\$ 9,088,904	\$ 1,327,603
	Revenue	7,882,320	7,656,013	8,656,375	1,000,362
	Tax Levy	\$ (517,818)	\$ 105,288	\$ 432,529	\$ 327,241

All departments are required to operate within their expenditure appropriations and their overall budgets. Pursuant to Section 59.60(12), Wisconsin Statutes, "No payment may be authorized or made and no obligation incurred against the county unless the county has sufficient appropriations for payment. No payment may be made or obligation incurred against an appropriation unless the director first certifies that a sufficient unencumbered balance is or will be available in the appropriation to make the payment or to meet the obligation when it becomes due and payable. An obligation incurred and an authorization of payment in violation of this subsection is void. A county officer who knowingly violates this subsection is jointly and severely liable to the county for the full amount paid. A county employee who knowingly violates this subsection may be removed for cause."

2011 Requested Budget 5% & 10% Tax Levy Reductions Plans

County Board Resolution File Number 90-1052 requires that all department and agency directors submit, as part of their Requested Budget, a supplemental report identifying alternative program/service levels. This supplemental report must include, in priority order, additional 5% and 10% tax levy reductions beyond the maximum tax levy request limit and specific definition of the consequences of reduced funding or not funding a particular service or program.

Org Unit	Org Unit Name	2010 Tax Levy	5% Reduction	10% Reduction
7900	Department on Aging	\$2,023,101	(\$101,155)	(\$202,310)

Rank	Program Area	Program Change	5% Levy Change
	Area Agency/Resource Center	Purchase Contracts / Office related supplies	(\$101,155)

- Please list below program changes that would generate savings of up to 5%.
A 2.5% expenditure reduction primarily in all Area Agency (non-Nutrition funded) purchase of service contracts providing various types of programs and services by community agencies.
- What modifications are necessary to the program identified above to achieve the reduction?
Modify request for proposals to reflect funding reductions in program and service levels.
- What is the expenditure and revenue impact of the change?
Expenditures decrease \$101,155
Revenue impact \$0
- What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?
None
- What services are affected by this program change?
Tax levy reduction will affect various community services including multicultural outreach, advocacy, benefit specialist, counseling, senior employment, respite, senior center programming and transportation.
- What constituents are affected and how are they affected?
Residents of Milwaukee County 60 years and older needing: outlets from isolation through socialization; transportation for grocery shopping and visits to nursing homes; work and having the ability to contribute financially to self well-being; respite for family support networks; someone to lend a voice in venues where elderly voices may not reach (ie. The meeting rooms of the Courthouse and City Hall and the rotunda of the State Capital).
- If this program reduction affects another county department, please provide which department(s) and how they are affected.
None

Rank	Program Area	Program Change	10% Levy Change
	Area Agency/Resource Center	Purchase Contracts/Maj. Maintenance	(\$202,310)

1. Please list below program changes that would generate savings of up to 5%.
Program and service levels provided by community agencies will be further decreased by an additional 2.5% (or a 5% total reduction) as proposed in the initial (non-Nutrition funded) 5% tax levy reduction.

2. What modifications are necessary to the program identified above to achieve the reduction?
Modify request for proposals to reflect funding reductions in affected program and service levels.

3. What is the expenditure and revenue impact of the change?
Expenditures decrease an additional \$101,155, reflecting a total reduction of \$202,310
Revenue impact \$0

4. What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?
None

5. What services are affected by this program change?
Various community program and service level reductions affected include multicultural outreach, advocacy, benefit specialist, counseling, senior employment, respite, senior center programming and transportation.

6. What constituents are affected and how are they affected?
The same constituency as in the 5% tax levy reduction will be affected in a 10% reduction. The segment of the population affected includes Milwaukee County residents 60 years old and older needing: outlets from isolation through socialization; transportation to grocery shopping and visits to nursing homes; work and having the ability to contribute financially to self well-being; respite for family support networks; someone to lend a voice in venues where elderly voices may not reach (ie. The meeting rooms of the Courthouse and City Hall and the rotunda of the State Capital).

7. If this program reduction affects another county department, please provide which department(s) and how they are affected.
None

County of Milwaukee
INTEROFFICE COMMUNICATION

DATE: September 7, 2010

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

FROM: Maria Ledger, Interim Executive Director, Department of Family Care

RE: Request for authorization to enter into a professional services contract with Superior Support Resources, Inc. (SSR) for a period of 3 years to provide MIDAS hosting, support and maintenance services for the Milwaukee County Department of Family Care and for a professional services contract with SSR for hardware and software upgrades to support the MIDAS program.

I respectfully request that the attached resolution be scheduled for consideration by the Committee on Health and Human Needs at its meeting on September 22, 2010.

The resolution authorizes the Director, Department of Family Care to enter into a professional services contract with Superior Support Resources, Inc. (SSR) for a period of 3 years to provide hosting, support and maintenance services for the Milwaukee County Department of Family Care MIDAS system. The agreement is for the county calendar year 2011 budget that includes \$1000.00 one-time start-up cost and monthly payments of \$4630 for 12 months. Total anticipated expense in 2011 is \$56,560, with a requirement that vendor service fees to SSR shall not exceed \$60,000 in 2011 and any costs over \$60,000 will require further Board action.

In addition, the resolution authorizes the Director, Department of Family Care to enter into a professional services contract with SSR for \$29,000 to provide hardware and software upgrades to support the MIDAS program. Deliverables are to be completed within 60 days of notice to the provider that the hardware etc. is available. All services will be performed by qualified staff and under the direction of the Interim Executive Director of DFC or her designate. The total anticipated expense in 2010 is \$29,000.

Superior Support Resources, Inc. (SSR) is a certified DBE vendor, who has unique experience with MIDAS and is qualified to perform the services requested. They have been providing technical and support services to the MIDAS system for the Milwaukee County Care Management Organization (CMO) since January 2009.

Adoption of the attached resolution is necessary to perform the hardware and software upgrades that are required for the installation, formatting and maintenance of the servers to support the MIDAS program in order to have a consistent and reliable flow of information to maintain client records, enrollment data, eligibility information, care plans and case notes, Medicare and Medicaid information, assessments, service authorizations, member obligation receivables, provider network and support contact information, and other features critical to effective administration of the Milwaukee County Family Care. Adequately maintaining the support structure enables the Department of Family Care to have a reliable infrastructure for the record system of the CMO, which is accessed and updated by a large number of users on a daily basis, allowing the Department of Family Care to remain competitive with local CMO's.

If you have any questions about this resolution, please call me at 289-5908.

Maria Ledger, Interim Executive Director
 Department of Family Care

cc: County Executive Scott Walker
 Cynthia Archer
 Steven Kreklow
 Toni Thomas-Bailey
 Jennifer Collins
 Jim Hodson

1
2 From the Department of Family Care to (1) execute a professional services
3 contract with Superior Support Resources, Inc. (SSR) for a period of 3 years to
4 provide MIDAS hosting, support and maintenance services with vendor service
5 fees not to exceed \$60,000 in 2011 and (2) execute a professional services
6 contract with SSR for \$29,000 for hardware and software upgrades required to
7 support the MIDAS program.

8
9 **A RESOLUTION**

10
11 WHEREAS, the Milwaukee County Board of Supervisors authorized the
12 creation of the Milwaukee County Department of Family Care on June 24,
13 2010 to continue operating the Care Management Organization (CMO) under
14 the State Family Care program previously authorized under the Milwaukee
15 County Department on Aging since 2000; and

16
17 WHEREAS, the Department – CMO has worked to develop a proprietary
18 data application system called MIDAS (Member Information, Documentation,
19 and Authorization System) to assist the Department – CMO in managing the
20 Family Care program; and

21
22 WHEREAS, MIDAS is a multi-featured database/web application system
23 to maintain client records, enrollment data, eligibility information, care plans
24 and case notes, Medicare and Medicaid information, assessments, service
25 authorizations, member obligation receivables, provider network and support
26 contact information, and other features critical to effective administration of
27 the Family Care program; and

28
29 WHEREAS, the MIDAS system is also designed to provide a large number
30 of user and management reports and maintain flexibility within it's internal
31 security system to allow numerous combinations of rights and access levels to
32 the system i.e., MCDFC management, MCDFC and CMU case managers,
33 service providers, etc.); and

34
35 WHEREAS, The Milwaukee County Department of Family Care is
36 competing with multiple CMO's in Milwaukee County; and

37
38 WHEREAS, the Family Care program is expanding throughout Wisconsin; and

39
40 WHEREAS, Superior Support Resources, Inc. (SSR) has been providing
41 Hosting and Application Support Services to the CMO since January 2009; and

42
43 WHEREAS, Superior Support Resources, Inc., a certified DBE vendor,
44 provides technical and support services for Milwaukee County's own needs in
45 utilizing the MIDAS system; and

46

47 WHEREAS, the vendor has unique experience with MIDAS and
48 qualifications to perform the services requested as evidenced by service
49 provided to the CMO to setup, host and support for the Department of Family
50 Care contract with Southwest Family Care Association (SFCA); and

51

52 WHEREAS, the vendor provides staff to the Department of Family Care
53 with expertise and knowledge of MIDAS unavailable from any other vendor;
54 and

55 WHEREAS, The term of the agreement will be for 3 years; and

56

57 WHEREAS, A 3 year agreement is the most cost effective and beneficial
58 option for the County providing a consistent hosting environment, support and
59 maintenance necessary to assure a reliably high level (99%) of server and
60 application availability to users; and

61

62 WHEREAS, a 2011 Professional Services contract with Superior Support
63 Resources to provide MIDAS Hosting and Support Services for Milwaukee
64 County will be funded through rates and fees charged the Milwaukee County
65 Department of Family Care in 2011; and

66

67 WHEREAS, hardware and software upgrades are required to support the
68 MIDAS program; and

69

70 WHEREAS, the Department of Family care is seeking a sole source
71 contract under \$50,000 for the hardware installation; and

72

73 WHEREAS, a 2010 Professional Services contract with Superior Support
74 Resources for \$29,000 will be funded through rates and fees charged the
75 Milwaukee County Department of Family Care in 2010; and

76

77 WHEREAS, now therefore,

78

79 BE IT RESOLVED, that the Director, Department of Family Care, is
80 hereby authorized to

81

82 (1) enter into a professional services contract with Superior Support Resources,
83 Inc. (SSR) for a period of 3 years to provide hosting, support and maintenance
84 services during the term of the agreement and (2) execute an agreement for
85 county calendar year 2011 budget which includes \$1000.00 one-time start-up
86 cost and monthly payments of up to \$4630 for 12 months. Total anticipated
87 expense in 2011 is \$56,560, with a requirement that vendor service fees to SSR
88 shall not exceed \$60,000 in 2011 and (3) any costs over \$60,000 will require
89 further Board action and (4) enter into a professional services contract with
90 SSR for \$29,000 for hardware and software upgrades required to support the
91 MIDAS program with (5) deliverables to be completed within 60 days of notice
92 to the provider that the hardware etc. is available and 6) all services will be

93 performed by qualified staff and under the direction of the Interim Executive
94 Director of DFC or her designate and (7) total anticipated expense in 2010 is
95 \$29,000; and

96

97

98 BE IT FURTHER RESOLVED, that agreements will be contingent upon
99 County Board authorization of the Department of Family Care continued
100 participation as a Care Management Organization (CMO) under Family Care for
101 the period January 1, through December 31, 2011.

102

103

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: September 7, 2010

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Milwaukee County Department of Family Care request for authorization to (1) execute a professional services contract with Superior Support Resources, Inc. (SSR) for a period of 3 years to provide MIDAS hosting, support and maintenance services with vendor service fees not to exceed \$60,000 in 2011 and (2) execute a professional services contract with SSR for \$29,000 for hardware and software upgrades required to support the MIDAS program.

FISCAL EFFECT:

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

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

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	
	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 authorizes the Milwaukee County Executive, or his designee, to (1) execute a contract with Superior Support Resources, Inc. (SSR) for a period of 3 years to provide MIDAS hosting, support and maintenance services for the Milwaukee County Department of Family Care and (2) execute a contract with SSR for \$29,000 to perform hardware and software upgrades.

Total anticipated expense for county calendar year 2011 budget includes \$1000.00 one-time start-up cost and monthly payments of up to \$4630 for 12 months. Total anticipated expense in 2011 is \$56,560 with a requirement that vendor service fees to SSR shall not exceed \$60,000 in 2011 and any costs over \$60,000 will require further Board action.

The portion of the professional services contract with SSR for \$29,000 is needed for hardware and software upgrades required to support the MIDAS program. Deliverables are to be completed within 60 days of notice to the provider that the hardware etc. is available and all services will be performed by qualified staff under the direction of the Interim Executive Director of DFC or her designate. The total anticipated expense in 2010 is \$29,000

Funding is derived from payments by the state based on a primary comprehensive capitated rate and a secondary revenue source from members obligations to the program. The funds were approved in the Care Management Organizations 2010 Capital Budget.

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.

The adoption of this resolution will not require the expenditure of any County Tax Levy not previously authorized in the 2010 Adopted Budget.

This resolution has no fiscal impact in 2010 or 2011 other than the allocation of staff time required to prepare the accompanying report and resolution.

Department/Prepared By Department of Family Care / Maria Ledger, Interim Executive Director

Authorized Signature _____

Did DAS-Fiscal Staff Review? Yes No

Date: September 7, 2010

To: Supervisor Elizabeth M. Coggs, Chair, Finance and Audit Committee
Supervisor Peggy West, Chair, Health and Human Needs Committee

From: Maria Ledger, Interim Executive Director, Department of Family Care

Subject: MCDFC Income Statement for the period January 1, 2010 through June 30, 2010

The attached report summarizes the Milwaukee County Department of Family Care (MCDFC) Income Statement of the Care Management Organization (CMO) for the period January 1, 2010 through June 30, 2010. In addition, it shows the variance of those results to the 2010 adjusted budget. The actual amounts are preliminary (see the recurring Note on the attached MCDFC-CMO Income Statement for further information). The budget amounts reflect the cumulative monthly budget for the first six months of the year.

The CMO is showing a preliminary actual Net Income of \$1,385,885 for the first six months of 2010. Comparing this to the adjusted budgeted Net Income of \$116,870 creates a positive Net Income Variance of \$ 1,269,015. While preliminary results through June show actual revenues and actual expenditures above those in the adjusted budget, the variance in expenditures is smaller than the variance in revenues in expenditures for the period.

CMO enrollment as of June 30, 2010 was 7,411 members, a net increase of 346 members from the December 31, 2009 enrollment of 7,065 members

If you have questions concerning the attached income statement, please contact Director Ledger at 289-5908.

Attachment

cc: County Executive Scott Walker
Supervisor Lee Holloway
Stephen Cady
Jennifer Collins
Cynthia Archer
Steve Kreklow
Toni Thomas-Bailey
Maria Ledger
Jim Hodson
Ed Eberle

**Milwaukee County Department of Family Care-Income Statement
For the period of January 1 thru June 30, 2010**

<u>Revenues</u>	<u>1/1/10 - 6/30/10 Preliminary Actual</u>	<u>1/1/10 - 6/30/10 Adjusted Budget</u>
Capitation Revenues (Note 1)	\$113,228,620	\$112,019,559
Member Obligation Revenues	\$13,463,395	\$13,397,383
Other Revenues	\$175,323	\$125,525
Total Revenues	\$126,867,338	\$125,542,467
<u>Expenses</u>		
Member Service Expenses	\$117,480,386	\$115,386,985
Administrative Expenses:		
---Labor & Fringes	\$3,560,265	\$3,784,132
---Vendor Contracts	\$2,000,560	\$2,283,295
---Cross Charges/internal transfers	\$982,126	\$1,080,550
---Other expenses (supplies, mileage, etc.)	\$1,458,117	\$2,405,698
--- Est. contribution to reserve		\$484,938
Total Expenses	\$125,481,453	\$125,425,596
Net Surplus/(Deficit)	\$1,385,885	\$116,870

June 2010 CMO Enrollment:

Nursing Home (Comprehensive):

59 and Under 887

60 and Over 6,482

Non-Nursing Home (Intermediate):

60 and Over 43

Total Members Served - 6/30/2010 7,411

Note (1): The above results reflect an accrual for new expansion members (i.e., waiver program) based on an increase in acuity (i.e., members with higher care plan needs) as measured by the long-term care functional screen. This represents the Department of Family Care's best estimate and has yet to be approved by the Wisconsin Department of Health Services. The total accrual for increased capitation revenue for acuity is \$1,442,672.

Note: The above financial summary represent actual results as of the reporting date, however, the result can change due to changes occurring in member service utilization (IBNR), outstanding receivables, internal charges or other regulatory changes. Any change from a prior period is accounted for in the year-to-date aggregate results. Prior period reporting is not restated.

MEMORANDUM

Date: September 7, 2010

To: Supervisor Peggy West, Chair, Committee on Health and Human Needs

From: Maria Ledger, Department of Family Care

Subject: Update on the effects of multiple Care Management Organizations operating Family Care in Milwaukee County

This memorandum is a further update on the impact of multiple Care Management Organizations operating Family Care in Milwaukee County. We have updated the report to include the enrollment for the first 10 months of expansion for the period November 1, 2009 through August 31, 2010 for persons age 18 to 59. In addition, we have identified the impact on the age 60 and older population we served prior to expansion for the period November 1, 2009 through August 31, 2010. The report also identifies the loss in revenue to Milwaukee County and the impact on county personnel positions as a result of multiple CMO's providing Family Care within the county as summarized below:

***Projected Loss of Revenue due to Multiple Care Management Organizations Operating Family Care in Milwaukee County
As of August 31, 2010***

	<u>Age 18-59 Enrollments (11/1/09-8/31/10)</u>				Projected Annual Revenue Loss
	DD	PD	WL	Total	
Milwaukee County Family Care	944	247	28	1,219	
Community Care Family Care	411	243	44	698	(\$ 22,526,749)
IRIS	156	224	32	412	(\$ 13,296,591)
Community Care Partnership	17	4	5	26	(\$ 839,105)
ICARE Partnership	5	2	14	21	(\$ 677,739)
Community Care Pace	8	5	27	40	(\$ 1,290,931)
Total	1,541	725	150	2,416	(\$ 38,631,116)

Note: the DD (Development Disabilities) and PD (Physical Disabilities) columns relate to current MA Waiver cases; the WL column relates to persons age 18-59, either DD or PD, who are on the DHHS waitlist.

Supervisor Peggy West, Chair
 September 7, 2010
 Page Two

Age 60 & Older Enrollments (11/1/09-8/31/10)

	Total	Projected Annual Revenue Loss
Milwaukee County Family Care	668	
Community Care Family Care	233	(\$ 5,873,737)
IRIS	224	(\$ 5,260,545)
Community Care Partnership	6	(\$ 129,093)
ICARE Partnership	36	(\$ 839,105)
Community Care Pace	20	(\$ 451,826)
Total	1,187	(\$12,554,306)

Reduction in Age 60 & Older Enrollments (11/1/09-8/31/10)

	Net loss in Enrollees	Projected Annual Revenue Loss
Total	379	\$1,019,298

Reduction in 18-59 Enrollments (11/1/09-8/31/10)

	Net loss in Enrollees	Projected Annual Revenue Loss
Total	137	\$368,453

Total Projected Annual Loss in Revenue to the MCDA-CMO **\$1,387,751**

Supervisor Peggy West, Chair
September 7, 2010
Page Three

The table above identifies the net loss in enrollees to Milwaukee County due to disenrollments. The total number of disenrollments since November 2009 is 1,184 members. While some of these disenrollments are due to loss of eligibility, a move from service area or death, the fact remains that many members are leaving for other managed care programs in Milwaukee County. We have heard directly from some members and guardians that they are being counseled by providers to disenroll from Milwaukee County and enroll in another CMO that will pay providers higher rates.

We have addressed this issue with the other CMO in Milwaukee County as well as with the State and have yet to come to any successful resolution to this issue.

A loss of enrollments equates to a loss of revenue. This loss of revenue has resulted in a decreased need for staff, resulting in the reduction of 19 vacant county positions approximating \$1,759,448 in salary and benefits. Further contributing to the impact on enrollment and revenue is the state's oversight of the enrollment process through the use of Enrollment Consultants who further evaluate the member's choice before the enrollment actually takes place. Upon the separation of the Family Care from the Milwaukee County Department on Aging Resource Center, the use of Enrollment Consultants was expected to be discontinued. The State has delayed the discontinuance of the Enrollment Consultants until possible October 1st.

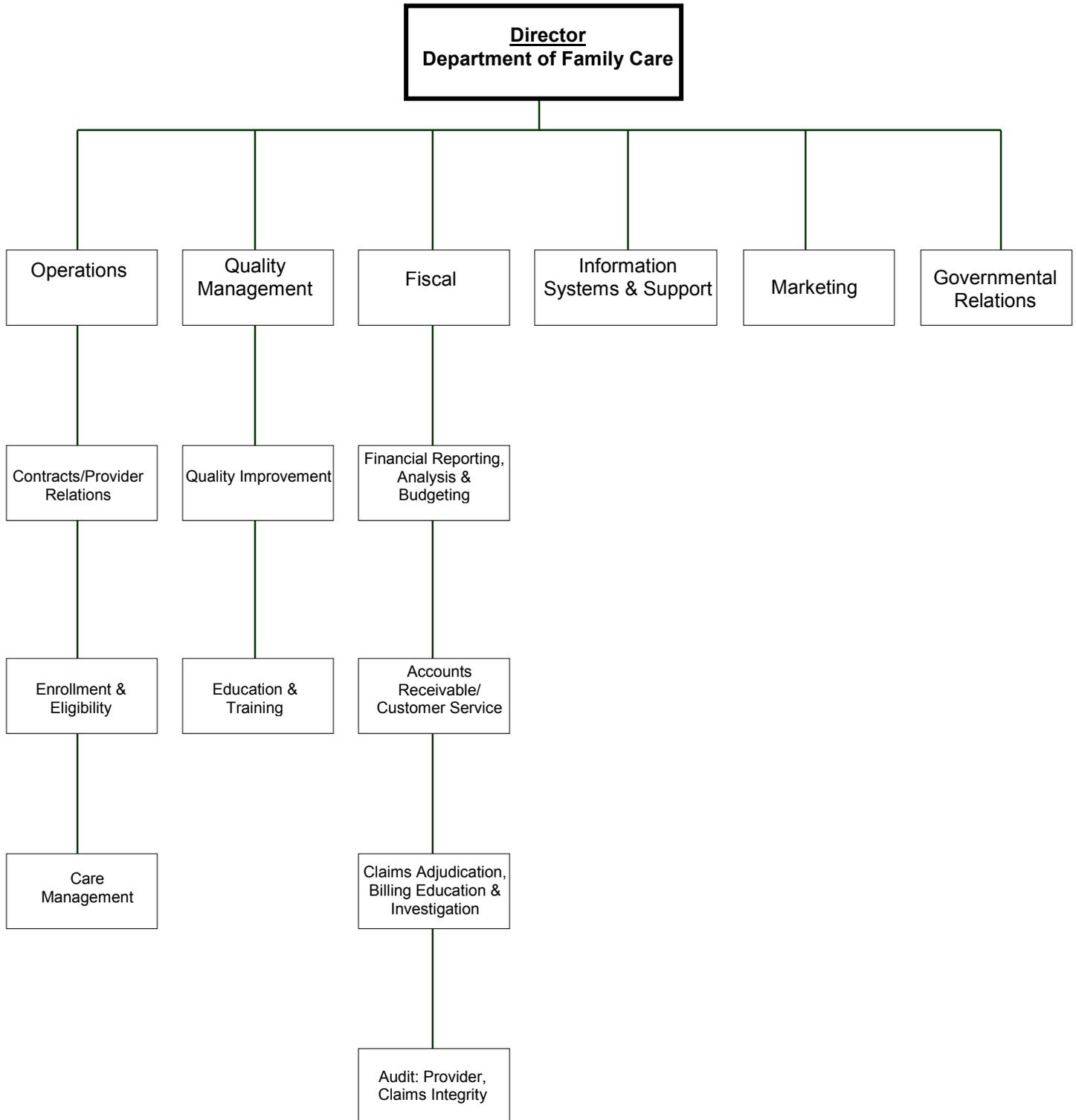
As you can see, the MCDFC, while still the primary Family Care CMO in Milwaukee County, has begun to experience an erosion in its over 60 enrollment as individuals elect other options. It is still too early to speculate how enrollments will change over time now that the community has several competing options and the ultimate effect it will have on the MCDFC.

If you have any questions, please call me at 289-5908

Maria Ledger, Interim Executive Director
Milwaukee County Department of Family Care

cc: County Executive Scott Walker
Chairman Lee Holloway
Jennifer Collins
Toni Thomas-Bailey
Cynthia Archer
Steven Kreklow

Maria Ledger
Jim Hodson
Linda Murphy
Eva Williams
Ed Eberle



REQUESTED 2011 BUDGET

DEPT: DEPARTMENT OF FAMILY CARE

UNIT NO. 7990

FUND: 0002

MISSION

Milwaukee County's Family Care, Care Management Organization respects the dignity and personal autonomy of each Member by honoring choice and promoting the Member's continued participation in the life of their community, by providing a continuum of quality cost-effective long-term care to its Members, and by supporting the families and caregivers of its Members. As a comprehensive and flexible long-term care service delivery system, Family Care strives to foster an individual's independence and quality of life while recognizing the need for interdependence and support.

Budget Summary		
	2011	2010/2011 Change
Expenditures	287,824,544	30,756,304
Revenue	287,824,544	30,756,304
Levy	0	0
FTE's	75.6	(14.5)

Major Programmatic Changes

- Continue to expand program to serve individuals with disabilities 18-59 years old
- Must compete with other CMO's in Milwaukee County
- Continue to manage utilization and cost of service

OBJECTIVES

- Provide high quality, cost-effective long-term care services to eligible adults and eliminate waiting lists for individuals with physical and developmental disabilities age 18 to 59.
- Enhance administrative infrastructure of CMO, and improve quality of care management while maintaining solvency.
- Continue to improve the Self-Directed Supports option that is available within the Family Care benefit.
- Enhance Care Management Unit education and training curriculum.
- Insure marketing and communication initiatives address the creation of a new Department.

DEPARTMENTAL PROGRAM DESCRIPTION

The Milwaukee County Department of Family Care (DFC) was originally created in 2000 as the Milwaukee County Department on Aging- Care Management Organization (MCDA-CMO) to operate a Family Care Program for people age 60 and older. Under Milwaukee County's existing contract with the State Department of Health Services (DHS), DFC must operate separately from both the Aging Resource Center (ARC) and the Disability Resource Center (DRC). Since it is the responsibility of the RC to objectively inform persons in need of long-term care about the options available to them if choosing a Managed Care Organization (MCO) that can best address their needs, DHS considers the organizational separation of the two functions an essential element in administration of the Family Care benefit, resulting in the creation of the Department of Family Care.

The Department administers the Family Care benefit for both the aging (over age 60) and disabled populations (ages 18-59), who are determined to be eligible by a RC. DFC is responsible for creating a comprehensive plan of care for each client; contracting with a wide range of service providers; and monitoring the quality of services that clients receive. DFC has and continues to deliver member-centered, community-based, outcome-focused, managed long-term care services and member-centered care planning for all Family Care members. The department has successfully served more than 15,000 members during the past ten years by embracing a set of core values and a philosophy that is the foundation of the Family Care program.

REQUESTED 2011 BUDGET

DEPT: DEPARTMENT OF FAMILY CARE

UNIT NO. 7990

FUND: 0002

DFC currently meets all statutory requirements for a Family Care Governing Board (the Board), s.46.284 (6), including having a board that reflects the ethnic and economic diversity of the geographic area served by the Care Management Organization. The membership of the Board is required to include representation by at least five people or their family members, guardians, or other advocates who are representative of the CMO membership. The remaining Board membership must consist of people residing in Milwaukee County with recognized ability and demonstrated interest in long-term care and managed care and up to three members of the Milwaukee County Board of Supervisors or other elected officials. The 16 member Governing Board is responsible for providing DFC with guidance and oversight in carrying out its mission under the Family Care program to include policy recommendations and other actions meeting improvements in operations, fiscal accountability and reporting, and quality assurance.

DFC consists of the following six divisions:

The **Operations Division** includes Contract/Provider Relations, Enrollment & Eligibility, and Care Management. This division is responsible for developing provider networks, determining eligibility for potential Family Care clients, and ensuring that clients receive the best care management services by assigning them to an Interdisciplinary Team (IDT) upon enrollment. These teams are responsible for identifying member outcomes, developing a comprehensive care plan, authorizing services from the provider network, coordinating the member's health care and monitoring the member's plan of care

The **Quality Management Division**

The **Quality Management Division** of DFC includes the Best Practice Team, Training and Education, Member rights, and Grievance and Appeals. This division is responsible for ensuring the best possible care is provided to members by engaging in a process of continuous quality improvement activities. Such activities include quality improvement initiatives, on the ground support to the care management teams, training and education for staff new to the Family Care model, and quality evaluations. The Best Practice Team, a unit of elite social workers and nurses, provides ongoing support to the interdisciplinary care management teams. This team also conducts regular quality audits of member records. If quality issues are identified, the Best Practice Team and the Training and Education Unit collaborate to ensure teams have immediate access to the information they need to improve. Additionally, the Training and Education Unit develops and implements a comprehensive multidimensional training program for all of the interdisciplinary care management teams that includes demonstration of competency in the Family Care - Care Management model. Finally this division conducts and coordinates a variety of quality evaluations. The results of these evaluations and audits assess the relative success of current quality improvement initiatives and identify opportunities for further improving the quality of the Family Care program.

The **Fiscal Division** is responsible for providing oversight and managing the fiscal operations and staff while assisting with the integration of financial services with operations to support the strategic plan and insure cost effectiveness and that financial solvency is maintained. The major functions of this division are budget preparation, financial accounting and reporting, accounts receivable and customer service to members, provider education and training on billing, monitoring departmental expenditures and revenues, reviewing audits and insuring that the program remains in compliance with the Health and Community Supports Contract.

The **Information Systems & Support Division** manages the department's web-based information system, Member Information Documentation and Authorization System (MIDAS) specific to operating the Family Care Program. This system houses each members information such as, assessments, case notes, team care plan, eligibility information, level of care information, service authorizations, medication information, advance directives, placement information, support contacts, diagnosis information, wellness information, immunization information, member obligation payment history, state capitation payments received, provider rates, provider demographics and cost history.

REQUESTED 2011 BUDGET

DEPT: DEPARTMENT OF FAMILY CARE

UNIT NO. 7990

FUND: 0002

The **Marketing Division**

The **Marketing Division** oversees all Community Outreach and provides information on Family Care and Department of Family Care. In addition, all print and electronic materials are developed by DFC Marketing. The Marketing Coordinator also coordinates advertising, meetings, and conferences for the Department and oversees member contact and retention.

The **Governmental Relations Division**

The **Governmental Relations Division** serves as the Departmental liaison to other County Departments, the Board of Supervisors, and the Wisconsin Family Care Association Public Policy Workgroup. In addition, **Governmental Relations** coordinates responses to requests for information from the public and other governmental agencies and coordinates all requests for legal assistance i.e. petitions for guardianships and protective placements for members.

2011 BUDGET

Approach and Priorities

- Maintain a solvent, high quality, outcome-based program;
- Budget for expansion in 2011 to expand the Family Care benefit in Milwaukee County to individuals with disabilities between the ages of 18 to 59 who currently are on a waitlist;
- Implement new organizational structure that is a separate entity as required by the Wisconsin Department of Health Services (DHS);
- Continue to work towards getting care under management through improved service delivery systems and efficient utilization of services.

Programmatic Impacts

- The Milwaukee County Department of Family Care currently serves 7,437 members.
- An additional 480 clients who are on the waitlist are estimated to be served in 2011 due to Family Care Expansion.
- Current enrollment over age 60 is projected to decrease approximately 6.65% (approximately 430 members) due to the many long-term care options available and an additional CMO who also offers Family Care in the Milwaukee County service area.
- The Milwaukee County Department of Family Care will be required by the Wisconsin Department of Health Services (DHS) to implement a new residential rate methodology designed by DHS in 2011.

Budget Highlights

Expanding Family Care

From November 2009 through May 31st 2010, the Milwaukee County Department of Family Care (DFC) has enrolled a total of 1,219 new members age 18 to 59 with physical and developmental disabilities. In 2009, the department also contracted with three new Care Management Agencies (ARC; Easter Seals; CCLS) to work specifically with this new population. Many other existing Care Management Agencies have also begun serving younger adults with disabilities. DCF currently serves 7,565 members.

Beginning in November 2009 and continuing through 2010, Milwaukee County has brought an additional 165 providers into the network expanding the Milwaukee County Department of Family Care network to more than 900 service providers. We have done so to maintain continuity of care for members, to provide a full range of culturally diverse options for individuals and to maximize our network capacity as we prepare to serve a large portion of individuals who had been on the Disability Services Division waiting list.

REQUESTED 2011 BUDGET

DEPT: DEPARTMENT OF FAMILY CARE

UNIT NO. 7990

FUND: 0002

Staffing Changes

(\$283,200)

Family Care Expansion was initially planned for a single CMO with a April 1, 2009 start date. The State delayed expansion until November 1st 2009 and allowed the Milwaukee County Department of Family Care and a private organization to run competing managed care organizations.

Due to the presence of a second managed care organization, the Milwaukee County Department of Family Care anticipated serving fewer members thus requiring less staff. As a result the following position actions are requested:

- The CMO abolishes the following vacant positions: 1.0 FTE Health Care Plan Specialist I, 1.0 FTE Health Care plan Specialist Supervisor, 1.0 FTE Performance Evaluator (CMO), 3.0 FTE RN-2 Department on Aging, 1.0 FTE Unit Supervisor – LTS, 7.50 FTE Human Service Worker, .25 FTE RN 2 – Adult Services Division, 1.0 FTE Service Provider Training Specialist, 1.0 FTE Program Coordinator – ASD, 1.0 FTE Human Service Worker Aging, 1.0 FTE Health Care plan specialist II.
- These actions are offset by the creation of: 1.0 FTE Quality Improvement Coordinator (CMO), 1.0 FTE Clinical Program Coordinator, 1.0 FTE Quality Manager, 1.0 FTE Quality Practice Worker, 1.0 FTE Fiscal Assistant II, 1.0 FTE RN2 Adult Services Division, 1.0 FTE Information and Outreach Coordinator..
- The Milwaukee County Department on Aging will transfer the following positions to Family Care: 1.0 FTE Accountant I, .50 FTE Human Resources Co-ord. Aging, and 1.0 FTE Clerical Assistant I.

Expenditures related to these position changes result in a decrease of (\$283,200) to include all salary, social security, and fringe benefit costs.

Transportation Services

In 2009, the CMO co-pay increased to \$10.80. This remains below the actual cost of a Para-transit ride, which exceeds \$26. The increase in co-pay resulted in an approximate annual increase in cost of \$1.2 million to the CMO. In an effort to assist the Para-transit program in reducing costs for 2010 the Milwaukee County Department of Family Care has focused its efforts to improve service utilization and estimates an annual cost savings to Para-transit of approximately \$700,000 due to improved utilization and service delivery. The Department will continue throughout 2011 to improve the service delivery and utilization in this area.

In 2011 the CMO will have a rate increase in the co-pay of \$5.00 per trip from the present rate of \$10.80 to \$15.80 for all paratransit van rides. For taxi transportation services provided the rate will increase from \$10.80 to \$13.25 per trip. The fiscal impact of this increase is projected to increase the CMO's costs approximately \$2,800,000. In addition, the CMO will continue to focus on the use of "New Freedom Passes" to more effectively control utilization of Para-transit services. The New Freedom bus pass is a County program that allows unlimited transportation on County buses for conditionally eligible para transit users. The Department is identifying all Family Care members who are conditionally eligible for Para-transit services and will insure all IDT staff for those members are aware of the resource and consider it as an option when determining transportation services necessary to meet member outcomes. Further, the Department is working with all IDTs to right-size transportation authorizations and maximize natural supports to meet members.

Reuss Lease

The Lease at the Reuss Building expires at the end of December 2010. The 2011 space cost budget was prepared under the assumption that no cost per square foot rate increase will occur for the Department of Family Care on January 1, 2011. It is anticipated the department will be relocating to a county owned facility.

REQUESTED 2011 BUDGET

DEPT: DEPARTMENT OF FAMILY CARE

UNIT NO. 7990

FUND: 0002

BUDGET SUMMARY				
Account Summary	2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Personal Services (w/o EFB)	\$ 3,714,383	\$ 5,117,108	\$ 4,655,694	\$ (461,414)
Employee Fringe Benefits (EFB)	2,209,132	3,668,652	3,813,700	145,048
Services	4,181,511	5,204,000	5,336,559	132,559
Commodities	55,156	114,693	125,529	10,836
Other Charges	206,730,100	240,723,935	272,957,293	32,233,358
Debt & Depreciation	0	0	0	0
Capital Outlay	52,741	78,752	37,000	(41,752)
Capital Contra	0	0	0	0
County Service Charges	1,778,544	2,246,580	982,674	(1,263,906)
Abatements	0	(85,480)	(83,905)	1,575
Total Expenditures	\$ 218,721,567	\$ 257,068,240	\$ 287,824,544	\$ 30,756,304
Direct Revenue	218,923,011	257,068,240	287,824,544	30,756,304
State & Federal Revenue	0	0	0	0
Indirect Revenue	0	0	0	0
Total Revenue	\$ 218,923,011	\$ 257,068,240	\$ 287,824,544	\$ 30,756,304
Direct Total Tax Levy	(201,444)	0	0	0

PERSONNEL SUMMARY				
	2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Position Equivalent (Funded)*	59.9	90.1	75.6	(14.5)
% of Gross Wages Funded	100	100	100	0
Overtime (Dollars)	\$ 18,190	\$ 46,272	\$ 46,056	\$ (216)
Overtime (Equivalent to Position)	0.3	0.9	0.9	0.0

REQUESTED 2011 BUDGET

DEPT: DEPARTMENT OF FAMILY CARE

UNIT NO. 7990

FUND: 0002

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Health Care Plan Specialist I	04910	Abolish	(1)	(1.00)	CMO	(33,910)
Health Care Plan Sp Supv.	04905	Abolish	(1)	(1.00)	CMO	(45,898)
Performance Evaluator (CMO)	12261	Abolish	(1)	(1.00)	CMO	(47,660)
RN2 - Dept on Aging	44890	Abolish	(3)	(3.00)	CMO	(181,986)
Unit Supervisor - LTS	56690	Abolish	(1)	(1.00)	CMO	(49,404)
Health Care Plan Specialist II	04950	Abolish	(1)	(1.00)	CMO	(40,326)
Program Co ord - ASD	56561	Abolish	(1)	(1.00)	CMO	(54,170)
Human Service Worker Aging	56160	Abolish	(1)	(1.00)	CMO	(33,428)
Service Provider Training Spec.	12262	Abolish	(1)	(1.00)	CMO	(46,650)
Info. And Outreach Coord.	56711	Create	1	1.00	CMO	48,202
RN 2 Adult Svs Div	44720	Create	1	1.00	CMO	71,830
Quality Practice Worker	Z0034	Create	1	1.00	CMO	41,494
Fiscal Assistant II	04041	Create	1	1.00	CMO	34,241
Quality Impvt. Coord (CMO)	58011	Create	1	1.00	CMO	55,248
Clinical Program Co ord	Z0023	Create	1	1.00	CMO	78,702
Quality Manger	Z0024	Create	1	1.00	CMO	77,378
Accountant I *	04100	Transfer In	1	1.00	CMO	38,052
Clerical Asst. I *	00042	Transfer In	1	1.00	CMO	35,674
Human Res. Coord Aging *	06580	Transfer In	1	0.50	CMO	33,889
RN 2 Adult Svs Div**	44720	Abolish	(1)	(0.25)	CMO	(13,768)
Human Service Worker**	56300	Abolish	(8)	(7.50)	CMO	(250,710)
					TOTAL	\$ (283,200)

*These positions were transferred from MCDA to Department of Family Care in 2010.

**These positions were transferred from DSD to Department of Family Care.

All abolished positions are vacant.

All departments are required to operate within their expenditure appropriations and their overall budgets. Pursuant to Section 59.60(12), Wisconsin Statutes, "No payment may be authorized or made and no obligation incurred against the county unless the county has sufficient appropriations for payment. No payment may be made or obligation incurred against an appropriation unless the director first certifies that a sufficient unencumbered balance is or will be available in the appropriation to make the payment or to meet the obligation when it becomes due and payable. An obligation incurred and an authorization of payment in violation of this subsection is void. A county officer who knowingly violates this subsection is jointly and severally liable to the county for the full amount paid. A county employee who knowingly violates this subsection may be removed for cause."

COUNTY OF MILWAUKEE
Inter-Office Communication

6

Date: September 10, 2010
To: Peggy West, Chairperson – Health & Human Needs Committee
From: Geri Lyday, Interim Director – Department of Health & Human Services
Subject: **FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH & HUMAN SERVICES, AN OVERVIEW OF THE 2011 REQUESTED BUDGET FOR DHHS AND THE BEHAVIORAL HEALTH DIVISION**

As requested, below is a listing of 2011 Requested Budget highlights for the Department of Health & Human Services, including the Behavioral Health Division. Additionally, a copy of the actual 2011 Requested Budget is attached.

- DHHS includes the divisions of Delinquency & Court Services, Disabilities Services, Housing, Management Services and the Behavioral Health Division.
- Economic Support administers General Assistance Burials program, Interim Disabilities Assistance Program (IDAP), Energy Assistance program & 211 IMPACT help line; Food Share and Child Care programs operated by State with county staff under State management.
- The 2011 DHHS Budget Request preserves existing programs & services.
- The 2011 Budget for DHHS reflects \$134.6M in expenditures, \$103.6M in revenues and total tax levy of \$31M for a net tax levy increase of \$3M over 2010.
- The \$3M increase in tax levy for DHHS is primarily due to the final phase of Family Care expansion and transition out of the Long-Term Adult Waiver programs (\$2.3M); estimated increase in statutorily-required county payment for Income Maintenance (\$300,000); and supportive housing development initiatives transferred from BHD (\$200,000).

Programmatic Highlights by Division

Delinquency & Court Services

- Request reflects the existing level of services to be provided to youth referred for delinquency and juveniles in need of protection and services.

Disabilities Services Division

- Service expansion planned for families and children with disabilities through the Children's Long-Term Support Program in the Disabilities Services Division.

Housing Division

- Existing levels of service in the Housing Division are maintained.

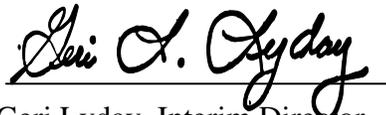
Behavioral Health Division

- The 2011 BHD Requested Budget includes major programmatic changes to address on-going fiscal issues associated with reduced state revenues; create additional resources to maintain regulatory compliance and increase education and quality assurance; improve environmental surveillance strategies to promote safety.
- The 2011 BHD Requested Budget includes \$200.7M in expenditures; \$130.7M in revenues and total tax levy of \$70M for a net tax levy increase of \$14.M over 2010
- The additional \$14M increase in tax levy for BHD is primarily due to increased personnel services due to fringe benefit and 1972 changes (\$8.2M), a reduction in State Medicaid revenue as a result of continuing decreases in reimbursement rates (\$3.6M) and other investments in education, training, staff, surveillance (\$2.2M)
- BHD programmatic highlights also include:
 - New investments in education services and quality assurance, including 6.0 FTE and an on-line training program.
 - Further investment in IT and consulting resources to achieve Joint Commission accreditation in 2012.
 - Increased investment in security, including additional contract security, electronic card readers at all doors and additional security cameras.
 - Inpatient Nursing Facility Services' request reflects the existing level of services to be provided for both the Hilltop and Rehab Central units, including some additional clinical staff to provide more consistent staffing and focus on surveillance within the clinical areas.
 - Inpatient Acute Adult/Child Services request reflects the existing level of services for both the four acute adult units and the one child and adolescent unit, including additional clinical staff to provide more consistent staffing and focus on surveillance within the clinical areas.
 - The Adult Community Services' – Mental Health and AODA request maintains community contract spending at the 2010 levels. It also includes over \$500,000 in new AODA grants received in 2010 and adjusts for the anticipated Access to Recovery (ATR) grant.
 - The 2011 Wraparound request includes a new program for youth and young adults ages 16-23 through a Health Transitions grant. Milwaukee County is to be a model in the state (and nation) for implementation of new approaches to help these young people get the mental health services, housing, employment and daily living skills they need to become healthy, successful adults and

avoid potential homelessness and incarceration. Other service levels and slots are maintained.

- All services in the Adult Crisis Services area are maintained at existing levels and some additional clinical staff are included to provide more consistent staffing and focus on surveillance within the clinical areas.
- All services, staff and fees are maintained at the current level in the Emergency Medical Services area.

Please contact me if you have any questions regarding these 2011 Requested Budget highlights.



Geri Lyday, Interim Director
Department of Health & Human Services

attachment

cc: County Executive Scott Walker
Cindy Archer, Director – DAS
Allison Rozek, Analyst – DAS
Antionette Thomas-Bailey, Analyst – DAS
Jennifer Collins, Analyst – County Board
Jodi Mapp, Committee Clerk – County Board

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE : June 14, 2010
TO : Fiscal and Budget Administrator
SUBJECT : Certification of Requested Expenditures, Revenue, Tax Levy and Positions

This is to certify that the 2011 requested budget as entered into BRASS and SBFS is the Department's requested expenditure appropriation and revenue projection necessary for the efficient operation of the Department. I certify that the requested budget, if adopted, would allow the Department to operate without requiring any additional funding and that all revenue estimates are reasonable and achievable.

I also certify that the information submitted, including all supporting schedules, conforms to the instructions in Budget Procedure 4.02 of the Milwaukee County Administrative Manual; and that the documentation submitted adequately justifies the Department's budget request. The Department appreciates DAS approval for a one-day extension given recent administrative personnel changes.

I also certify that the submitted budget narrative conforms to the specifications in the Budget Instructions.

I am requesting expenditures in the amount of \$134,632,207.

I am estimating revenues in the amount of \$103,570,285.

I am requesting Tax Levy in the amount of \$31,061,922.

Our directed Tax Levy Target is \$31,062,459.

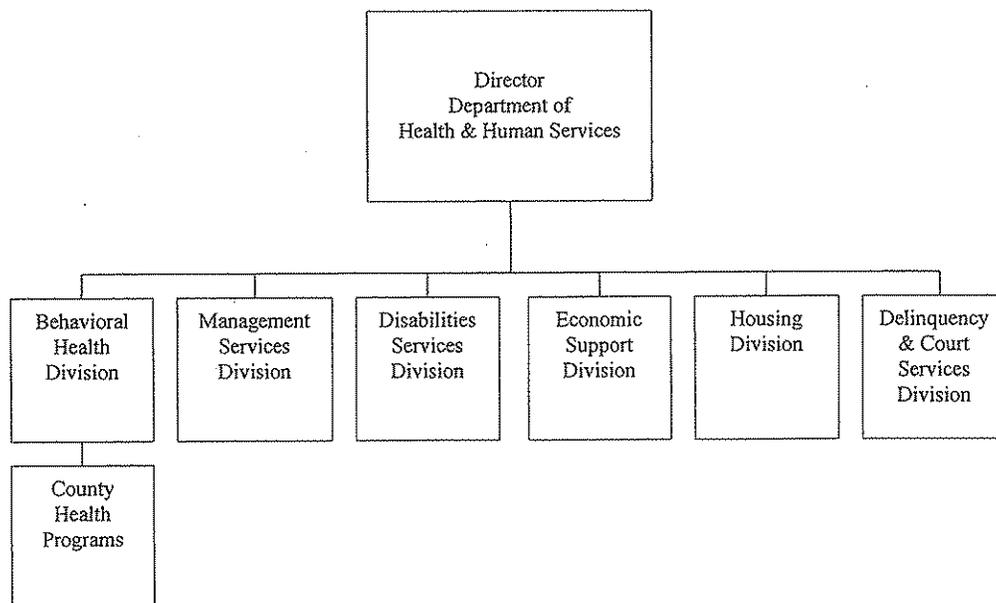
I have no changes for the following forms:

- Schedule of Lease Agreements - New Leases
- Schedule of Lease Agreements - Existing Leases
- Vehicle Assignment Form
- Facility/Space Utilization/Need Plan (FSUNP)

Department Name: Department of Health and Human Services Department Number 8000


Eric Meaux, Interim Director, DHHS

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) (8000)



MISSION

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

Budget Summary

	2011	2010/2011 Change
Expenditures	134,632,207	(16,498,669)
Revenue	103,570,285	(19,510,564)
Levy	31,061,922	3,011,895
FTE's	662.77	(9.32)

Major Programmatic Changes

- Expansion of the Children's Long-Term Support Program in the Disabilities Services Division
- Full Implementation of the Disabilities Resource Center & Continued Transition to Family Care

OBJECTIVES

Through the Children's Long-Term Support (CLTS) Program in the Disabilities Services Division, DHHS will expand services available to families and children with physical, sensory and developmental disabilities and severe emotional disturbance.

DHHS will continue to implement an expansion of the Family Care Program to serve persons with developmental and physical disabilities under the age of 60, including further refinement of the Resource Center business plan.

DHHS will operate the Marcia P. Cogg's Center as the location for the State's Child Care and Income Maintenance programs as well as the other DHHS divisions housed in the Cogg's Center.

REQUESTED 2011 BUDGET

DEPT: Department of Health and Human Services (DHHS)

UNIT NO. 8000
FUND: General - 0001

DHHS will maintain sufficient staffing levels in the Department's 24-hour institutional operations to reduce overtime significantly in those areas compared to 2010 actual and 2011 projected levels.

DHHS will continue to expand collaborative efforts between the Delinquency and Court Services Division (DCSD), Behavioral Health Division (BHD), the Division of Juvenile Corrections, other youth serving systems, community-based providers and the courts to improve service access and outcomes.

DEPARTMENTAL PROGRAM DESCRIPTION

The Department of Health and Human Services (DHHS) includes the following seven divisions: Economic Support, Delinquency and Court Services, Disabilities Services, Housing, Management Services, Behavioral Health and County Health Programs. The County Health Programs appears and operates under Behavioral Health Division (6300), a separate organizational unit in the County Budget.

The **Director's Office** provides guidance, support and administrative direction to all DHHS divisions.

The **Economic Support Division (ESD)** is responsible for administering the Wisconsin Home Energy Assistance, Interim Disability Assistance and general assistance burials programs. It also provides funding for the 211 IMPACT helpline, which connects disadvantaged residents to social services in Milwaukee County.

In 2009, the Wisconsin Legislature adopted Wisconsin Act 15 authorizing the State to assume the administration of public assistance programs in Milwaukee County. These programs were formerly administered by ESD and include Food Share (Food Stamps), Medical Assistance (Title 19/Badger Care Plus), Care Taker Supplement and Child Day Care. Although these programs are staffed by represented County positions within the division, the positions are now supervised by the State.

The **Delinquency and Court Services Division (DCSD)** has responsibility to provide the juvenile court with intake and disposition services for youth referred for delinquency and juveniles in need of protection and services. The Division administers a variety of services and programs intended to divert youth from court and responsibly provide youth the opportunity to become more productive citizens by building on the strengths of youth and their families in the least restrictive, most homelike environment that is consistent with public safety. A number of service options target youth that in the past would have been placed in State correctional facilities.

Additionally, DCSD administers a 120-bed Juvenile Detention Center, juvenile court intake services, custody intake and probation services, and support staff for the operation of the Children's Court. The Juvenile Detention Center operation is a 24/7 secure correctional facility, which primarily houses juveniles who present a safety risk to the community and are being held pending court proceedings. Custody Intake staff screen and assume custody of youth that are released to the Juvenile Detention Center by law enforcement for continued custodial determination. Court Intake staff prepares case reports and histories for the Children's Court pursuant to Wisconsin State Statutes Chapter 938. Probation staff supervises youth adjudicated for delinquent behavior in the community under court ordered supervision.

The **Disabilities Services Division** provides supportive services to adults and children with physical and developmental disabilities enabling them to maintain and achieve their maximum independence in the community. A wide-variety of services is provided including services provided by the Disability Resource Center which entail information and assistance, service access and prevention, disability benefits counseling and access to publicly-funded long term care. Children's services include early intervention and Birth to Three, Family Support and Children's Long-Term Support Waiver programs. Many of these services enable persons to live in the community and avoid institutional placement. The Division also conducts investigations for vulnerable adults at risk for abuse and neglect and provides other court-related services.

REQUESTED 2011 BUDGET

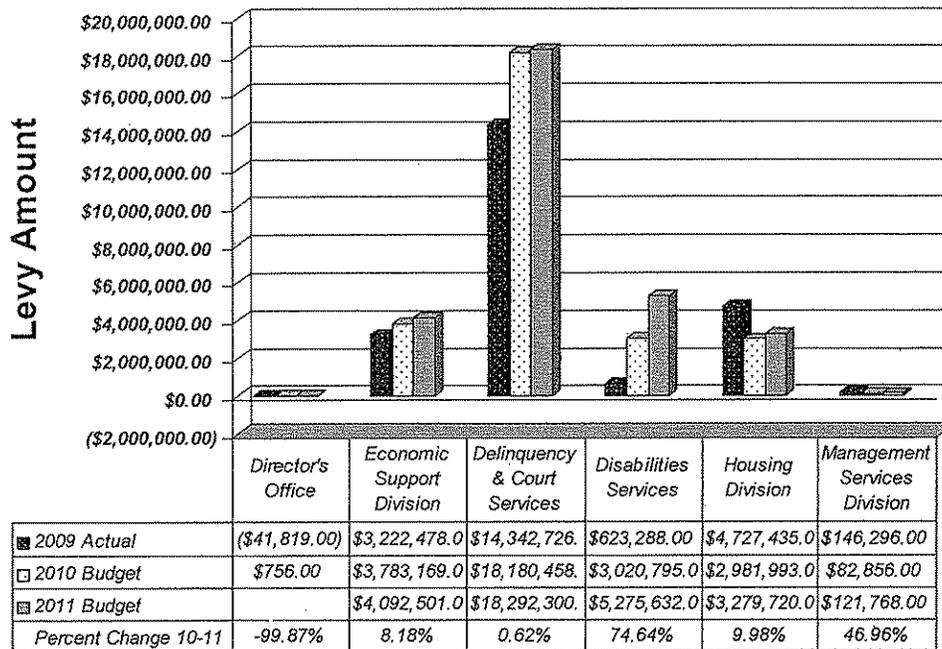
DEPT: Department of Health and Human Services (DHHS)

UNIT NO. 8000
FUND: General - 0001

The **Housing Division** administers the federal Department of Housing and Urban Development (HUD) funded Special Needs, Housing Choice Voucher (Rent Assistance), HOME/Home Repair, and Community Development Block Grant (CDBG) programs. The Division also manages the County Special Needs Housing Trust Fund and the Inclusive Housing Fund, and administers contracts providing general operational support to community emergency shelter providers.

The **Management Services Division** provides contract administration and quality assurance, accounting, business office, collections, building operations and procurement services to the Director's Office, Delinquency and Court Services, Economic Support, Housing and Disabilities divisions. In addition, this division provides mail delivery to the above entities as well as to the Behavioral Health Division and provides payroll services to the County Health Programs Division. The division also includes the costs for county-wide services such as Risk Management, Audit, payroll and other functions. Budgeting and Human Resources are provided in cooperation with the Department of Administrative Services (DAS).

Organizational Levy Summary



Department

2011 BUDGET

Approach and Priorities

- Expand services available to families and children with physical, sensory and developmental disabilities and severe emotional disturbance through the Children's Long-Term Support Program
- Maintain statutorily-required County tax levy funding for the Income Maintenance/Child Care programs
- Operate the Marcia P. Coggs Center as the location for the State's Child Care and Income Maintenance programs as well as DHHS divisions housed in the Coggs Center

REQUESTED 2011 BUDGET

DEPT: Department of Health and Human Services (DHHS)

UNIT NO. 8000
FUND: General - 0001

- Maintain and continue to develop strategic partnerships for the provision of delinquency services to maintain public safety and reduce more costly State institutional placement

Programmatic Impacts

- Enroll 130 new children in the Children’s Long-Term Support (CLTS) program and 150 new youth in the youth transition program and enroll 1,560 individuals into publicly-funded long-term care in the Disabilities Resource Center within the Disabilities Services Division
- Implement a long-term lease with the State of Wisconsin for the Marcia P. Coggs Center and coordinate building improvements as requested by the State of Wisconsin Department of Health Services.

Budget Highlights

Wage and Benefit Modifications

\$2,973,864

This budget includes an increase in salaries and fringe of \$2,973,864 over 2010.

ECONOMIC SUPPORT DIVISION (ESD)

State Takeover of Income Maintenance & Child Care Functions

\$298,973

As of January 1, 2010, the State of Wisconsin Department of Health Services assumed control over the FoodShare (food stamps), Medical Assistance, Care Taker Supplement, State Wisconsin Works/Supplemental Security Income (SSI) burials and Child Care programs from Milwaukee County. The transition impacts a total of 344.5 FTE budgeted positions and was authorized by Wisconsin Act 15 adopted by the Legislature in 2009 and a Memorandum of Understanding between the State and District Council 48. The takeover does not impact the Energy Assistance Program, IDAP or County Burial Program.

- State Department of Children and Families (DCF) has designated revenue to fund an additional 16 FTEs for the Child Care program in 2011. This includes 12.0 FTE Child Care Program Specialist, 3.0 FTE Economic Support Training Assistant and 1.0 FTE Staff Development Assistant positions. These were previously authorized but unfunded positions in ESD. This increases the total FTE count under state management to 344.5 from 328.5.
- Act 15 also requires a minimum County contribution toward the operation of Income Maintenance programs. Per Act 15, the County’s unreimbursed, required minimum expenditure increases annually by the percentage increase in annual wage and benefit costs paid to County employees performing Income Maintenance duties. The estimated payment contained in the 2011 Budget is \$3,282,474. This amount reflects an increase of \$298,973 over 2010 due to projected increases in salaries and fringe. The statutorily-required starting base contribution of \$2,700,000 was paid in 2009.
- With the transition of Income Maintenance and Child Care to the State, the majority of the management positions within Economic Support Division were abolished in 2010. However, 3.5 FTE positions were maintained for the first three to six months of 2010 to ensure a smooth transition. These positions are abolished in 2011 and are identified on the Personnel Changes table.

General Assistance Burials

(\$5,958)

General Assistance Burials will continue to be funded at 2010 services levels with a slight levy reduction of \$5,958 due to a reduction in crosscharges. Eligibility for the program is conducted by a county employee managed by the State.

REQUESTED 2011 BUDGET

DEPT: Department of Health and Human Services (DHHS)

UNIT NO. 8000
FUND: General - 0001

211-IMPACT

\$0

The 2011 Budget maintains funding for the 211-IMPACT helpline in an amount of \$338,162.

Interim Disability Assistance Program (IDAP)

\$0

The IDAP loan program continues in 2011. Starting January 1, 2010, eligibility is now determined by a State-supervised ESS worker, and is governed through a contractual agreement with the State. Milwaukee County will also continue its contract with Community Advocates to help with the Supplemental Security Income (SSI) appeals process. Overall, this initiative includes \$345,000 in expenditures, \$229,134 in revenue, and an \$115,866 tax levy commitment. In 2009, the program served an average of 118 cases.

Operation of the Energy Assistance Program

\$0

The State Department of Administration administers the Wisconsin Home Energy Assistance Program through a contract with Milwaukee County. Beginning in 2008, the County subcontracted with the Social Development Commission (SDC) to operate the program at various sites throughout Milwaukee County. This arrangement continues in the 2011 Budget and is funded by anticipated revenue of \$3 million from the State. The 2011 revenue reflects the 2010 base contract amount.

The energy season typically runs from October through May. In previous years, the County energy workers would return to DHHS and supplement staffing for various units within Income Maintenance. Due to the State transition, these staff are no longer be assigned to that area. Therefore, county Energy staff will be laid off for three months (June, July and August) and return to SDC in September. This results in the reduction of .50 FTE Energy Assistant Program Specialist and .50 FTE Energy Assistant Program Interviewer.

DELINQUENCY & COURT SERVICES DIVISION (DCSD)

Maintain Support for Existing Programming

\$111,842

The Delinquency and Court Services Division has over the past several years invested considerable time, effort, and financial resources to developing smart and responsible alternatives to the more restrictive responses to youth adjudicated delinquent. Building partnerships with other youth serving agencies and systems has been a key component. A full year placement in one of the State secure facilities will exceed \$100,000 beginning 7/1/2010. Moreover, recent studies suggest that youth sentenced to juvenile facilities are no less likely to re-offend than youth supervised in the community and that the realignment of limited resources toward community-based interventions is more cost-effective while maintaining public safety. Initiatives that aim to reduce the number of placements in State correctional facilities, while maintaining community safety and accountability are supported from both fiscally and programmatic perspective. In addition, the Division must be sensitive to current State considerations that may result in the consolidation of existing male secure institutions. Traditional systems involving more restrictive institutionalization, supervision without services, and systems lacking a continuum of graduated responses are challenged by sustainability and desired outcomes. Based on current referral trends and service needs, the requested budget increases the tax levy by \$111,842 and maintains all existing programmatic service levels. The responsible alternatives identified below remain a priority and are continued as a forward-looking strategy in 2011.

Revenues

Overall revenues are increased by \$304,596 primarily due to an increase in Youth Aids of \$1,529,545 that is partially offset by a reduction in prior year revenue of \$1,200,000.

Maintain All Programmatic Service Levels Consistent with Needs

The 2011 Budget allows all expense-based contracts for services to remain at 2010 funding levels. The budget allows the Division to continue to purchase and provide existing service levels including the Wraparound program serving youth with mental health issues; programs targeting high risk offenders such as youth found in possession of a firearm and chronic offenders; and alternatives to State corrections through the FOCUS program, a full

REQUESTED 2011 BUDGET

DEPT: Department of Health and Human Services (DHHS)

UNIT NO. 8000
FUND: General - 0001

continuum of care program partnership. In addition, the Division continues funding for the engagement of siblings and the continuation of supportive services for youth assigned to targeted monitoring programs in order to prevent further strain on an already overburdened juvenile and adult system. Funding allocations supporting fee-for-services are reduced by \$86,209. This reduction is expected to be manageable without service disruption based on current referral trends and anticipated service needs.

The 2011 Budget maintains funding for the Safe Alternative for Youth (SAY) in the amount of \$100,000. The Division intends to work with the SAY Advisory Committee, led by Dr. Joan Prince, to identify opportunities to reach youth involved in the juvenile justice system.

Reentry Support, Responsible Alternatives, and Program Coordination

The Division will continue efforts commenced in 2009 in the area of supportive reentry and will continue to pursue alternatives to corrections such as the Alternatives to Corrections through Education program (ACE). The Division has re-engaged the reentry planning process for youth returning from State secure placements, in part, through the current Bureau of Justice Assistance collaboration planning and implementation grant received in late 2009. A balance of \$650,294 remains to support the above activities and services deemed further necessary in light of anticipated State facility consolidation.

The 2011 Budget reflects the abolishment of 1.0 FTE Office Support Assistant 2 and the creation of 1.0 FTE Administrative Coordinator position. Consolidations in the area of reception services and reductions in clerical support needs allow for this personnel reduction. As the Division continues to expand service options and partner with other youth serving agencies, the coordination and integration of services becomes increasingly necessary. In addition, as the Division continues to address emerging issues such as deinstitutionalization of status offenders, disproportionate minority contact, and institutional reentry, the addition of this position is necessary to ensure proper planning, implementation and fidelity. The budget reflects a \$23,048 increase for this personnel change.

Capital Investment

The Division is requesting \$58,000 for a one-time investment to replace two Combi Ovens in the secure detention facility. These ovens are necessary for final on-site food preparation. The current ovens were originally installed in early 1995.

DISABILITIES SERVICES DIVISION (DSD)

Family Care Expansion

\$2,254,837

The budget reflects the continued implementation of Family Care expansion for persons with disabilities ages 18 through 59 and the full implementation of the Disabilities Resource Center (DRC) within DSD. In 2010, it is anticipated that the DRC will complete the conversion of the 2,500 existing clients in the Long Term Support (LTS) Waiver programs by October 2010. These individuals will transition into one of five State-funded options for publicly funded long term care. One of these care management organizations is operated by the Milwaukee County Department on Aging. The process of enrolling the 3,000-waitlist clients began November 2009 with 23 individuals being enrolled for the first 12 months while at least 115 per month will be enrolled effective November 1, 2010 for the next 24 months.

Due to the transition to Family Care, a total of 14.0 FTE Human Service Worker and 7.0 FTE RN 2 positions were to transfer over to the Department on Aging starting in 2010 with the remainder transferring in 2011. The 2010 Budget reflected the transfer of 3.25 FTE RN 2 and 6.50 FTE HSW. However, due to retirements and resulting staffing needs in DSD, these transfers did not occur. In addition, DSD's budget abolishes the remaining HSW and RN 2s that would have transferred in 2011:

- 7.50 FTE HSW
- 3.75 FTE RN 2

REQUESTED 2011 BUDGET

DEPT: Department of Health and Human Services (DHHS)

UNIT NO. 8000
FUND: General - 0001

As noted in the 2010 Budget, Family Care expansion resulted in a decreased need for staff as functions were transferred to the new Family Care agencies. Consequently, DSD is reducing support staff who provided various supportive functions including paying agency invoices for consumers receiving Medicaid services, billing for Medical Assistance Personal Care (MAPC) and tracking data. The recommended reductions to staff include abolishment of the following positions:

- 2.0 FTE Clerical Assistant 1
- 2.0 FTE Fiscal Assistant 2

Children's Long-Term Support Initiative

\$350,955

In 2010, the Disabilities Services Division (DSD) began implementation of a Children's Long-Term Support (CLTS) Medicaid Waiver program expansion and redesign. This State-wide initiative was included in the 2009-2011 State of Wisconsin Department of Health Services biennial budget and calls for a significant funding increase available to children with disabilities and their families. The number of funded slots for eligible children has been increased to help reduce the waitlist for services and to provide transitional funding for youth about to turn age 18 and who become eligible for Family Care. This expansion will significantly reduce the waiting list of over 500 children and families in DSD.

It is anticipated that DSD will add 130 new children and their families to the CLTS waiver program beginning in 2010 and continuing during 2011. In addition, DSD is also expected to add approximately 150 new youth transition slots beginning 2010 and continuing during 2011. The revenues associated with these initiatives will provide support for additional staff including 4.0 FTE Human Service Workers to provide the required case management/coordination services associated with the program. A 1.0 FTE Children's Program Manager is created as an unfunded position and will be filled based upon need and available revenue.

CLTS expenditures increase \$4,062,445 and revenues increase \$3,711,490, resulting in a net tax levy increase of \$350,955. The following positions are created as a result of the CLTS expansion:

- 4.0 FTE Human Service Worker
- 1.0 FTE Children's Program Manager (unfunded)

Third-Party Administrator Initiative

(\$257,144)

The State Department of Health Services (DHS) is implementing a new payment system for children's programs during 2010 and 2011. The State will require the use of a third-party administrator agency to process payments for all services funded by DHS, not the current DSD staff. The TPA is expected to perform claims processing and reporting thereby alleviating the claims processing workload handled by counties.

As a result of this new State requirement by DHS, DSD can no longer support staffing necessary for these functions and recommends abolishment of the following positions:

- 3.0 FTE Fiscal Assistant 2
- 1.0 FTE Admin Assistant NR

Disabilities Resource Center (DRC)

(\$248,500)

The Disabilities Resource Center began operation in August 2009. For 2011, DRC expenditures increase \$647,933, from \$4,020,952 to \$4,668,885, and revenues increase \$896,433, from \$3,419,388 to \$4,315,821, for a net tax levy savings of \$248,500.

The DRC budget is funded by \$2,074,756 in State GPR funding, \$2,241,065 in 48 percent federal Medicaid revenue, which is matched by tax levy of \$353,064. The 2010 Budget assumed a 35 percent MA match reimbursement for the DRC. However, 2010 actual monthly time reporting submitted by DRC staff justifies a match rate closer to 48 percent.

REQUESTED 2011 BUDGET

DEPT: Department of Health and Human Services (DHHS)

UNIT NO. 8000
FUND: General - 0001

The DRC's budget reflects the following position changes:

- Create .58 FTE Service Support Specialist

New Management Initiative

(\$21,490)

The 2011 Budget reflects several staff changes in order to respond to the new needs of the Birth to Three program, Disabilities Resource Center and Children's Long-Term Support program. The five new Disabilities Coordinator positions would be created to support each of these programs. One of the Disability Services Coordinator positions would be created as an unfunded position and would only be funded assuming additional revenue became available. DHHS plans to submit a request to create these positions in 2010 as a mid-year action.

- Abolish 2.0 FTE Disabilities Services Specialist (upon vacant)
- Create 5.0 FTE Disabilities Services Coordinator (one unfunded)
- Unfund 1.0 FTE Unit Supervisor Child Con
- Abolish .50 FTE Unit Supervisor LTS (upon vacant)
- Abolish 1.0 FTE Secretarial Assistant NR
- Abolish 1.0 FTE QA Specialist ASD

HOUSING DIVISION

Expenditures increase by \$1,873,637, from \$21,664,834 to \$23,538,471, and revenues increase by \$1,575,909, from \$18,682,841 to \$20,258,750, for a net tax levy increase of \$297,728 compared to 2010. The tax levy increase is due to increases in wages and benefits as well as crosscharges.

Programmatic Impacts

Supportive Housing Development Initiatives

\$230,000

- An additional \$230,000 in purchase of service contract expenditures is associated with housing-related services in three new developments. Two of the contracts will be with Our Space to fund on-site supportive services for their two Empowerment Village developments. Empowerment Village-National will be ready for occupancy January 1, 2011, and will have 34 units set aside for consumers receiving services from the Behavioral Health Division. This will also be the new location for the Our Space drop-in center. Empowerment Village-Lincoln will be ready for occupancy August 1, 2011 and funds will be used to fund services for the last five months of 2011. The third contract involves the expansion of the existing Mercy Housing contract that began in 2010.

MANAGEMENT SERVICES DIVISION (MSD)

Coggs Center Space Plans

The Department of Health and Human Services is currently negotiating a long-term lease with the State of Wisconsin for the use of the Marcia P. Coggs Center to house both the State's Milwaukee Enrollment Center (MILES) and Milwaukee Early Care Administration (MECA) – the new bureaus in charge of the Income Maintenance and Child Care functions.

The 2011 Budget reflects anticipated expenses and revenue related to this arrangement with approximately 79,000 square feet allocated to the State for its operations. However, this square footage and related costs and revenues are subject to change since lease negotiations are currently underway as of late spring 2010. In addition, the requested budget does not reflect the construction build-out required by the State. The cost of the

REQUESTED 2011 BUDGET

DEPT: Department of Health and Human Services (DHHS)

UNIT NO. 8000
FUND: General - 0001

build out will be incorporated into the State's lease payments. Once completed, the improvements are expected to improve customer traffic flow and accessibility.

BUDGET SUMMARY				
Account Summary	2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Personal Services (w/o EFB)	\$ 32,388,955	\$ 29,562,646	\$ 29,935,514	\$ 372,868
Employee Fringe Benefits (EFB)	22,712,052	26,641,451	29,165,558	2,524,107
Services	10,095,280	2,813,392	9,073,552	6,260,160
Commodities	580,576	453,161	459,970	6,809
Other Charges	149,378,738	87,559,048	60,792,265	(26,766,783)
Debt & Depreciation	0	0	0	0
Capital Outlay	454,001	93,563	223,943	130,380
Capital Contra	0	0	0	0
County Service Charges	17,213,475	15,067,159	15,573,966	506,807
Abatements	(10,780,456)	(11,059,544)	(10,592,561)	466,983
Total Expenditures	\$ 222,042,621	\$ 151,130,876	\$ 134,632,207	\$ (16,498,669)
Direct Revenue	11,532,825	4,878,642	3,442,453	(1,436,189)
State & Federal Revenue	186,797,881	117,439,175	99,379,800	(18,059,375)
Indirect Revenue	691,511	763,032	748,032	(15,000)
Total Revenue	\$ 199,022,217	\$ 123,080,849	\$ 103,570,285	\$ (19,510,564)
Direct Total Tax Levy	23,020,404	28,050,027	31,061,922	3,011,895

PERSONNEL SUMMARY				
	2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Position Equivalent (Funded)*	682.3	672.1	662.77	(9.3)
% of Gross Wages Funded	94.8	97.3	97.4	.1
Overtime (Dollars)	\$ 1,937,701	\$ 380,886	\$ 451,920	\$ 71,034
Overtime (Equivalent to Position)	44.2	8.8	10.7	1.9

- For 2009 Actuals, the Position Equivalent is the budgeted amount.
- ** For 2011 Budget, overtime figures do not include reductions described in org. 1972 and total (\$154,189).

REQUESTED 2011 BUDGET

DEPT: Department of Health and Human Services (DHHS)

UNIT NO. 8000
FUND: General - 0001

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Accountant 4-NR	00004350	Abolish	-1	-0.25	MSD	(11,910)
Human Service Worker	00056300	Create	4	4.00	DSD	156,880
Admin Assistant NR	00000040	Abolish	-1	-1.00	DSD	(33,376)
Clerical Asst 1	00000042	Abolish	-2	-2.00	DSD	(71,352)
Fiscal Asst 2	00004041	Abolish	-5	-5.00	DSD	(182,080)
Secretarial Asst NR	00000067	Abolish	-1	-1.00	DSD	(36,610)
Service Supp Spec	00055440	Create	1	0.58	DSD	17,650
Children's Program Manager	Z0025	Create	1	0.00	¹ DSD	0
Disabilities Serv Spec	00055740	Abolish	-2	-2.00	² DSD	(111,272)
Disabilities Serv Coord	Z007	Create	4	4.00	DSD	227,008
Disabilities Serv Coord	Z007	Create	1	0.00	¹ DSD	0
RN2 Adult Svs Div	00044720	Abolish	-4	-3.75	DSD	(265,168)
Human Service Worker	00056300	Abolish	-8	-7.50	DSD	(365,728)
Unit Supv Child Con	00057130	Unfund	-1	-1.00	DSD	(56,752)
Unit Supv LTS	00056690	Abolish	-1	-1.00	² DSD	(56,752)
Unit Supv LTS	00056690	Create	1	0.50	DSD	24,702
QA Specialist ASD	00058045	Abolish	-1	0.00	³ DSD	0
Food Stamp Payt Mgr	00055495	Abolish	-1	-0.25	ESD	(13,544)
Econ Supp Supv Span	00055750	Abolish	-1	-0.25	ESD	(9,428)
Econ Supp Supv	00055760	Abolish	-1	-0.25	ESD	(9,428)
Child Care Prog Supv	00055790	Abolish	-1	-0.25	ESD	(11,480)
Child Care Prog Spec	00055795	Fund	12	12.00	ESD	497,928
Energy Asst Prog Int	00055800	Abolish	-2	-0.50	ESD	(13,170)
Energy Asst Prog Spec	00055810	Abolish	-2	-0.50	ESD	(13,170)
Econ Supp Training Asst	00056101	Fund	3	3.00	ESD	124,482
Staff Dev Asst	00056471	Fund	1	1.00	ESD	51,402
Staff Dev Asst FSC	00057190	Abolish	-1	-0.50	ESD	(24,702)
Adm Coord D/C Enforc	00057600	Abolish	-1	-0.50	ESD	(25,584)
Sect Mgr Bur FCMB	00078820	Abolish	-1	-0.50	ESD	(24,092)
Sect Mgr Fin FCMB	00078840	Abolish	-1	-0.50	ESD	(24,092)
Exdir2-Div Admin FinAsst	00080058	Abolish	-1	-0.50	ESD	(38,078)
Office Support Asst 2	00000007	Abolish	-1	-1.00	DCSD	(33,572)
Admin Coordinator	00011050	Create	1	1.00	DCSD	51,156
TOTAL						\$ (280,132)

1 This position is created as an unfunded full-time equivalent position.

2 Abolish upon vacancy.

3 This position was unfunded in a prior budget and is now abolished as an unfunded position with no expenditure reduction.

REQUESTED 2011 BUDGET

DEPT: Department of Health and Human Services (DHHS)

UNIT NO. 8000
FUND: General - 0001

ORGANIZATIONAL COST SUMMARY					
DIVISION		2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Director's Office	Expenditure	\$ (41,819)	\$ 21,811	\$ 0	\$ (21,811)
	Revenue	0	21,055	0	(21,055)
	Tax Levy	\$ (41,819)	\$ 756	\$ 0	\$ (756)
Economic Support Division	Expenditure	\$ 45,584,889	\$ 28,999,714	\$ 38,357,394	\$ 9,357,679
	Revenue	42,362,411	25,216,545	34,264,893	9,048,348
	Tax Levy	\$ 3,222,478	\$ 3,783,169	\$ 4,092,501	\$ 309,331
Delinquency & Court Services Division	Expenditure	\$ 38,931,157	\$ 42,666,702	\$ 43,083,140	\$ 416,438
	Revenue	24,588,431	24,486,244	24,790,840	304,596
	Tax Levy	\$ 14,342,726	\$ 18,180,458	\$ 18,292,300	\$ 111,842
Disabilities Services	Expenditure	\$ 114,796,180	\$ 55,507,714	\$ 27,280,906	\$ (28,226,808)
	Revenue	114,172,892	52,486,919	22,005,274	(30,481,645)
	Tax Levy	\$ 623,288	\$ 3,020,795	\$ 5,275,632	\$ 2,254,837
Housing Division	Expenditure	\$ 22,476,016	\$ 21,664,834	\$ 23,538,471	\$ 1,873,637
	Revenue	17,748,581	18,682,841	20,258,750	1,575,909
	Tax Levy	\$ 4,727,435	\$ 2,981,993	\$ 3,279,721	\$ 297,728
Management Services Division	Expenditure	\$ 296,198	\$ 2,270,101	\$ 2,372,296	\$ 102,195
	Revenue	149,902	2,187,245	2,250,528	63,283
	Tax Levy	\$ 146,296	\$ 82,856	\$ 121,768	\$ 38,912

All departments are required to operate within their expenditure appropriations and their overall budgets. Pursuant to Section 59.60(12), Wisconsin Statutes, "No payment may be authorized or made and no obligation incurred against the county unless the county has sufficient appropriations for payment. No payment may be made or obligation incurred against an appropriation unless the director first certifies that a sufficient unencumbered balance is or will be available in the appropriation to make the payment or to meet the obligation when it becomes due and payable. An obligation incurred and an authorization of payment in violation of this subsection is void. A county officer who knowingly violates this subsection is jointly and severely liable to the county for the full amount paid. A county employee who knowingly violates this subsection may be removed for cause."

2011 Revenue Request Certification

Department: Department of Health and Human Services (DHHS)

Revenue Source: Resource Center Revenue	Revenue Source Name: Federal Medical Assistance Match
2010 Adopted Budget: \$3,169,592 (at 35% MA Match)	2010 Collections YTD: experience has been 48% MA match
2011 Requested increase: \$820,323	2011 Total Revenue Request: \$3,989,915 (at 48% MA match)

Revenue Increase Type:

Sale of Capital Asset (Land, Building, Etc.).

Value of Outstanding Debt on Asset:

Attach assessment, bid for asset, other documentation

State/Federal Grant

County Match Required?

Yes

No

Will this grant result in on-going operating costs?

Yes

No

Attach Grant Notice/Award Notification

State/Federal Program Change

Attach state/federal budget/appropriations documentation

Fee Increase/New Fee

Attach activity data, rate information, calculations and assumptions

Budget Realignment

Attach historical actual vs. budget data for this revenue source

The 2010 Budget assumed a 35% MA match reimbursement for the Disabilities Resource Center (DRC) which began operation in August of 2009. However, since that time, the monthly time reporting submitted by DRC staff demonstrates that the reimbursement should be closer to 48%. DRC staff submits their activities for each 8-hour day into a time reporting system (MIDAS), which automatically categorizes these activities by funding source. The results demonstrate that based on their activities to date, the county can claim a 48% federal match rate.

The attached spreadsheet shows the January-May 2010 MIDAS results which are then inputted into another spreadsheet that calculates the MA match rate. These results were reviewed and confirmed by Julie Schroeder, State DHS Budget and Policy Analyst. The first claim submitted by DHHS for August-December 2009 reflected a 48% rate. This claim form is attached as well.

Other

Attach documentation, including assumptions & explanation

I certify this revenue request reflects a reasonable, achievable request for this revenue budget that takes into account County policies, activity levels, economic considerations, and other factors.

Department Head Signature: _____

DAS Analyst Notes:

--

ADRC Time Reporting
August through December 2009

FINAL 2009

ADVANTAGE	Aug	Sep	Oct	Nov	Dec	TOTAL
Resource center - 8361						
TOTAL	27,808	107,762	133,508	72,448	181,993	523,520
Resource center - ADMIN						
8305	25,704	9,900	12,320	4,546	22,813	75,284
8306	19,131	7,113	9,141	5,398	10,567	51,349
8309	7,175	2,681	3,533	2,111	4,025	19,526
TOTAL	79,818	127,456	158,502	84,504	219,398	669,679

CARS CLAIM			Aug	Sep	Oct	Nov	Dec	TOTAL
Funds	Function	CARS Line	96.11%	93.06%	94.91%	97.61%	96.28%	
MA	I&A	560087	38,358	59,307	75,219	41,241	105,614	319,739
Non MA	I&A	560088	38,358	59,307	75,219	41,241	105,614	319,739
Report Ln	I&A	560086	76,716	118,614	150,439	82,482	211,229	639,479
			0.00%	0.59%	0.00%	0.00%	0.00%	
MA	LTCFS	560091	0	374	0	0	0	374
Non MA	LTCFS	560092	0	374	0	0	0	374
Report Ln	LTCFS	560090	0	747	0	0	0	747
			1.42%	3.61%	3.79%	1.52%	2.04%	
Non-MA	Other ADRC	560095	1,137	4,599	6,015	1,283	4,478	17,512
			2.46%	2.74%	1.29%	0.87%	1.68%	
TL/BCA	Non ADRC	561	1,965	3,496	2,049	739	3,692	11,941
	TOTAL		79,818	127,456	158,502	84,504	219,398	669,679
	Total %		100.00%	100.00%	100.00%	100.00%	100.00%	

CARS CLAIM SUMMARY			Aug	Sep	Oct	Nov	Dec	TOTAL
DHHS BCA CLAIMED	561		1,965	3,496	2,049	739	3,692	11,941
DHHS CLAIM MA	56087,91		38,358	59,680	75,219	41,241	105,614	320,113
DHHS CLAIM NON MA	560100		39,495	64,280	81,234	42,524	110,092	337,625
Total CARS Claim			79,818	127,456	158,502	84,504	219,398	669,679

FED MATCH RATE	48.06%	46.82%	47.46%	48.80%	48.14%	47.66%
CONTRACT RATE	49.48%	50.43%	51.25%	50.32%	50.18%	50.33%
Tax Levy/BCA	2.46%	2.74%	1.29%	0.87%	1.68%	1.81%
TOTAL	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

763,681	CARS Contract	560100	152,736	152,736	152,736	152,736	152,736	763,681
	DHHS CLAIM	560100	39,495	64,280	81,234	42,524	110,092	337,625
	Over/(under) Contract	560100	(113,241)	(88,457)	(71,502)	(110,212)	(42,644)	(426,058)
	Percent Over/under		26%	42%	53%	28%	72%	44%

BUDGET SUMMARY	Aug	Sep	Oct	Nov	Dec	TOTAL
BUDGETED EXPENSE	234,986	234,986	234,986	234,986	234,986	1,174,931
ACTUAL EXPENSE	79,818	127,456	158,502	84,504	219,398	669,679
Over/(under) Budget	(155,168)	(107,530)	(76,484)	(150,482)	(15,588)	505,252
Percent Over/under	34%	54%	67%	36%	93%	57%

BUDGETED REVENUE	234,986	234,986	234,986	234,986	234,986	1,174,931
ESTIMATED REVENUE	77,853	123,960	156,453	83,765	215,706	657,738
Over/(under) Budget	(157,133)	(111,026)	(78,533)	(151,221)	(19,280)	517,193
Percent Over/under	33%	58%	67%	36%	92%	56%

EST. LEVY INCREASE/(DECREASE)	1,965	3,496	2,049	739	3,692	11,941
-------------------------------	-------	-------	-------	-----	-------	--------

BUDGETED MA REVENUE 35%	82,245	82,245	82,245	82,245	82,245	411,226
ESTIMATED MA REVENUE 48%	38,358	59,680	75,219	41,241	105,614	320,113
Over/(under) Budget -13%	(43,887)	(22,565)	(7,026)	(41,004)	23,369	91,113
Percent Over/under 14%	47%	73%	91%	50%	128%	78%

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1	DAILY ACTIVITY LOG Summary										GRAND TOTALS										
2	Resource Center										DATE:										
3	I and A Activities				Long Term Care Funct Screen Act			Both Units			9) Other Program(s)/Grant(s)										
4	Activity Definitions are on the Tally page	1) Medicaid Admin Reimbursable		2) Medicaid Admin Activities (Med Services Coordination) (Note: Worker must determine if Client is known to be MA or not be MA recipient)		3) Functional Screen Admin	4) Funct Screen Other (Quality Review, questions, training, etc.)	5) Non-Allowable Medicaid Activities	7) MA Activity Training (ADRC only)	8) Common to All (Redistributed)	Program A	Program B	Program C	Program D	Program E	Program F	Program G	Program H	Program I	Program J	
5		MA	Not MA	18.25	2.25	43.75	10.75	627	99	0	0	0	0	0	0	0	0	0	0	0	
6		Totals:	3273	31.75	7.25	18.25	2.25	43.75	10.75	627	99	0	0	0	0	0	0	0	0	0	0
7		Percentages:	79.59%	0.77%	0.18%	0.44%	0.05%	1.06%	0.26%	15.25%	2.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
8	I&A CARS 560089 DBS CARS 560080 EBS CARS 560070 EBS GWAAR 560020 or 560028 and I & A MA Redistributed	CARS 560090 LTCFS and LTCFS Redistr	I & A Other 560095 DBS Other 560085 EBS Other 560075 EBS GWAAR 560023 or 560031 Non-MA and Non- MA Redistr	Program A	Program B	Program C	Program D	Program E	Program F	Program G	Program H	Program I	Program J	Total (incl Redistri)							
9				95.07%	0.58%	1.52%	2.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%					
10				MA Match%	0.478267336																
11				Comments:																	
12	* Note: when using profile 560020, 560023, 560028 and 560031 the expense will be reported to GWAAR per their reporting process and allocate as follows: 560020 will allocate 50% to profile 560021 and draw federal match and 50% to profile 560022 which rolls to profile 560320 and is contract controlled when using profile 560023 expense will roll to profile 560320 and is contract controlled. (Contract is EBS Benefit Specialist County through GWAAR.) 560028 will allocate 50% to profile 560029 and draw federal match and 50% to profile 560030 which rolls to profile 560327 and is contract controlled and profile 560031 expenses will roll to profile 560327 and is contract controlled. (Contract is EBS State Pharmaceutical Assistance Program (OCI Replacement) through GWAAR.)																				
13	When using profile 560070, 560080, 560086 and 560090 the expense reported will automatically allocate 50/50 to: 560070 will allocate 50% to profile 560071 and draw federal match and 50% to profile 560072 which rolls to profile 560100 and is contract controlled. 560080 will allocate 50% to profile 560081 and draw federal match and 50% to profile 560082 which rolls to profile 560100 and is contract controlled.																				

8000 Department of Health & Human Services
 Org. Unit Organizational Unit Name

2011
 Budget Year

Jim Tietjen
 Department Administrator

Schedule of Lease Agreements - Existing Leases

Low Org.	BRASS Object	Description and Purpose	LEASE TERMS			ANNUAL COST OF LEASE		
			Number of Months	Interest Rate	Expiration Date	Requested Amount	Recommended Amount	Adopted Amount
8247	6503	Hasler Mail Machine Equipment	48		6/22/2015	8640		
8247	6503	Hasler Postage Meter Rental	48		6/22/2015	1140		
8247	6503	Back up Mail Machine and Incoming Mail Dater	48		6/22/2015	2288		
Total						12,068		

Schedule of Lease Agreements - New Leases

Low Org.	BRASS Object	Description and Purpose	LEASE TERMS			ANNUAL COST OF LEASE		
			Number of Months	Interest Rate	Expiration Date	Requested Amount	Recommended Amount	Adopted Amount
8242	6509	Space Rental - 37th and Michigan, 22,521 sq ft-Inactive Records	60			65,121		
Total						65,121		

Milwaukee County, Wisconsin

Schedule of Lease Agreements - Existing Leases

8000 Department of Health & Human Services (Operations Bureau)
 Org. Unit | Organizational Unit Name

2011
 Budget Year

James L. Tietjen
 Department Administrator

289-6325
 Phone Number

53770

Low Org	BRASS Object	Description and Purpose	LEASE TERMS			ANNUAL COST OF LEASE		
			Number of Months	Interest Rate	Expiration Date	Requested Amount	Recommended Amount	Adopted Amount
8247	6502	Ricoh Copy Machine Lease Ten (10) Model 360 with mailbox @ 238.23/mo or \$2,858.71/yr One (1) Model 550 color @278.00/mo or \$3,335.95/yr One (1) Model 550 color @231.00/mo or \$2,772.46/yr Two (2) Model 550 color @ \$242.48/mo or \$2,909.73 Two (2) Model LD150 @153.82/mo or \$1,845.77 One (1) Model 150 @ \$227.92 mo or \$2,734.95/yr Three (3) 171 @\$47.33/mo or \$567.86/yr Four (4) Model 370 @ \$250.49/mo or \$3,005.86/yr One (1) Model 360 without mailbox @ \$216/mo or \$2,596.98 We schedule \$100,00 in the budget just in case State wants us to provide the copy machine.	48		6/30/2011	28,587		
						3,336		
						2,772		
						5,819		
						3,692		
						2,734		
						1,704		
						12,020		
						2,596		
Total						63,261		

DHHS 2011 Requested Budget 5% & 10% Tax Levy Reductions Plans

County Board Resolution File Number 90-1052 requires that all department and agency directors submit, as part of their Requested Budget, a supplemental report identifying alternative program/service levels. This supplemental report must include, in priority order, additional 5% and 10% tax levy reductions beyond the maximum tax levy request limit and specific definition of the consequences of reduced funding or not funding a particular service or program. **Please note: 6 = highest priority/least desired cut**

Org Unit	Org Unit Name	2011 Tax Levy	5% Reduction	10% Reduction
8000	Dept Health & Human Services	\$31,061,922	\$1,553,096	\$3,106,922

Rank	Program Area	Program Change	5% Levy Change
1	Delinquency & Court Svs Div.	Eliminate Safe Alternatives for Youth (SAY) program	\$100,000

1. Please list below program changes that would generate savings of up to 5%.

Eliminate all funding for the Safe Alternatives for Youth (SAY) primary prevention program.

2. What modifications are necessary to the program identified above to achieve the reduction?

Reduce funding for purchase of services.

3. What is the expenditure and revenue impact of the change?

This reflects an expenditure reduction of \$100,000 and no revenue change.

4. What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

No position action required.

5. What services are affected by this program change?

These funds support small grant allocations administered by a fiscal agent that are provided to various youth serving agencies serving at risk youth. The funds provide for one-time educational, cultural, recreational and other positive youth activities that enhance the life experiences of disadvantaged youth. This positive engagement is a prevention from potential delinquency.

6. What constituents are affected and how are they affected?

Young people living in low-income areas that are exposed to barriers that place them at risk in their community. Prior funding indicates over 3,000 youth have been positively impacted by the SAY program.

7. If this program reduction affects another county department, please provide which department(s) and how they are affected.

No other county department affected.

Rank	Program Area	Program Change	5% Levy Change
2	Economic Support Division	Reduce funding for 211-IMPACT	\$204,559

1. Please list below program changes that would generate savings of up to 5%.

Reduce funding to 211-IMPACT by \$204,559 from \$338,162 to \$133,603.

2. What modifications are necessary to the program identified above to achieve the reduction?

Reduce funding for purchase of services.

3. What is the expenditure and revenue impact of the change?

Reduce expenditures by \$204,559. No revenue change.

4. What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

No position action required.

5. What services are affected by this program change?

The 211 IMPACT helpline connects disadvantaged residents to social services in Milwaukee County. This reduction will affect access to information about emergency food pantries, housing assistance, medical care and other human services provided by government and community agencies.

6. What constituents are affected and how are they affected?

Any Milwaukee County resident can call 211 and receive information and referral to service providers. This reduction will greatly reduce staffing at 211 IMPACT and its ability to be responsive to callers in need.

7. If this program reduction affects another county department, please provide which department(s) and how they are affected. No other county departments are affected.

Rank	Program Area	Program Change	5% Levy Change
3	Disabilities Services Division	Reduce Advocacy Purchase of Service Contracts	\$186,043

1. Please list below program changes that would generate savings of up to 5%.

This requires an expenditure reduction of \$186,043 in the advocacy purchase of service contracts to ARC Milwaukee, Kindcare, Epilepsy Foundation of SE Wisconsin, WI Facets, and AFH Payment.

2. What modifications are necessary to the program identified above to achieve the reduction?

Reduce funding for purchase of services.

3. What is the expenditure and revenue impact of the change?

This reflects an expenditure reduction of \$186,043 and no revenue change.

4. What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

There are no position impacts.

5. What services are affected by this program change?

Advocacy is a required function of the Disability Resource Center (DRC) and it has been anticipated that these services would be performed by DSD as a result of the Family Care Expansion project and DRC implementation.

6. What constituents are affected and how are they affected?

Individuals in need of advocacy services will be referred to the DRC and it is anticipated that minimal reduction in services will be experienced.

7. If this program reduction affects another county department, please provide which department(s) and how they are affected.

No other departments are affected.

Rank	Program Area	Program Change	5% Levy Change
4	Disabilities Services Division	Reduce AFH Payments	\$78,000

1. Please list below program changes that would generate savings of up to 5%.

This requires an expenditure reduction of \$78,000 in the AFH Payments.

2. What modifications are necessary to the program identified above to achieve the reduction?

Reduce funding for AFH Payments.

3. What is the expenditure and revenue impact of the change?

This reflects an expenditure reduction of \$78,000 and no revenue change.

4. What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

There are no position impacts.

5. What services are affected by this program change?

AFH Payments have been utilized to provide temporary or augmented services for individuals needing short-term assistance. This reduction will decrease the ability to provide short-term services to individuals who may not be eligible for Family Care.

6. What constituents are affected and how are they affected?

Reduction in these services may result in reduced ability to provide emergency short-term residential services for individuals in need of those services.

7. If this program reduction affects another county department, please provide which department(s) and how they are affected.

No other departments are affected.

Rank	Program Area	Program Change	5% Levy Change
5	Housing Division	Emergency Shelters	\$184,494

1. Please list below program changes that would generate savings of up to 5%.

The cut reflects a reduction in funding of \$184,494, from \$418,881 to \$234,387, to the emergency shelter contracts.

2. What modifications are necessary to the program identified above to achieve the reduction?

Reduce funding for purchase of services.

3. What is the expenditure and revenue impact of the change?

Reduce expenditures by \$184,494. No revenue change.

4. What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

No positions are impacted.

5. What services are affected by this program change?

The change reduces County funding for six emergency shelter contracts. These contracts assist agencies in providing emergency shelter to an average of 337 persons every night.

6. What constituents are affected and how are they affected?

The services provided assist homeless individuals and those at risk of becoming homeless.

7. If this program reduction affects another county department, please provide which department(s) and how they are affected.

There are no other departments impacted.

Rank	Program Area	Program Change	5% Levy Change
6	Delinquency & Court Svs Div.	Reduce Community Supervision and Support Programs	\$800,000

1. Please list below program changes that would generate savings of up to 5%.

The Division would have to reduce its various community-based delinquency supervision and support programs by approximately 8% of its total purchase of services budget, excluding payments to BHD for Wraparound and the Focus program. Programs to be considered include Targeted Monitoring Program serving firearm and chronic

offenders, Reentry support, Home monitoring supervision, various network fee-for-service support services, and Day Treatment, as examples.

2. What modifications are necessary to the program identified above to achieve the reduction?

Reduce funding in the purchase of services budget. Programs would have to be identified early and steps may need to be taken to remove existing youth from services before year-end. An across the board reduction is not feasible or advisable due to specific program needs. Some program expectations or deliverables would need to be adjusted.

3. What is the expenditure and revenue impact of the change?

This reflects an expenditure reduction of \$800,000. Depending upon which programs areas are reduced, the Division may need to reduce certain grant revenues.

4. What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

No position action required.

5. What services are affected by this program change?

Specific delinquency supervision services have not been identified. Due to the reduction in community-based services, it is possible that the courts would hold more youth in detention due to a reduction in supervision and may place more youth into more costly state correctional placements due waiting lists for services or lack of service.

6. What constituents are affected and how are they affected?

Youth who have been adjudicated delinquent and their families would have fewer community based supervision support programs and may experience an increase in the use of State correctional facilities outside the county. Advocacy organizations could conclude that alternative programs are available however not being utilized or funded to reduce institutionalization and other disparities in the system.

7. If this program reduction affects another county department, please provide which department(s) and how they are affected.

The Judiciary, Children's Division, would be impacted by having fewer placement and dispositional options.

Rank	Program Area	Program Change	10% Levy Change
1	Economic Support Division	Eliminate 211-IMPACT	\$133,603

1. Please list below program changes that would generate savings of up to 10%.

Eliminate all funding to 211-IMPACT.

2. What modifications are necessary to the program identified above to achieve the reduction?

Eliminate funding for purchase of services.

3. What is the expenditure and revenue impact of the change?

Reduce expenditures by an additional \$133,603 and eliminate the entire appropriation to 211-IMPACT. There is no revenue change.

4. What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

No position action required.

5. What services are affected by this program change?

The 211 IMPACT helpline connects disadvantaged residents to social services in Milwaukee County. This reduction will affect access to information about emergency food pantries, housing assistance, medical care and other human services provided by government and community agencies.

6. What constituents are affected and how are they affected?

Any Milwaukee County resident can call 211 and receive information and referral to service providers. This reduction is likely to severely reduce staffing at 211 IMPACT and its ability to be responsive to callers in need.

7. If this program reduction affects another county department, please provide which department(s) and how they are affected.

No other county departments are affected.

Rank	Program Area	Program Change	10% Levy Change
2	Disabilities Services Division	Transportation/SLO Supported Living	\$80,000

1. Please list below program changes that would generate savings of up to 10%.

This requires an expenditure reduction of \$80,000 in the Transportation and SLO Supported Living payments.

2. What modifications are necessary to the program identified above to achieve the reduction?

This reflects a reduction in fee for service payments of \$80,000.

3. What is the expenditure and revenue impact of the change?

The expenditure impact is a reduction of \$80,000 and there is no revenue change.

4. What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

No positions are impacted.

5. What services are affected by this program change?

Transportation and SLO Supported Living services were provided on a one-time basis to either augment existing services or to provide temporary services to individuals on a short-term basis. With the expansion of Family Care, it is anticipated that the need for these short-term services will diminish significantly, however, reduction in these funds will decrease the Division's ability to respond to individual's needs who may not be eligible for Family Care services.

6. What constituents are affected and how are they affected?

The resulting reduction may result in a decrease in the services to those individuals who are not eligible for Family Care.

7. If this program reduction affects another county department, please provide which department(s) and how they are affected.

No other departments are affected.

Rank	Program Area	Program Change	10% Levy Change
3	Disabilities Services Division	Reduce Work Service Contract	\$197,563

1. Please list below program changes that would generate savings of up to 10%.

This cut would reduce the contract for the Goodwill Industries of Southeastern WI.

2. What modifications are necessary to the program identified above to achieve the reduction?

This change would reduce the purchase of service contract by \$197,563 leaving \$112,228 remaining for Goodwill.

3. What is the expenditure and revenue impact of the change?

The expenditure reduction is \$197,563 and there is no revenue change.

4. What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

There are no position changes.

5. What services are affected by this program change?

The Work Services purchase of contract provides services to individuals who do not meet the eligibility criteria for Family Care but have significant needs.

6. What constituents are affected and how are they affected?

It is anticipated that approximately 24 of the 38 individuals currently receiving work services in this program would no longer be able to receive services.

7. If this program reduction affects another county department, please provide which department(s) and how they are affected.

There are no other county departments affected.

Rank	Program Area	Program Change	10% Levy Change
4	Economic Support Division	Elimination of IDAP	\$115,866

1. Please list below program changes that would generate savings of up to 10%.

This reduction would eliminate tax levy to the IDAP program.

2. What modifications are necessary to the program identified above to achieve the reduction?

A contract with Community Advocates would need to be cancelled and assistance provided to approximately 1,320 cases per year would end.

3. What is the expenditure and revenue impact of the change?

Expenditures would decrease by \$300,000, revenues by \$229,134 and tax levy by \$115,866.

4. What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

No positions would be eliminated. The County Economic Support Specialist (ESS) managed by the State and performing eligibility determination would no longer be needed for IDAP.

5. What services are affected by this program change?

Eligible individuals seeking Supplemental Security Income (SSI) assistance from the federal government can apply to the Interim Disability Assistance Program to provide cash assistance pending approval of their SSI application.

6. What constituents are affected and how are they affected?

IDAP has an average caseload of about 110 cases per month.

7. If this program reduction affects another county department, please provide which department(s) and how they are affected.

Rank	Program Area	Program Change	10% Levy Change
5	Housing Division	Emergency Shelters	\$126,064

1. Please list below program changes that would generate savings of up to 10%.

The cut reflects a reduction in funding of \$310,558, from \$418,881 to \$108,323, to the emergency shelter contracts.

2. What modifications are necessary to the program identified above to achieve the reduction?

Reduce funding for purchase of services.

3. What is the expenditure and revenue impact of the change?

Reduce expenditures by \$310,558. No revenue change.

4. What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

No positions are impacted.

5. What services are affected by this program change?

The change severely reduces County funding for six emergency shelter contracts. These contracts assist agencies in providing emergency shelter to an average of 337 persons every night.

6. What constituents are affected and how are they affected?

The services provided assist homeless individuals and those at risk of becoming homeless.

7. If this program reduction affects another county department, please provide which department(s) and how they are affected.

There are no other departments impacted.

No other county department is affected. The State manages the ESS worker currently performing the eligibility determination for the program.

Rank	Program Area	Program Change	10% Levy Change
6	Delinquency & Court Svs Div.	Reduce Community Supervision and Support Programs	\$900,000

1. Please list below program changes that would generate savings of up to 10%.

The Division would have to reduce its various community-based delinquency supervision and support programs by approximately 17% of its total purchase of services budget, excluding payments to BHD for Wraparound and the Focus program. Programs to be considered include Targeted Monitoring Program serving firearm and chronic offenders, Reentry support, Home monitoring supervision, various network fee-for-service support services, and Day Treatment, as examples.

2. What modifications are necessary to the program identified above to achieve the reduction?

Reduce funding in the purchase of services budget. Programs would have to be identified early and steps may need to be taken to remove existing youth from services before year-end. An across the board reduction is not feasible or advisable due to specific program needs. Some program expectations or deliverables would need to be adjusted.

3. What is the expenditure and revenue impact of the change?

This reflects an expenditure reduction of \$900,000. Depending upon which programs areas are reduced, the Division may need to reduce certain grant revenues and further analysis of Youth Aids revenue would be required.

4. What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

No position action required.

5. What services are affected by this program change?

Specific delinquency supervision services have not been identified. Due to the reduction in community-based services, it is possible that the courts would hold more youth in detention due to a reduction in supervision and may place more youth into more costly state correctional placements due waiting lists for services or lack of service.

6. What constituents are affected and how are they affected?

Youth who have been adjudicated delinquent and their families would have fewer community based supervision support programs and may experience an increase in the use of State correctional facilities outside the county. Advocacy organizations could conclude that alternative programs are available however not being utilized or funded to reduce institutionalization and other disparities in the system.

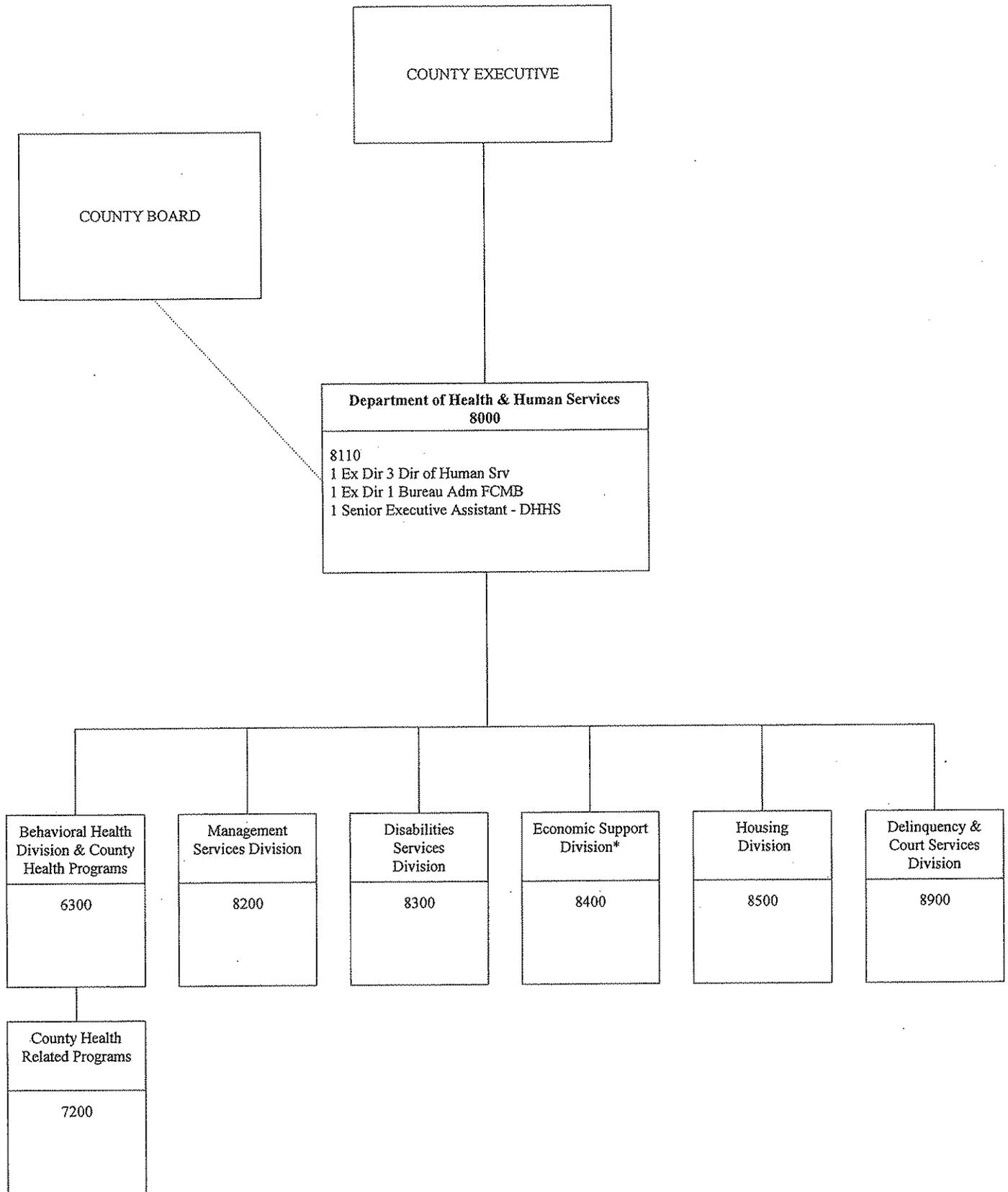
7. If this program reduction affects another county department, please provide which department(s) and how they are affected.

The Judiciary, Children's Division, would be impacted by having fewer placement and dispositional options.

2011
Requested Budget

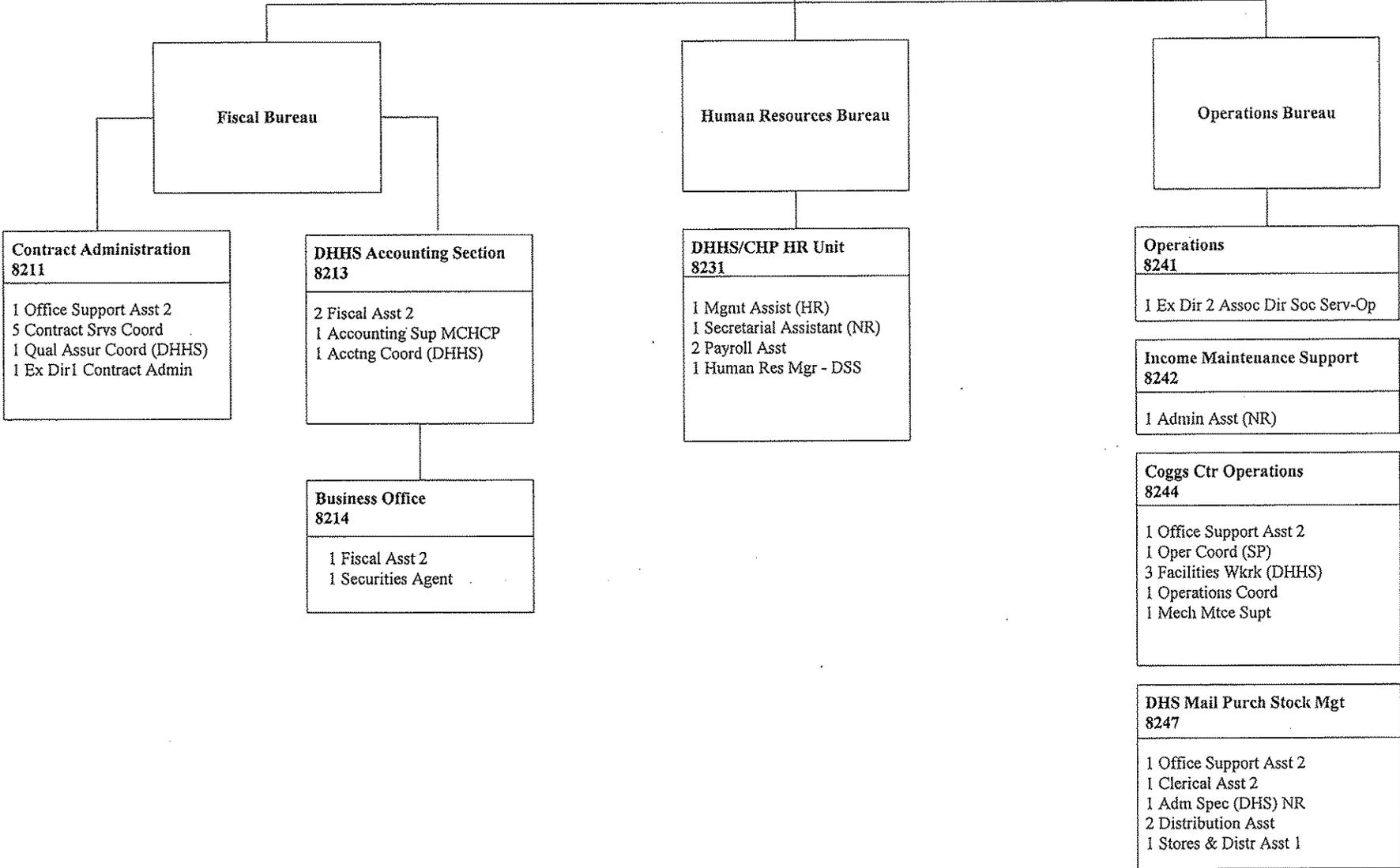
ORGANIZATIONAL CHARTS

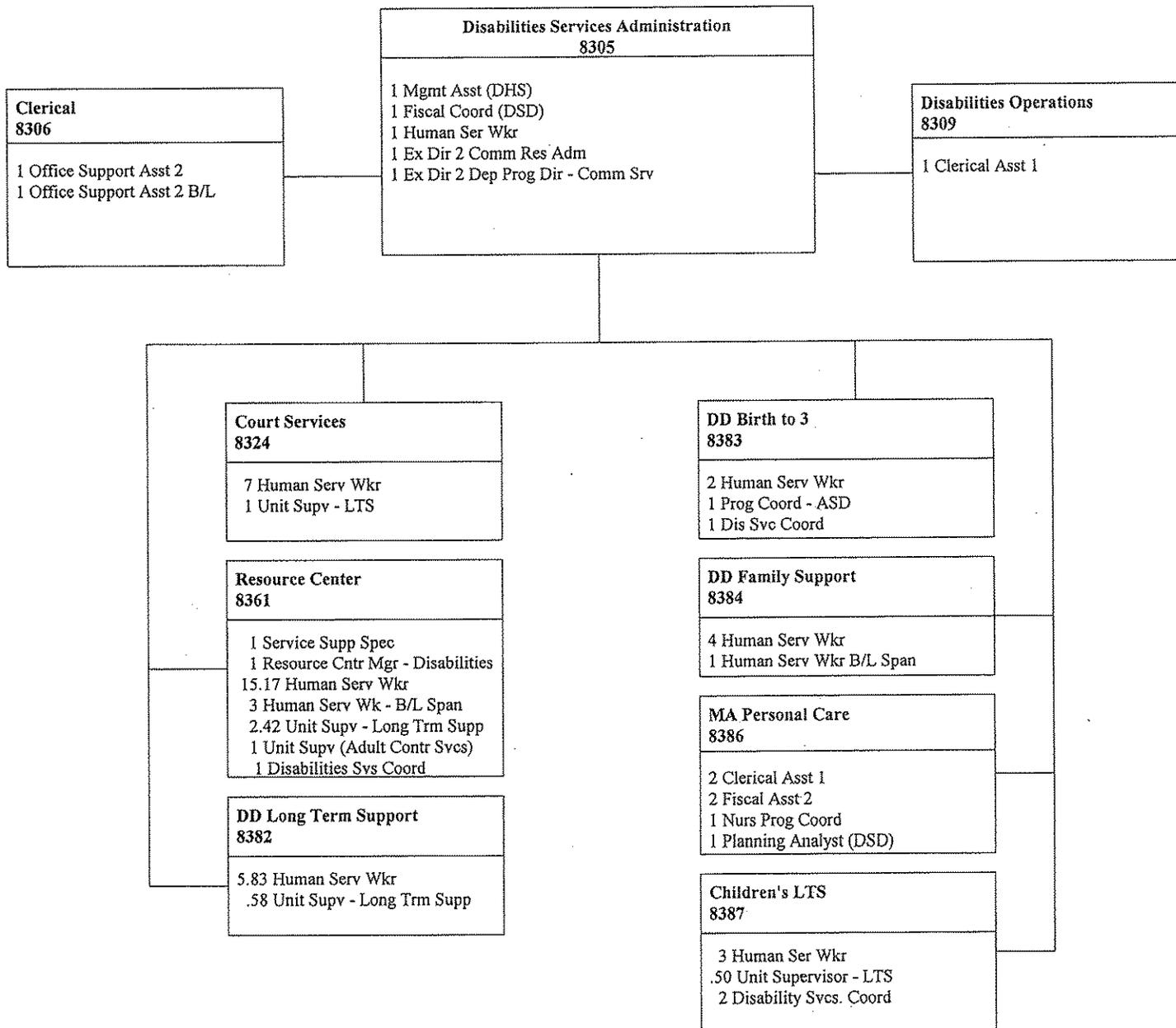
DEPARTMENT OF
HEALTH & HUMAN SERVICES



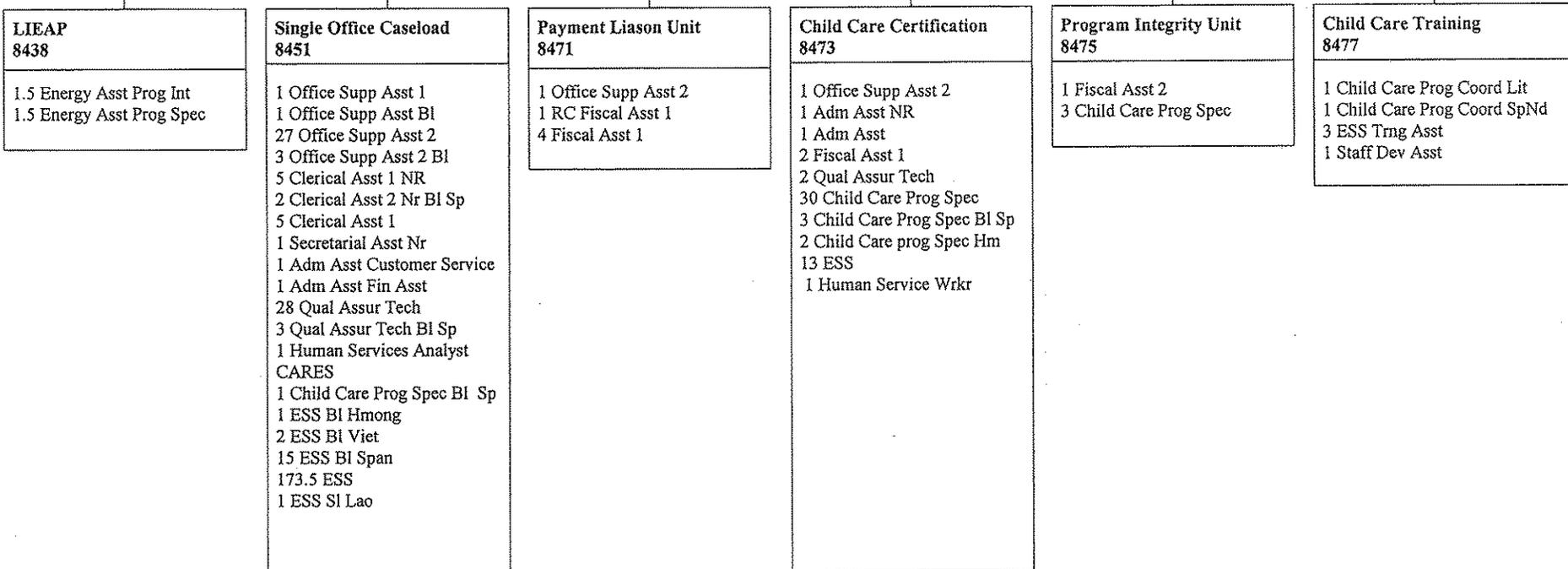
**Effective 2010, ESD employees are managed by the State but are still county employees..*

**Management Services Division
8200**

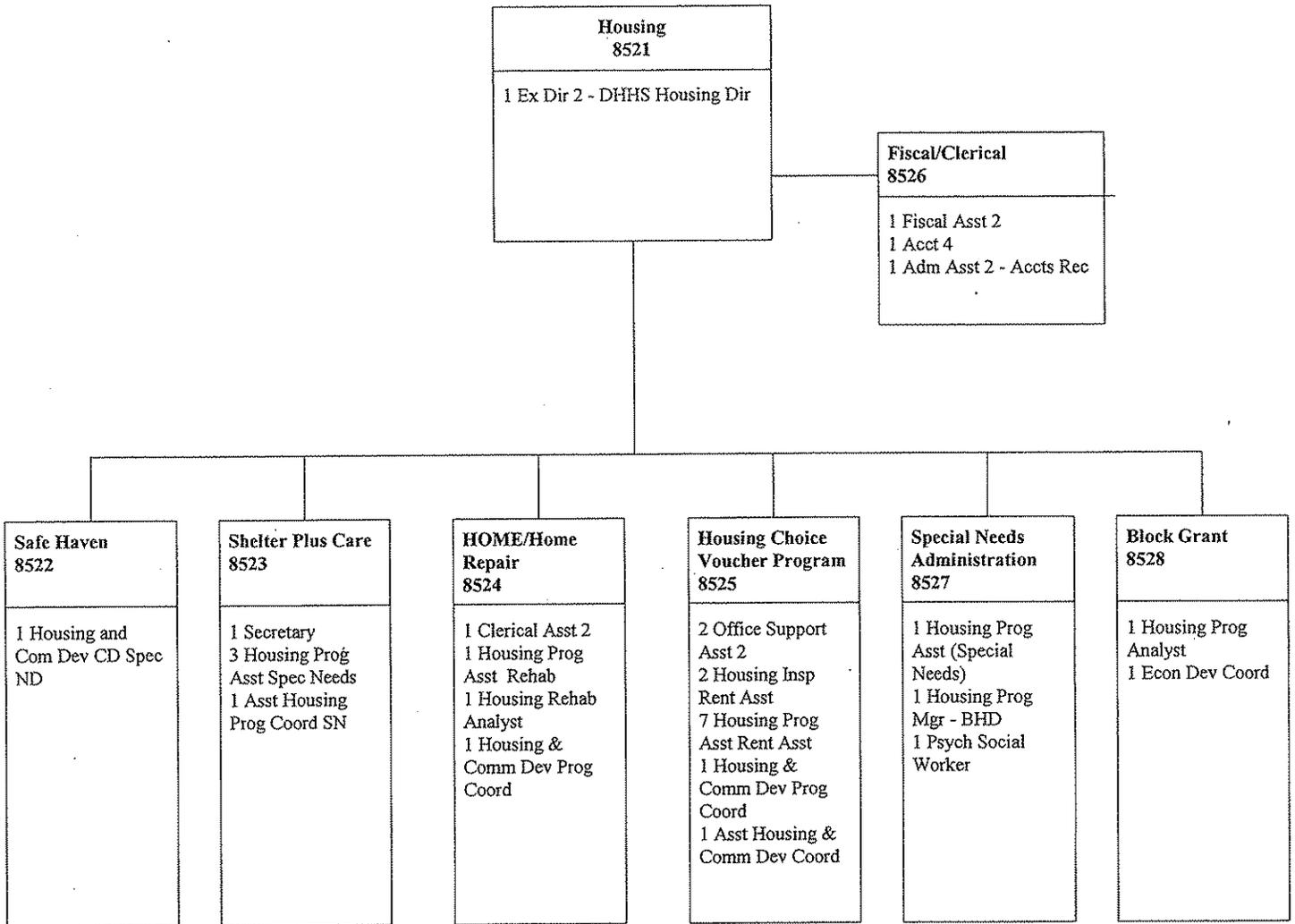


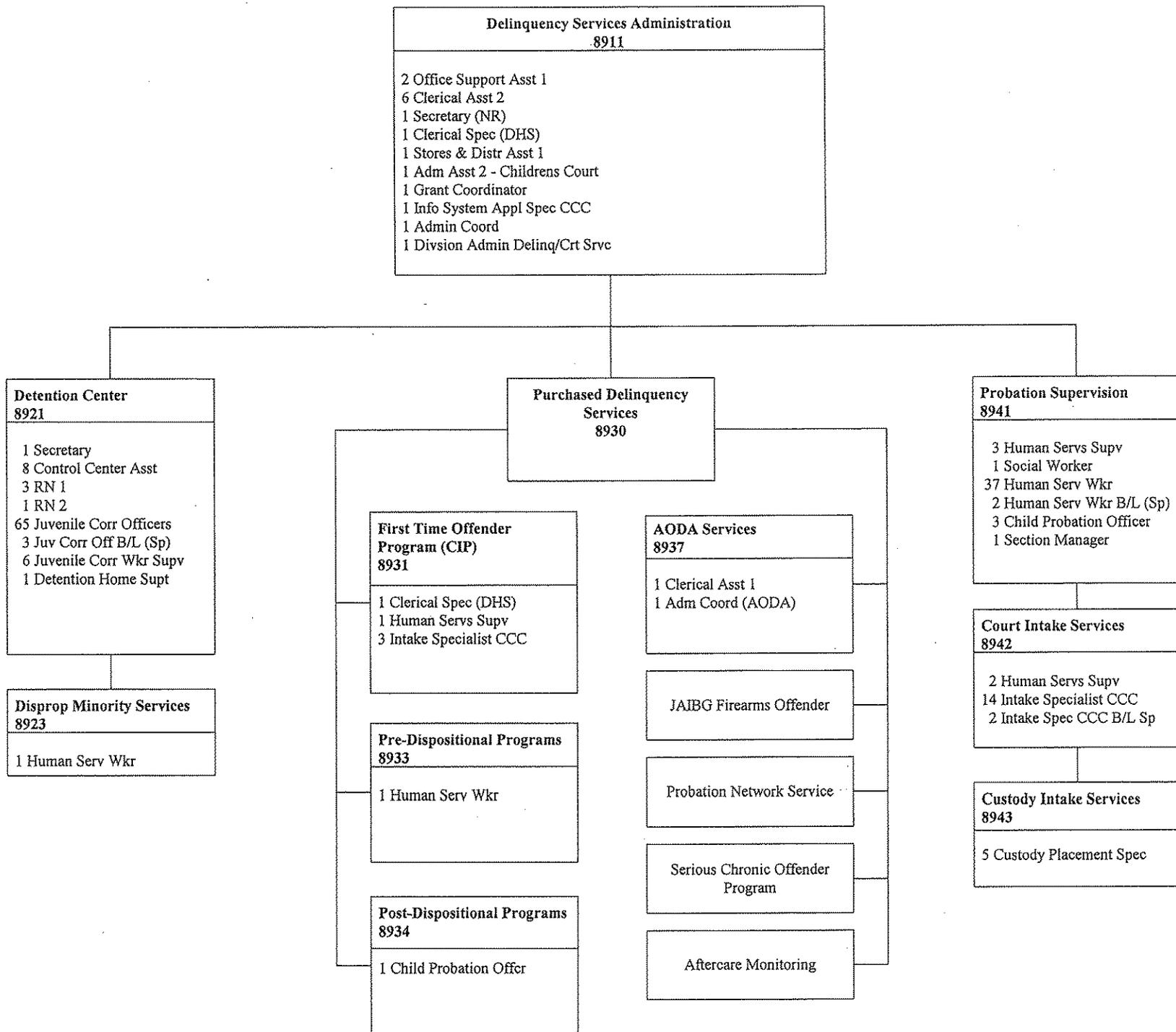


State of Wisconsin*



*Effective 2010, ESD employees are managed by the State but are still county employees..

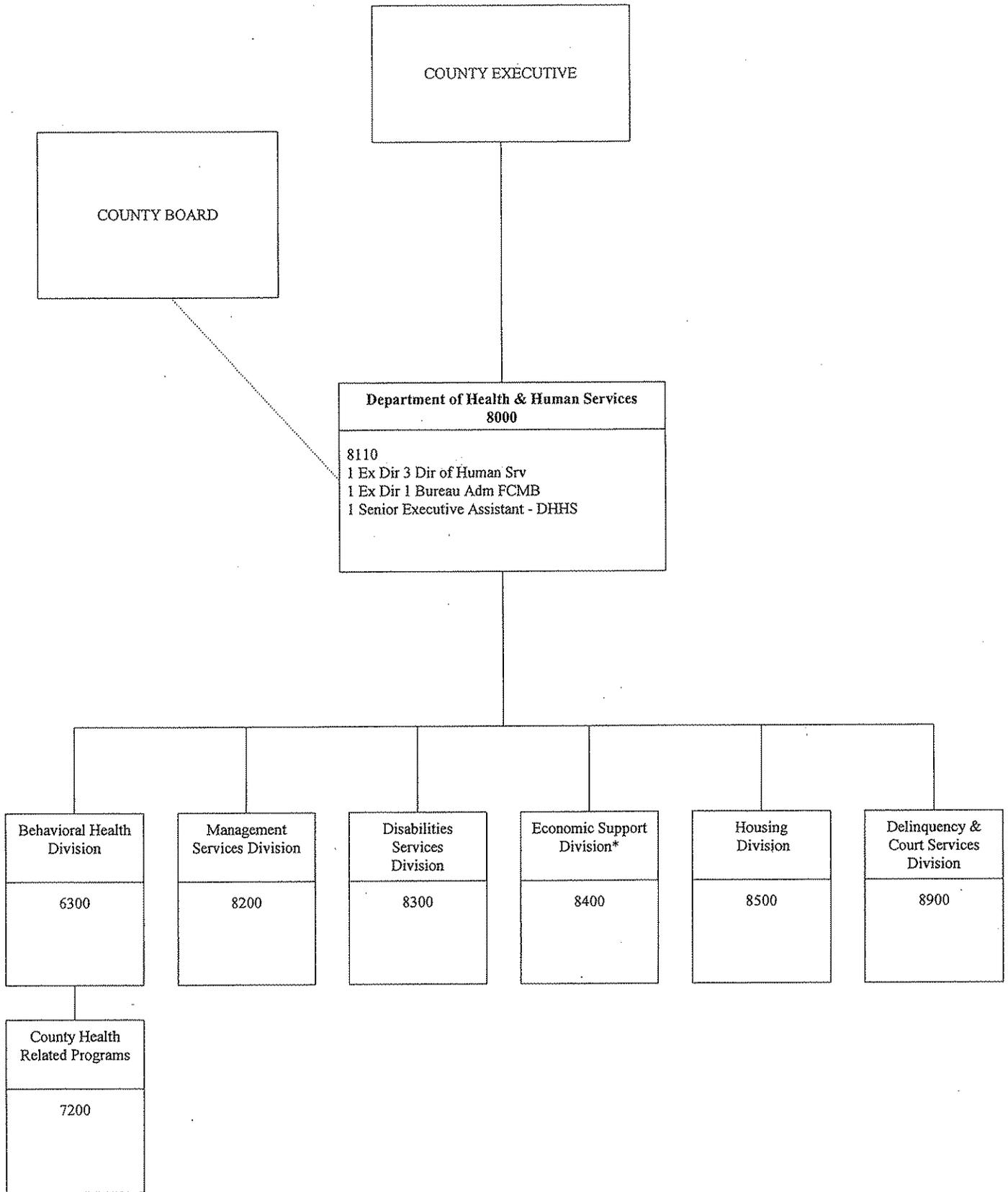




2010
Adopted Budget

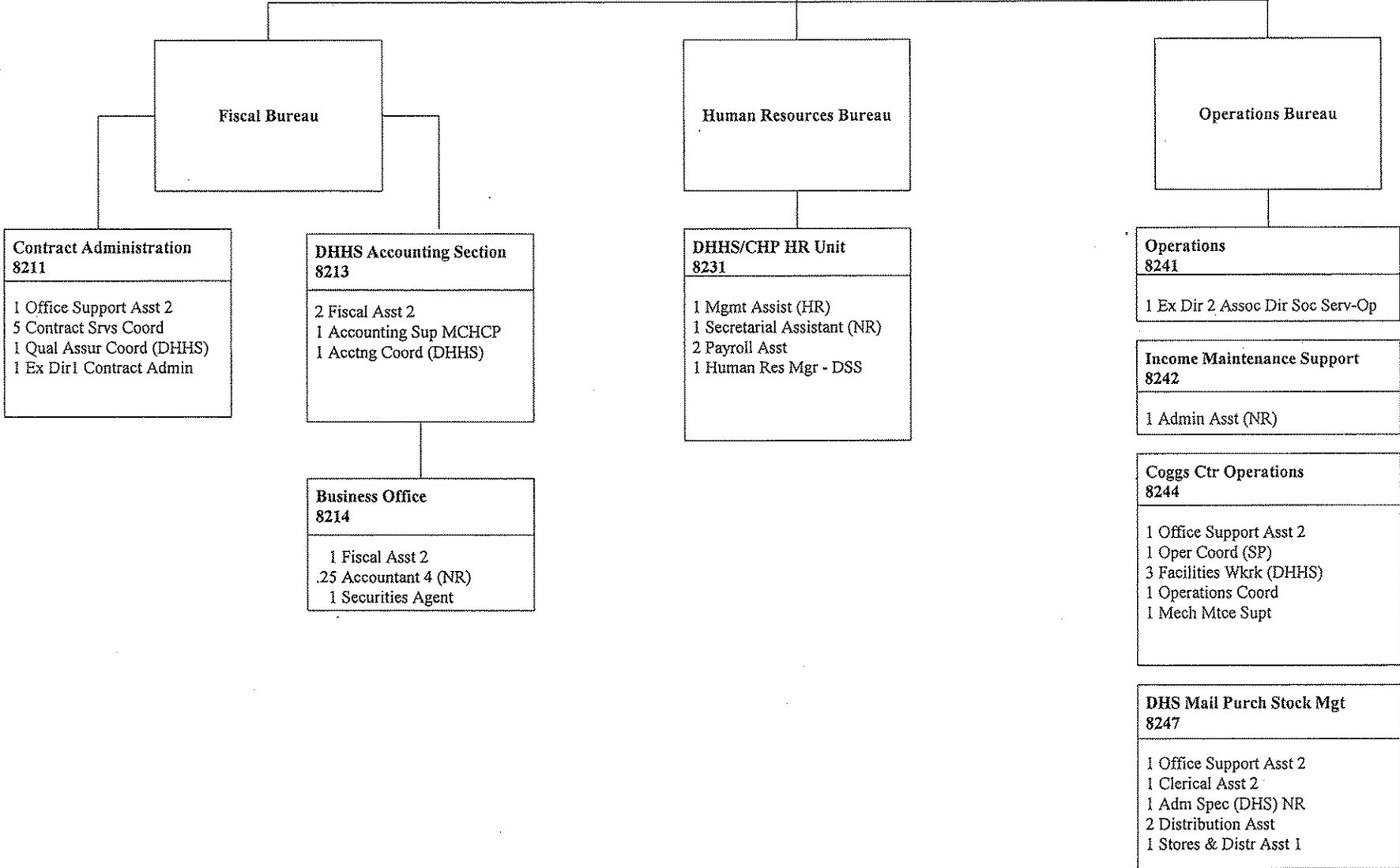
ORGANIZATIONAL CHARTS

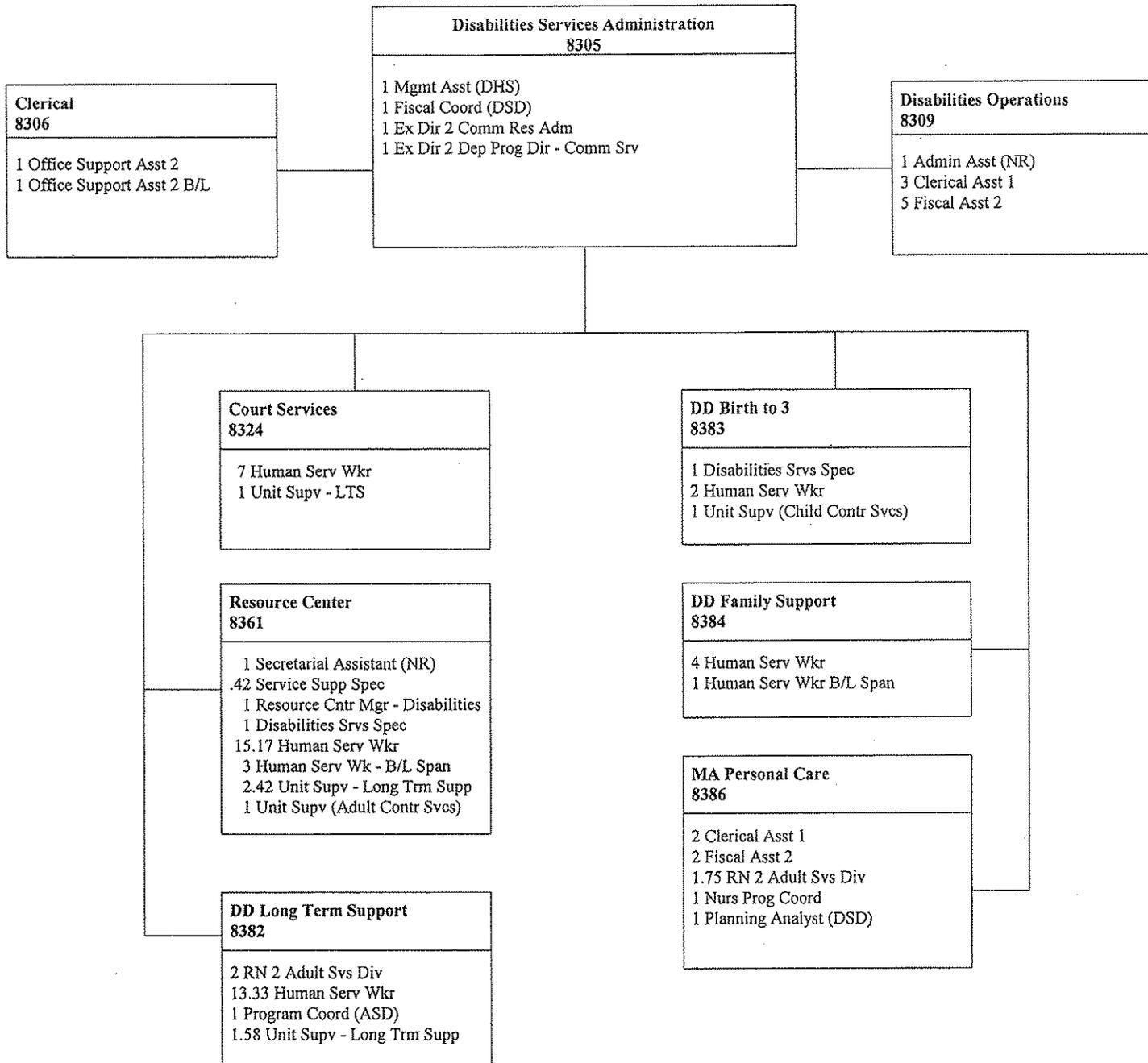
DEPARTMENT OF
HEALTH & HUMAN SERVICES

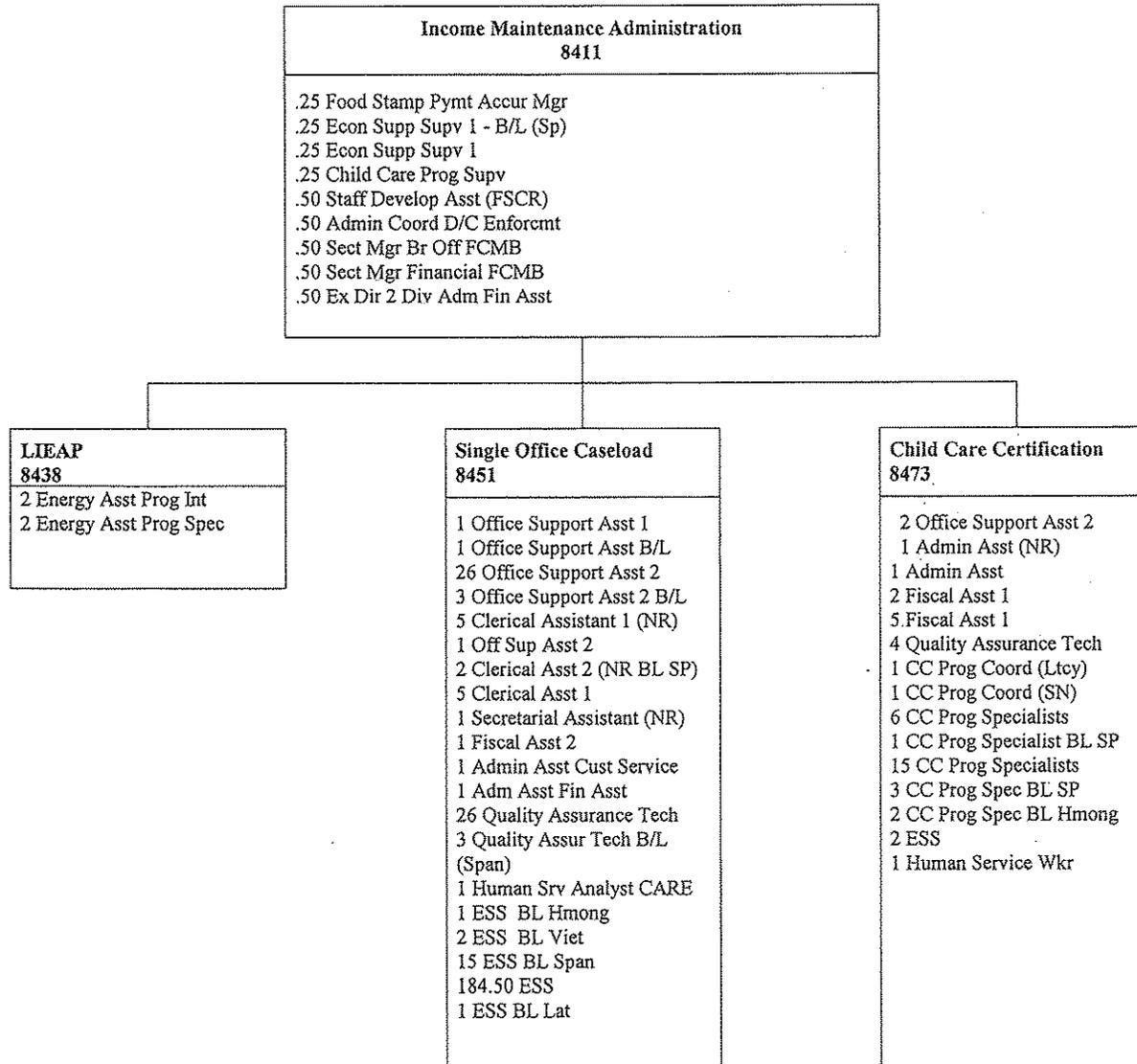


**Effective 2010, ESD employees are managed by the State but are still county employees..*

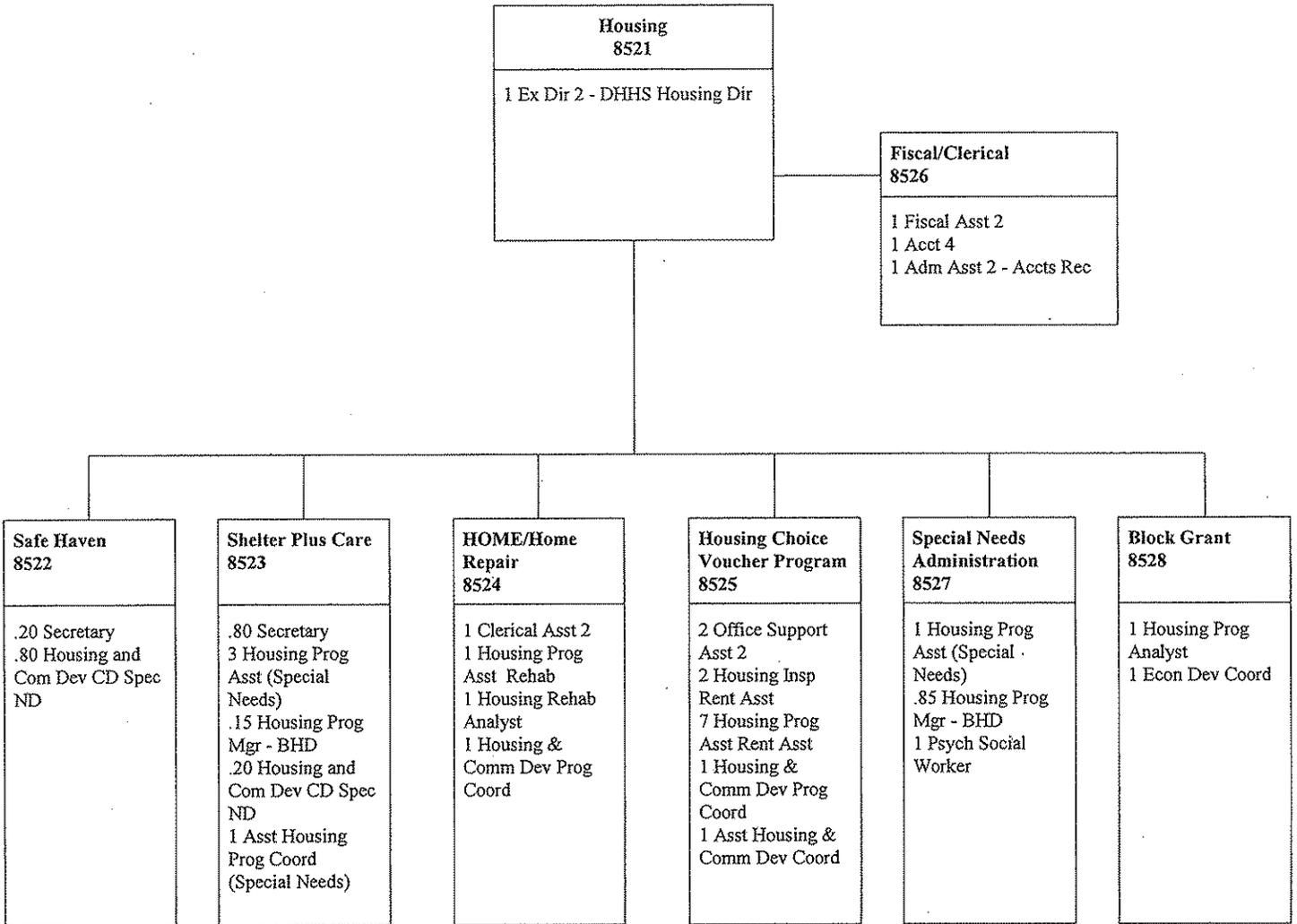
**Management Services Division
8200**







**Effective 2010, ESD employees are managed by the State but are still county employees..*



Delinquency Services Administration
8911

2 Office Support Asst 1
2 Office Support Asst 2
6 Clerical Asst 2
1 Secretary (NR)
1 Clerical Spec (DHS)
1 Stores & Distr Asst 1
1 Adm Asst 2 - Childrens Court
1 Grant Coordinator
1 Info System Appl Spec CCC
1 Division Admin Delinq/Crt Srvc

Detention Center
8921

1 Secretary
8 Control Center Asst
2 Custodial Wkr 1
3 Custodial Wkr 2
1 Housekeeper 1
3 RN 1
1 RN 2
65 Juvenile Corr Officers
3 Juv Corr Off B/L (Sp)
6 Juvenile Corr Wkr Supv
1 Detention Home Supt

Disprop Minority Services
8923

1 Human Serv Wkr

Purchased Delinquency Services
8930

First Time Offender Program (CIP)
8931

1 Clerical Spec (DHS)
1 Human Servs Supv
3 Intake Specialist CCC

Pre-Dispositional Programs
8933

1 Human Serv Wkr

Post-Dispositional Programs
8934

1 Child Probation Offer

AODA Services
8937

1 Clerical Asst 1
1 Adm Coord (AODA)

JAIBG Firearms Offender

Probation Network Service

Serious Chronic Offender Program

Aftercare Monitoring

Probation Supervision
8941

3 Human Servs Supv
1 Social Worker
37 Human Serv Wkr
2 Human Serv Wkr B/L (Sp)
3 Child Probation Officer
1 Section Manager

Court Intake Services
8942

2 Human Servs Supv
14 Intake Specialist CCC
2 Intake Spec CCC B/L Sp

Custody Intake Services
8943

5 Custody Placement Spec

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE : June 14, 2010
TO : Fiscal and Budget Administrator
SUBJECT : Certification of Requested Expenditures, Revenue, Tax Levy and Positions

This is to certify that the 2011 requested budget as entered into BRASS and SBFS is the Department's requested expenditure appropriation and revenue projection necessary for the efficient operation of the Department. I certify that the requested budget, if adopted, would allow the Department to operate without requiring any additional funding and that all revenue estimates are reasonable and achievable.

I also certify that the information submitted, including all supporting schedules, conforms to the instructions in Budget Procedure 4.02 of the Milwaukee County Administrative Manual; and that the documentation submitted adequately justifies the Department's budget request.

I also certify that the submitted budget narrative conforms to the specifications in the Budget Instructions.

I am requesting expenditures in the amount of \$200,683,968.

I am estimating revenues in the amount of \$130,652,219.

I am requesting Tax Levy in the amount of \$70,031,749.

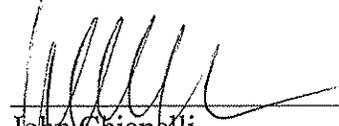
Our directed Tax Levy Target is -- \$62,055,883.

I have no changes for the following forms:

- Schedule of Lease Agreements - New Leases
- Schedule of Lease Agreements - Existing Leases
- Vehicle Assignment Form
- Facility/Space Utilization/Need Plan (FSUNP)

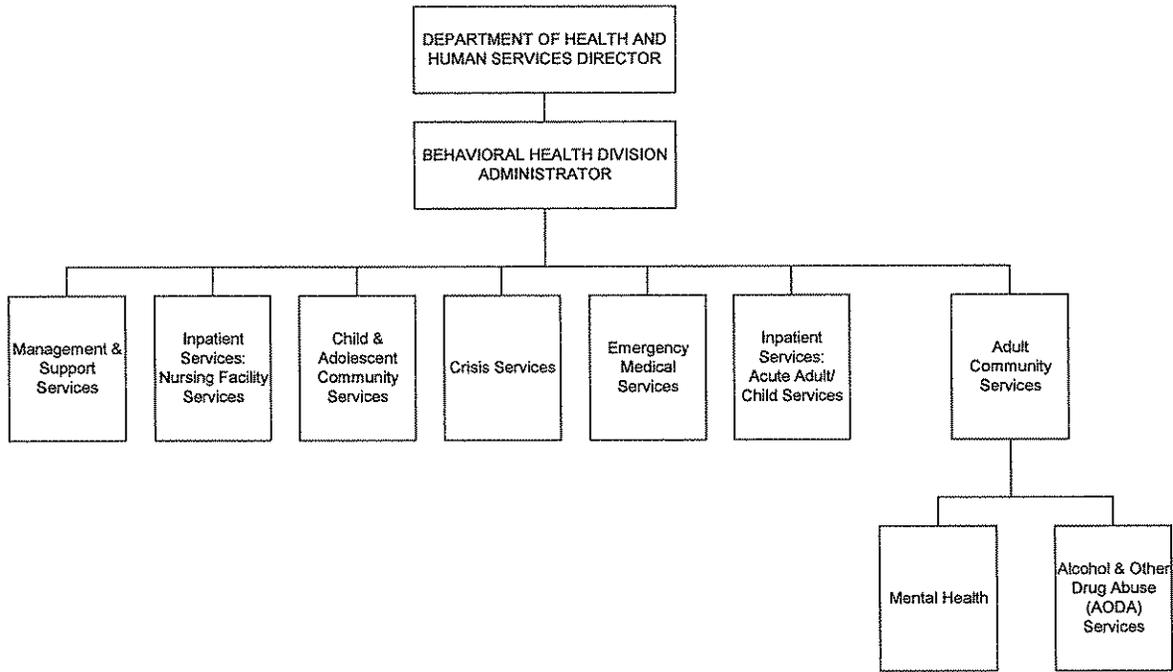
Department Name: DHHS- Behavioral Health Division

Department Number: 6300



John Chianelli
Administrator, Behavioral Health Division

DHHS - BEHAVIORAL HEALTH DIVISION (6300)



MISSION

The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

VISION

The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

CORE VALUES

- Patient-centered care
- Best practice standards and outcomes
- Accountability at all levels
- Recovery support in the least restrictive environment
- Integrated service delivery

OBJECTIVES

- Provide care and treatment for Milwaukee County residents with serious behavioral health disorders
- Promote clinical quality and safety on all patient units as the highest priority
- Address on-going fiscal issues associated with revenues and staffing
- Increase resources and focus on training, education and quality assurance
- Work toward The Joint Commission (TJC) Certification
- Administer and coordinate all county-wide emergency medical services

Budget Summary

	2011	2010/2011 Change
Expenditures	200,683,968	14,295,210
Revenue	130,652,219	355,770
Levy	70,031,749	13,939,440
FTE's	870.6	42.9

Major Programmatic Changes

- Address On-going Fiscal Issues Associated with Reduced State Revenues
- Create Additional Resources to Maintain Regulatory Compliance and Increase Education and Quality Assurance
- Improve Environmental Surveillance Strategies to Promote Safety

DEPARTMENTAL PROGRAM DESCRIPTION**Management/Support Services**

Management/Support Services is comprised of centralized programs, services and related costs necessary for the overall operation of the Behavioral Health Division, such as Administration (including Clinical, Medical Staff, Quality Assurance and Utilization Review), Fiscal, Patient Accounts and Admissions, Management Information Systems, Dietary and Medical Records. The Management/Support Services section has responsibility for management of the environment of care that is composed of Maintenance and Housekeeping, among other environmental services. Expenditures are allocated to the Inpatient Services/Nursing Facility, Inpatient Services/Acute Adult/Child, Adult Community, AODA, Adult Crisis, Child and Adolescent Programs and Emergency Medical Programs, according to Medicare and Medicaid cost allocation methodologies reflective of services consumed by the programs.

Inpatient Services: Nursing Facility Services

The Nursing Home Facilities are licensed Rehabilitation Centers under HFS132 and HFS134 that provide long-term, non-acute care to patients who have complex medical, rehabilitative, psychosocial needs and developmental disabilities, respectively. The Rehabilitation Center-Central is a 70-bed, Title XIX certified, skilled-care licensed nursing home. The facility consists of three units, which serve individuals with complex and interacting medical, rehabilitative and psychosocial needs that can be effectively treated in a licensed nursing facility. The Rehabilitation Center-Hilltop is a 72-bed Title XIX certified facility for the Developmentally Disabled (FDD). The facility provides active treatment programs and an environment specially designed for residents with dual diagnoses of developmental disability and serious behavioral health conditions.

Inpatient Services: Acute Adult/Child Services

Hospital inpatient services are provided in five licensed, 24-bed units. Four units include specialized programs in general acute adult and geropsychiatry. One unit includes specialized programs for children and adolescents. The acute adult units provide inpatient care to individuals over age 18 who require safe, secure short-term or occasionally extended hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service and rehabilitation therapy provide assessment and treatment designed to stabilize an acute psychiatric need and assist the return of the patient to his or her own community. Admissions to the psychiatric hospital have decreased 7% from 2008 with a total of 2,337 admissions in 2009, of which approximately 70-80 percent of the admissions are considered involuntary. Inpatient admission decreases have occurred while PCS admissions have increased 28% in the period 2000-2009. The median length of stay of the adult psychiatric hospital is seven days.

The child and adolescent unit provides inpatient care to individuals age 18 and under that requires secure short term or occasionally extended hospitalization. While utilization of child and adolescent inpatient services has declined with the emphasis on community-based care through the Wraparound Program, there is still a significant need for short-term assessment and treatment provided by the inpatient services. Child and adolescent units continue to provide all emergency detention services for Milwaukee County as well as inpatient screening for Children's Court. In 2009, there were approximately 1,551 admissions to the child and adolescent unit.

Adult Community Services: Mental Health

Adult Community Services is composed of community-based services for persons having a serious and persistent mental illness and for persons having substance abuse problems or a substance dependency. The majority of services in the mental health program area are provided through contracts with community agencies. The mental health program area is composed of several major program areas for the medical and non-medical care of consumers in the community. These program areas are Community Support Programs, Community Residential, Targeted Case Management, Outpatient Treatment and Prevention and Intervention services. Services are designed to provide for a single mental health delivery system that reduces institutional utilization and promotes consumer independence and recovery. The Community Services area is dedicated to providing all services in the least restrictive and most therapeutically appropriate, cost-effective setting.

Adult Community Services: Alcohol and Other Drug Abuse (AODA)

REQUESTED 2011 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

The Alcohol and Other Drug Abuse (AODA) Services area includes funds for the first year of the "Access to Recovery - 3" (ATR-3) grant. ATR along with the TANF, AODA Block Grant and other State & local funds, provide funding for the AODA system, which is now called *Wiser Choice*. The *Wiser Choice* AODA services system provides a range of service access, clinical treatment, recovery support coordination (case management) and recovery support services. The target populations include: 1) the general population, which includes adults seeking assistance in addressing their substance abuse disorder; 2) a population that is involved with the state correctional system, which includes Milwaukee County residents returning to the community from the prison system and individuals on probation or parole and facing revocation; and 3) a population that is involved in the local, Milwaukee County correctional system, i.e., the House of Correction and Jail. Within these three populations are two priority sub-populations: pregnant women and women with children. Remaining purchase of service contracts are specifically for detoxification, prevention, intervention and central intake unit services.

Child and Adolescent Community Services

The Child and Adolescent Community Services Branch of the Behavioral Health Division functions as a purchaser, provider and manager for the mental health services system for Milwaukee County youth and some young adults through the Wraparound Milwaukee Program, Family Intervention and Support Services (FISS) Program and New Healthy Transitions Initiative. Additionally, it provides mental health crisis intervention services to the Milwaukee Public School System, Bureau of Milwaukee Child Welfare and to any Milwaukee County families experiencing a mental health crisis with their child. The Wraparound Milwaukee Program functions as a unique special managed care entity under a contract with Medicaid for all youth with serious emotional disturbance (SED) in Milwaukee County. Services are targeted to children and new in 2011, young adults up to age 23 with severe emotional and mental health needs, involved with two or more child or adult serving systems and who are at risk of residential treatment or other institutional settings, are also served.

Wraparound Milwaukee consists of four programs with different target groups of SED youth: Regular Wraparound –Child Welfare or Delinquency and Court services referred youth who are court ordered into Wraparound; REACH – mostly referred through the school systems, these are non-court involved SED youth; FOCUS – collaborative program with Delinquency and Court Services for SED youth at risk of juvenile correctional placement; and the new Healthy Transitions Program (Project O'YEAH) for youth, 16-23 with SED who need help obtaining mental health services, housing, employment, education, etc. as they transition to adulthood. The Child and Adolescent Community Services Branch also operates the FISS Services Program for adolescents who have a history of truancy, parent/child conflicts and runaway behaviors. The FISS program, which is funded by the Bureau of Milwaukee Child Welfare, provides mental health and supportive services to divert youth from formal court intervention. In 2011, Wraparound Milwaukee will start to serve clients ages 19 and 20 through increased slots recently approved by the State and Medicaid, which will help transition youth into adulthood.

Crisis Services

The Crisis Services function is composed of multiple programs that assist individuals in need of immediate mental health intervention to assess their problems and develop mechanisms for stabilization and linkage. The Psychiatric Crisis Service/Admission Center (PCS) serves between 12,000 and 14,000 patients each year. Approximately 65 percent of the persons receiving services are brought in by police on an Emergency Detention. The remaining individuals seen are Milwaukee County residents who walk in and receive services on a voluntary basis. In addition to PCS, Crisis Services runs a Mental Health Crisis Walk-In Clinic, an Observation Unit, the Crisis Line, Mobile Crisis Teams, a Geriatric Psychiatry Team and two eight-bed Crisis Respite houses. A multi-disciplinary team of mental health professionals provides these services. In 2009, there were a total of over 50,000 clinical contacts between the various program components.

Emergency Medical Services (EMS)

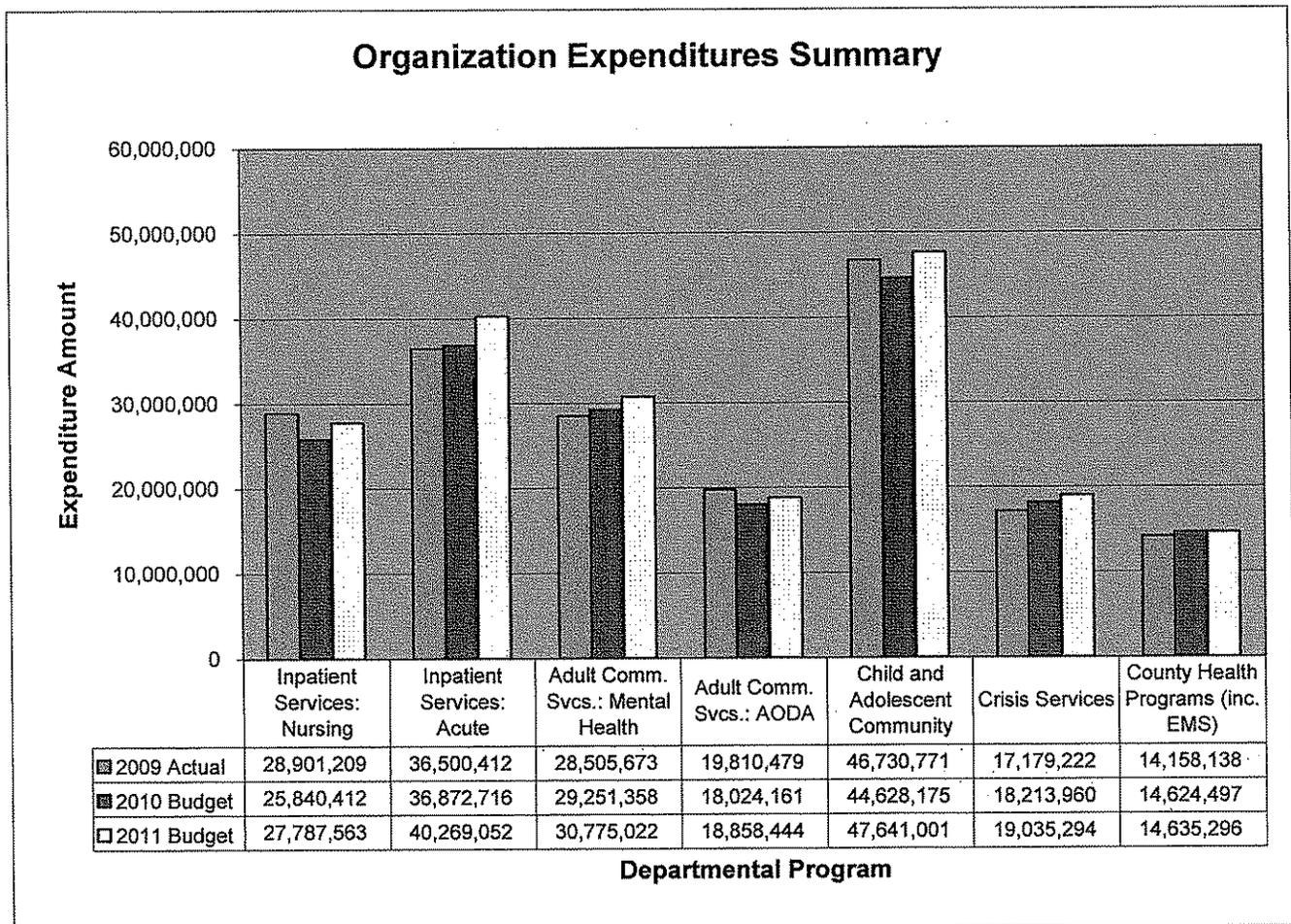
The Emergency Medical Services (EMS) Program (Paramedics) is a Milwaukee County-managed and sponsored program designed to benefit the entire community. There are seven major components to the area-wide service: the Community Support component which provides an allocation to municipalities that provide the paramedic transport units serving Milwaukee County; the Education/Training Center for initial and refresher paramedic

REQUESTED 2011 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

education and other EMS-related courses; a Quality Assurance program which reviews and monitors service delivery; the Health Information Center which collects, enters and maintains patient care data; the Communication Center which is staffed with emergency medical communicators to coordinate on-line medical control and hospital notification for local and regional emergency calls; the Equipment and Supplies Center which orders and delivers supplies, monitors controlled substances, facilitates equipment repair and maintains compliance with Trans 309; and the AHA Community Training Center (CTC), which provides and coordinates Milwaukee County employee and public education for Cardio-Pulmonary Resuscitation (CPR), Automatic External Defibrillator (AED), Advanced Life Support (ALS) and Pediatric Advanced Life Support (PALS) courses. Medical direction and control for the EMS Division is provided through a professional services contract with the Medical College of Wisconsin (MCW).



2011 BUDGET HIGHLIGHTS

Approach and Priorities

- Correct on-going fiscal problems created by decreased State revenues and reductions in patient care and other HMO related revenue decreases.
- Increase personnel funding through the creation of additional clinical positions and increased overtime to properly budget for the replacement factor and adjust staffing levels to align with current utilization on patient care units.

REQUESTED 2011 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

- Focus additional resources on education and training of staff as well as quality assurance to maintain regulatory compliance.

Behavioral Health Division- Department Wide

State Medicaid Revenue Reduction (\$3,649,349)

The State of Wisconsin Medicaid deficit has forced a 2011 Budget decrease of \$3.6 million in patient care revenues, as a result of continuing decreases in Medicaid reimbursement rates. In the 2009-2011 biennial budget, the State of Wisconsin is faced with a \$600 million deficit in the Medicaid budget. This deficit has been passed on to providers, including BHD. Furthermore, BHD is beginning to see other insurance companies (HMOs, private insurance etc) change their payment schedule to reflect State Medicaid. The HMO's have also received decreased state Medicaid payments and are now passing those reductions onto local providers. This is adversely affecting BHD patient revenue. Therefore, the 2011 budget makes adjustments to account for known revenue reductions. It is important to note that the State will have a new budget beginning in July 2011 and additional adjustments may be necessary.

Initiatives:

Destination 2012 – Joint Commission \$48,830

The Division continues to work toward The Joint Commission (TJC) Certification with a goal to submit the application in 2012. Various initiatives in the 2011 Budget reflect this goal and BHD's commitment toward meeting TJC by 2012. This includes funding of \$48,830 to obtain some IT resources and consultation services from The Joint Commission to assist BHD Leadership in compliance and application development.

Personnel Services and Fringe Benefits \$8,250,100

In 2011, total personnel services are increased by \$8,250,100. Of this amount, fringe benefits increased by \$4,666,488, primarily due to a \$1 million decrease in 1972 related savings and overall increases in active and legacy fringe rates. In addition, salary and overtime costs increased by \$3,583,612, due to \$2.17 million in 1972 reductions, mainly associated with removal of furlough days, and \$1.2 million in additional overtime appropriations.

Attorney Fees \$150,000

In 2011, an appropriation of \$150,000 is included, based on prior actual utilization, for Attorney Fees.

Position Reconciliation (\$333,630)

As part of an on-going initiative to reconcile positions within the Human Resources and budget systems, the following position actions are included in 2011:

- Abolish the following vacant positions: 1.0 FTE Community Nurse Specialist, 0.5 FTE Occupational Therapist 2, 1.0 FTE Music Therapy Program Coordinator, 0.5 FTE Psych Social Worker, 1.0 FTE BH Emergency Service Clinician (RN) and 1.5 FTE BH Emergency Service Clinician
- Fund 1.0 FTE RN 2 – Utilization Review and 0.5 FTE RN 1 (Pool)

Education Services and Quality Assurance Initiative \$562,073

The BHD Administrative team has worked diligently to ensure that all training, quality assurance and regulatory requirements are met. To ensure that compliance is maintained, proper resources are allocated to meet current regulations, enhance training and quality of care and to also obtain Joint Commission standards the following investments are made in 2011:

- In Education Services and Quality Management 2.0 FTE of Program Analyst, 1.0 FTE RN 2 – Staff Development, 1.0 FTE Employee Educator and Trainer, and 2.0 FTE Quality Assurance Coordinator are created for a total of \$498,343.
- Education Services will invest in a new on-line employee training system and additional resources for a total cost of \$63,730.

REQUESTED 2011 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

Overtime Reconciliation \$1,182,672

As part of an on-going effort at BHD to align budgeted expenditures with actual experience, overtime is increased in 2011. The majority of BHD overtime is used to provide staffing associated with coverage for sick leave, vacation, FMLA use and other time off on patient care units. BHD budgeted overtime by area based on 2008, 2009 and 2010 actual experience.

Management and Support Services

Day Hospital (\$33,519)

In 2010, BHD began to rent out the majority of the space in the Day Hospital facility to outside agencies to create more synergies for BHD programs and increase revenue. In addition to the Day Hospital, the Downtown Community Support Program moved to the Coggs building and the EMS program moved to the CATC facility in 2010. This initiative is continued in 2011 and produces a savings of \$33,519 in the BHD budget (additional rent revenue is included in the Department of Health and Human Services (DHHS) and the Department of Transportation and Public Works (DTPW) budgets, which creates additional savings for the entire County).

Security Surveillance Strategies \$450,000

Capital Budget Request for Security Cameras \$110,000

The Security contract is increased by \$450,000 due to additional needs identified within BHD. Also, in the Capital Budget request for 2011, BHD is requesting \$80,000 for a one-time investment of security cameras and \$30,000 for electronic card readers at all doors. All of these initiatives promote safety within the BHD facility.

BHD Operations No Fiscal Effect

In 2011, BHD plans to purchase salt for use in snow removal from an outside vendor. The cost of this is offset by a decrease in DTPW salt charges.

Position Changes \$216,691

To better reflect needs within the Management Services area, the following positions are created: 1.0 FTE Staffing Assistant, 1.0 Clerical Specialist MHD and 1.0 FTE Employee Outreach and Community Liaison for a total cost of \$216,691.

Inpatient Services: Nursing Facility Services

Clinical Position Changes \$468,746

In 2011, the BHD Clinical Team is focused on providing consistent staffing, redeployment of clinical staff, and concentrate on surveillance within the clinical areas at BHD. To that end, BHD plans to create clinical positions to account for sick leave, vacation, FMLA use and other time off in a more consistent way. In the Nursing Facility Services area the following positions are created:

- Create: 7.0 FTE Nursing Assistant 1 MH, 1.0 FTE Psych LPN and 1.0 FTE RN 3 MH
- Fund: 1.0 FTE RN 3 MH
- Create – Unfunded: 4.0 FTE Nursing Assistant 1 MH and 1.0
- Abolish Upon Vacancy: 1.0 FTE Nursing Program Coordinator

Inpatient Services: Acute Adult/Child Services

State Mental Health Institutes Same as 2010

Funding is maintained at the 2010 level for all children and elderly patients placed in the State Mental Health Institutes.

REQUESTED 2011 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

Clinical Position Changes

\$1,171,550

In 2011, the BHD Clinical Team is focused on providing consistent staffing, redeployment of clinical staff, and concentrate on surveillance within the clinical areas at BHD. To that end, BHD plans to create clinical positions to account for sick leave, vacation, FMLA use and other time off in a more consistent way. In the Acute Adult Services Area the following positions are created:

- Create: 18.0 FTE Nursing Assistant 1 MH, 1.0 FTE Unit Clerk, 1.0 FTE Nursing Program Supervisor and 3.0 FTE RN 3 MH
- Fund: 1.0 FTE RN 3 MH
- Create – Unfunded: 7.0 FTE Nursing Assistant 1 MH
- Abolish Upon Vacancy: 2.0 FTE Nursing Program Coordinators

Adult Community Services: Mental Health

Potawatomi Revenue

Same as 2010

In 2011, Potawatomi revenue is maintained at \$837,203, with \$500,000 dedicated to AODA Services and \$337,203 to support client services in the community.

Position Changes

\$20,656

To better reflect staffing needs, 1.0 FTE vacant Psychiatric Social Worker is unfunded and 1.0 FTE Clinical Psychologist 3 is funded for a total cost of \$20,656.

Adult Community Services: Alcohol and Other Drug Abuse (AODA)

Community AODA Contracts

No Fiscal Effect

Appropriations for purchase of service contracts within the AODA network are increased by over \$500,000 in 2011 primarily due to the award of three new grants in early 2010. Increased contractual expenditures are completely offset with increased revenues.

An appropriation of \$5,000 is maintained for the Safe Ride of Milwaukee County program, whose other sponsors include the Tavern League of Wisconsin and Business Against Drunk Driving.

Access to Recovery (ATR)

No Fiscal Effect

The 2011 budget assumes that Milwaukee County is awarded an Access To Recovery (ATR)-3 grant for \$4 million. This is a reduction of \$584,650 over 2010 and an offsetting reduction is made in the purchase of service line. Nationwide funding for ATR has been diminished and new geographical requirements have been placed on states therefore, it is possible that BHD's ATR grant will be even further reduced in 2011. BHD will be notified of the award in September 2010.

Child and Adolescent Community Services

Overview and Slot Delineation

No Fiscal Effect

The 2011 Budget for Wraparound Milwaukee includes \$2,379,200 of increased revenues and corresponding expenditure increases to support the following programs:

- Wraparound Milwaukee will serve a projected average daily enrollment of 1,000 children in 2011 in all of its programs, which includes a new program with 100 slots for children over 18 years of age in the new Youth in Transition grant-funded program.
- The FOCUS program will serve up to 47 youth who would otherwise be committed to Juvenile Corrections.
- The FISS program will serve approximately 65 families per month.

REQUESTED 2011 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

- The Wraparound Milwaukee REACH program will serve approximately 225 youth. BHD plans to request an additional 100 slots for REACH in 2011.

Adult Crisis Services

Crisis Respite Beds \$500,000

In 2011, BHD will continue to fund \$500,000 to offset the cost associated with 16 crisis respite beds in the Adult Crisis Services area, although grant funding has been eliminated. The availability of these crisis resources has allowed BHD to effectively manage the census on the adult inpatient hospital units, which, in turn, has alleviated delays in transferring individuals in psychiatric crisis from local general hospital emergency departments to the BHD Psychiatric Crisis Services area.

Clinical Position Changes \$357,583

In 2011, the BHD Clinical Team is focused on providing consistent staffing, redeployment of clinical staff, and focusing on surveillance within the clinical areas at BHD. To that end, BHD plans to create clinical positions to account for sick leave, vacation, FMLA use and other time off in a more consistent way. In the Crisis Services Area the following positions are created:

- Create: 5.0 FTE Nursing Assistant 1 MH, 1.0 FTE Unit Clerk and 1.0 FTE RN 3 MH
- Fund: 1.0 FTE RN 3 MH
- Abolish Upon Vacancy: 1.0 FTE Nursing Program Coordinator

Emergency Medical Services (EMS)

General Assistant Medical Program (GAMP) No Fiscal Effect

The General Assistance Medical Program (GAMP) was previously the health care financing system for medically indigent persons currently residing within Milwaukee County. In 2009 existing GAMP clients were transitioned to a new program with the State of Wisconsin called Badger Care Plus – Childless Adults. County residents not currently enrolled in GAMP were able to apply for the Badger Care Plus – Childless Adults benefits in 2009. The County will continue to dedicate \$6.8 million in funds for County residents enrolled in Badger Care Plus –Childless Adults in the 2011 Budget.

Position Changes \$39,681

EMS Training needs have increased in recent years. To provide more flexibility for staffing trainings, 0.6 FTE of Paramedic Trainer (Hourly) is created for a total cost of \$39,681.

EMS Fee Changes No Change from 2010

All EMS fees remain at the 2010 level for 2011.

AHA Courses Offered by the Community Training Center			
Service	2010 Fee	2011 Fee	2010/2011 Change
Basic Life Support (CPR) Health Care Provider	\$75	\$75	\$0
Basic Life Support (CPR) Health Care Provider (skill testing only)*	\$55	\$55	\$0
Basic Life Support (CPR) in conjunction with ACLS	\$50	\$50	\$0
Advanced Cardiac Life Support (per person)	\$250	\$250	\$0
Advanced Cardiac Life Support (per person) (Skill testing only)*	\$125	\$125	\$0
Pediatric Advanced Life Support (per person)	\$280	\$280	\$0
Advanced Life Support Instructor (per person)	\$175	\$175	\$0

REQUESTED 2010 BUDGET

DEPT: DHHS - Behavioral Health Division

**UNIT NO. 6300
FUND: General - 0077**

Pediatric Advanced Life Support Instructor/Person	\$175	\$175	\$0
Basic Life Support (CPR) Instructor/Person	\$125	\$125	\$0
Automatic Electronic Defibrillator (per person)	\$50	\$50	\$0
Heartsaver CPR	\$50	\$50	\$0
Children and Infant CPR	\$50	\$50	\$0
Heartsaver/First Aid	\$65	\$65	\$0

EMS Courses Offered by the Education Center Service

Service	2010 Fee	2011 Fee	2010/2011 Change
Paramedic Course (per person)	\$8,000	\$8,000	\$0
Paramedic Refresher Course (8 Hour Block)	\$125	\$125	\$0
EMT/B mini Refresher Course (6 Hour Block)	\$50	\$50	\$0
Paramedic Continuing Education Units per person (per hr)	\$35	\$35	\$0
National Registry Exam			
Practical only	\$300	\$300	\$0
Practical Retakes per station	\$40	\$40	\$0
Basic IV Tech Course	\$500	\$500	\$0
Basic IV Refresher Course	\$125	\$125	\$0
First Responder Course	\$325	\$325	\$0
First Responder Refresher Course	\$200	\$200	\$0
Observational Ride along/8 hour day**	\$75	\$75	\$0

Other Services Offered by the Emergency Medical Department

Service	2010 Fee	2011 Fee	2010/2011 Change
Quality Assurance-fee is based on every 1,000 runs in system	\$2,700	\$2,700	\$0
Data Management-fee is based on every 1,000 runs in system	\$6,000	\$6,000	\$0
Medical Director-fee is based on every 1,000 runs in system	\$9,000	\$9,000	\$0
Administrative Fee-system charged at 20% of total system run fees above	20%	20%	\$0

* Offered to the public as well as EMS providers.

** Activities offered by Emergency Medical Services (EMS)

Capital Budget

Security Cameras and Surveillance Strategies

\$110,000

As mentioned previously, BHD is requesting \$80,000 for a one-time investment of security cameras and \$30,000 for electronic card readers at all doors for 2011. All of these initiatives promote safety within the BHD facility.

REQUESTED 2010 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300
 FUND: General - 0077

BUDGET SUMMARY				
Account Summary	2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Personal Services (w/o EFB)	\$ 48,219,356	\$ 44,040,807	\$ 47,624,419	\$ 3,583,612
Employee Fringe Benefits (EFB)	27,801,080	31,240,737	35,907,225	4,666,488
Services	9,792,555	19,297,355	21,963,564	2,666,209
Commodities	9,733,298	6,206,972	7,193,014	986,042
Other Charges	77,429,507	79,528,596	81,984,425	2,455,829
Debt & Depreciation	0	0	0	0
Capital Outlay	63,670	209,700	240,000	30,300
Capital Contra	0	0	0	0
County Service Charges	38,185,109	43,021,655	44,765,683	1,744,028
Abatements	(32,732,183)	(37,157,064)	(38,994,362)	(1,837,298)
Total Expenditures	\$ 178,492,392	\$ 186,388,758	\$ 200,683,968	\$ 14,295,210
Direct Revenue	60,144,424	60,786,083	60,331,575	(454,508)
State & Federal Revenue	59,686,855	59,366,026	60,395,054	1,029,028
Indirect Revenue	8,958,794	10,144,340	9,925,590	(218,750)
Total Revenue	\$ 128,790,073	\$ 130,296,449	\$ 130,652,219	\$ 355,770
Direct Total Tax Levy	49,702,319	56,092,309	70,031,749	13,939,440

PERSONNEL SUMMARY				
	2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Position Equivalent (Funded)*	893.2	827.7	870.6	42.9
% of Gross Wages Funded	95.0	92.9	94.9	2.0
Overtime (Dollars)	\$ 4,256,556	\$ 2,393,964	\$ 3,576,636	\$ 1,182,672
Overtime (Equivalent to Position)	82.5	46.4	66.7	20.3

* For 2009 Actuals, the Position Equivalent is the budgeted amount.

REQUESTED 2010 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Position Reconciliation						
Community Nurse Specialist	44560	Abolish	1	(1.00)	Adult Community	(55,883)
OT 2	53410	Abolish	1	(0.50)	Acute Adult	(28,530)
Music Therapy Prog Coord	53910	Abolish	1	(1.00)	Acute Adult	(47,656)
Psych Social Worker	56900	Abolish	1	(0.50)	Adult Crisis	(23,877)
BH Emer Svc Clinician (RN)	44606	Abolish	1	(1.00)	Adult Crisis	(55,079)
BH Emer Service Clinician	59025	Abolish	2	(1.50)	Adult Crisis	(71,632)
RN 2 - Util Review	44760	Fund	1	1.00	Adult Crisis	55,079
RN 1 Pool	44510	Create	1	0.50	Adult Community	40,500
Ed. Svcs. And QA Positions						
RN2 - Staff Development	44700	Create	1	1.00	Management Svcs	55,079
Program Analyst	08421	Create	2	2.00	Management Svcs	78,438
Employee Educator & Trainer	TBD	Create	1	1.00	Management Svcs	55,883
Quality Assurance Coord	58026	Create	2	2.00	Management Svcs	110,506
Other Position Actions						
Nursing Asst. 1 MH	43840	Create	7	7.00	Nursing Services	95,816
Nursing Asst. 1 MH	43840	Create - Unfunded	4	4.00	Nursing Services	0
Psych LPN	43890	Create	1	1.00	Nursing Services	36,902
RN 3 MH	44570	Fund	1	1.00	Nursing Services	55,883
RN 3 MH	44570	Create	1	1.00	Nursing Services	55,883
Nursing Program Coord*	45110	Abolish	1	(1.00)	Nursing Services	(77,351)
Unit Clerk	02000	Create	1	1.00	Acute Adult	26,242
Nursing Asst. 1 MH	43840	Create	18	18.00	Acute Adult	402,688
Nursing Asst. 1 MH	43840	Create - Unfunded	7	7.00	Acute Adult	0
RN 3 MH	44570	Fund	1	1.00	Acute Adult	55,883
RN 3 MH	44570	Create	3	3.00	Acute Adult	167,649
Nursing Program Supervisor	TBD	Create	1	1.00	Acute Adult	55,883
Nursing Program Coord*	45110	Abolish	2	(2.00)	Acute Adult	(154,703)
Unit Clerk	02000	Create	1	1.00	Adult Crisis	26,242
Nursing Asst. 1 MH	43840	Create	5	5.00	Adult Crisis	118,440
RN 3 MH	44570	Fund	1	1.00	Adult Crisis	55,883
RN 3 MH	44570	Create	1	1.00	Adult Crisis	55,883
Nursing Program Coord*	45110	Abolish	1	(1.00)	Adult Crisis	(77,351)
Staffing Assistant	51615	Create	2	1.00	Management Svcs	33,371
Clerical Specialist MHD	01293	Create	1	1.00	Management Svcs	32,008
Employee Outreach and Comm Liaison	TBD	Create	1	1.00	Management Svcs	59,789
Psych Social Worker	56900	Unfund	1	(1.00)	Adult Community	(47,755)
Clinical Psychologist 3	57021	Fund	1	1.00	Adult Community	63,517
Paramedic Trainer (Hourly)	54810	Create	1	0.60	EMS	22,242
Total:						1,175,872

* Abolish Upon Vacancy

REQUESTED 2010 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

ORGANIZATION EXPENDITURE SUMMARY					
DIVISION		2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Management / Support Services	Expenditure	\$ 864,716	\$ (1,066,421)	\$ 1,682,295	\$ 2,748,717
	Revenue	1,144,825	1,455,179	1,595,671	140,492
	Tax Levy	\$ (280,109)	\$ (2,521,600)	\$ 86,624	\$ 2,608,225
Inpatient Services: Nursing Facility Services	Expenditure	\$ 28,901,209	\$ 25,840,412	\$ 27,787,563	\$ 1,947,151
	Revenue	10,444,978	8,868,138	9,317,835	449,697
	Tax Levy	\$ 18,456,231	\$ 16,972,274	\$ 18,469,728	\$ 1,497,454
Inpatient Services: Acute Adult / Child Services	Expenditure	\$ 36,500,412	\$ 36,872,716	\$ 40,269,052	\$ 3,396,336
	Revenue	13,339,952	15,741,897	13,654,373	(2,087,524)
	Tax Levy	\$ 23,160,460	\$ 21,130,819	\$ 26,493,225	\$ 5,483,860
Adult Community Services	Expenditure	\$ 28,505,673	\$ 29,251,358	\$ 30,775,022	\$ 1,523,664
	Revenue	32,227,151	28,945,861	27,831,806	(1,114,055)
	Tax Levy	\$ (3,721,478)	\$ 305,497	\$ 2,943,216	\$ 2,637,719
Child and Adolescent Services	Expenditure	\$ 46,730,771	\$ 44,628,075	\$ 47,641,001	\$ 3,012,926
	Revenue	46,577,368	45,487,832	47,867,032	2,379,200
	Tax Levy	\$ 153,403	\$ (859,757)	\$ (226,031)	\$ 633,726
Adult Crisis Services	Expenditure	\$ 17,179,222	\$ 18,213,960	\$ 19,035,294	\$ 821,334
	Revenue	7,931,045	11,937,422	12,002,522	65,100
	Tax Levy	\$ 9,248,177	\$ 6,276,538	\$ 7,032,772	\$ 756,234
AODA Services	Expenditure	\$ 19,810,479	\$ 18,024,161	\$ 18,858,444	\$ 834,283
	Revenue	17,124,766	16,504,120	17,026,980	522,860
	Tax Levy	\$ 2,685,713	\$ 1,520,041	\$ 1,831,464	\$ 311,423
Emergency Medical Services *	Expenditure	\$ 14,158,138	\$ 14,624,497	\$ 14,635,296	\$ 10,799
	Revenue	2,211,635	1,356,000	1,356,000	0
	Tax Levy	\$ 11,946,503	\$ 13,268,497	\$ 13,279,296	\$ 10,799

* The 2009 Actuals for Emergency Medical Services reflect all County Health Program financials.

All departments are required to operate within their expenditure appropriations and their overall budgets. Pursuant to Section 59.60(12), Wisconsin Statutes, "No payment may be authorized or made and no obligation incurred against the county unless the county has sufficient appropriations for payment. No payment may be made or obligation incurred against an appropriation unless the director first certifies that a sufficient unencumbered balance is or will be available in the appropriation to make the payment or to meet the obligation when it becomes due and payable. An obligation incurred and an authorization of payment in violation of this subsection is void. A county officer who knowingly violates this subsection is jointly and severally liable to the county for the full amount paid. A county employee who knowingly violates this subsection may be removed for cause."

2011 Requested Budget 5% & 10% Tax Levy Reductions Plans

County Board resolution File Number 90-1052 requires that all department and agency directors submit, as part of their Requested Budget, a supplemental report identifying alternative program/service levels. This supplemental report must include, in priority order additional 5% and 10% tax levy reductions beyond the maximum tax levy request limit and specific definition of the consequences of reduced funding or not funding a particular service or program.

Org. Unit	Organizational Unit Name	2011 Tax Levy - Request	5% Reduction	10% Reduction
6300	Behavioral Health Division DHHS	70,031,737	3,501,587	7,003,174

Please list below program changes that would generate savings of up to 5%.

Rank	Program Area	Program Change	5% Tax Levy Change
1	Emergency Medical Services	Eliminate EMS Subsidy	3,000,000

Please provide a detailed description of the proposed reduction

- 1 What modifications are necessary to the program identified above to achieve the reduction?

EMS implemented a new funding paradigm based on a market-based approach approved by the County Board in November 2006 for 2007 and forward. Host municipalities retain the reimbursement revenue directly for ALS services. Previously, Milwaukee County collected the revenue directly and paid the municipalities based on a formula developed by the Intergovernmental Cooperation Council (ICC). Municipalities are now paid based on the number of paramedic runs and also receive a supplemental payment from the County, distributed based on a formula developed by the ICC. The entire administrative cost of the EMS program is included in the County's budget. As part of the 5% cut plan, and due to increased paramedic revenues for municipalities based on this funding model, BHD proposes to eliminate this subsidy.

- 2 What is the expenditure and revenue impact of the change?

Revenue Decrease	\$	-
Expenditure Decrease.	\$	<u>3,000,000</u>
Net Savings	\$	3,000,000

(note this assumes a full year savings)

- 3 What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

None.

- 4 What services are affected by this program change?

Each Municipality would need to make adjustments for the decrease in their respective budgets.

- 5 What constituents are affected and how are they affected?

Depending on how Municipalities individually adjusted their budgets, constituents may be affected. The City of Milwaukee receives the majority (nearly 2/3rds) of the total subsidy.

- 6 If this program reduction affects another county department, please provide which departments and how they are affected.

None.

2011 Requested Budget 5% & 10% Tax Levy Reductions Plans

Rank	Program Area	Program Change	5%Tax Levy Change
2	Adult Community Services	Realign Detox Services	500,000

Please provide a detailed description of the proposed reduction

- 1 What modifications are necessary to the program identified above to achieve the reduction?

The Adult Community Services Detox program would be redesigned in 2011 to a different model of care utilizing a nationally-recognized patient placement criteria to appropriately admit individuals into the most cost-effective level of detox care. Detox is required by state licensure to utilize "approved placement criteria" to determine admission into any level of service. Milwaukee County mandates the use of American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC) to meet this requirement. ASAM is in the process of updating admission criteria for Detox to be more consistent with current research and best practices. In anticipation of these changes, BHD could contract for more social detox beds versus medical detox beds.

- 2 What is the expenditure and revenue impact of the change?

Revenue Decrease	\$	-
Expenditure Decrease.	\$	500,000
Net Savings	\$	500,000

- 3 What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

None.

- 4 What services are affected by this program change?

The total 2009 Detox contract is \$3,072,145 and is broken out as follows: \$2,942,145 for medical detox beds, which provides 9,855 units (bed days) at \$331.71 per unit (or 27 beds filled each day of the year) and \$130,000 for social detox, which provides 3,285 units at \$43.97 per unit (or 9 beds filled per day). Therefore, for example, if BHD reduces 6 medical detox beds there is a savings of approximately \$726,000. After the fiscal savings accounted for in this proposal is taken, there is \$226,000 for social detox, which will purchase at least 12 beds including administrative costs. BHD would reduce the total number of medical detox beds and increase the number of social detox beds.

- 5 What constituents are affected and how are they affected?

Clients using Detox services through the BHD AODA Services Division. There would be fewer medical detox beds and more social detox beds therefore some clients may receive a different level of care.

- 6 If this program reduction affects another county department, please provide which departments and how they are affected.

None.

2011 Requested Budget 5% & 10% Tax Levy Reductions Plans

Rank	Program Area	Program Change	10% Tax Levy Change
1	Nursing Facility Services	close all 3 units (72 beds) in Hilltop Nursing Home	\$ 1,601,196

Please provide a detailed description of the proposed reduction

- 1 What modifications are necessary to the program identified above to achieve the reduction?

Approximately 72 clients would need to be relocated into the community. All of these clients would be referred to Disability Services Division for placement in one of the long term support waivers or into Family Care. Closure of all Hilltop Units and placement of the residents would require a prioritization by the County and the State to access the needed community resources. The process would need to include a comprehensive assessment of each of the residents to determine their individual functional needs and what is required to support them in the community. Guardians, providers and disability advocates will need to be included in the transition planning process. This would need to be phased in throughout 2011.

- 2 What is the expenditure and revenue impact of the change?

Revenue Decrease	\$		2,613,750
Expenditure Decrease.	\$		4,214,946
Net Savings	\$		1,601,196

(note this assumes a half-year savings)

- 3 What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

96.9 FTE's would be abolished (half-year)

gross wages	\$		2,034,678
statutory	\$		155,654
fringe benefits w/o legacy	\$		1,126,532
total	\$		3,316,864

- 4 What services are affected by this program change?

Three long term care units (72 beds) would be closed.

- 5 What constituents are affected and how are they affected?

72 residents living in the Hilltop Long Term Care facility would be relocated into the community. This creates an opportunity for residents to live in the least restrictive setting they are capable.

- 6 If this program reduction affects another county department, please provide which departments and how they are affected.

The transition of these clients to the community would require the cooperation of the Disability Services Division, as all of these clients would be enrolled in one of DSD's waiver programs.

2011 Requested Budget 5% & 10% Tax Levy Reductions Plans

Rank	Program Area	Program Change	10% Tax Levy Change
2	Acute Adult Inpatient	close one 24-bed unit	1,900,391

Please provide a detailed description of the proposed reduction

- 1 What modifications are necessary to the program identified above to achieve the reduction?

BHD would reduce the number of licensed acute inpatient beds by 24 to a total of 72.

- 2 What is the expenditure and revenue impact of the change?

Revenue Decrease	\$	2,127,640
Expenditure Decrease.	\$	4,028,031
Net Savings	\$	1,900,391
(note this assumes a full year savings)		

- 3 What position actions occur as a result of this change? What is the fiscal effect of those positions? What are the fringe benefit savings?

37 FTE's would be abolished		
gross wages	\$	1,807,577
statutory	\$	138,279
fringe benefits w/o legacy	\$	853,237
total	\$	2,799,093

- 4 What services are affected by this program change?

Adult Inpatient average daily census will be reduced from 96 to 72. The impact of the loss of an inpatient unit would have significant affect on the Behavioral Health Division's ability to fulfill our Chapter 51 obligation. The loss of bed capacity will, in effect, increase the delay for patients awaiting transfer from area hospitals and increase the wait time for law enforcement detaining patients under Chapter 51 Commitment.

- 5 What constituents are affected and how are they affected?

Patients with insurance would have to use private hospitals for psychiatric inpatient care.

- 6 If this program reduction affects another county department, please provide which departments and how they are affected.

This reduction may affect the Sheriff's Department depending on wait time for the Psychiatric Crisis Unit and would also affect all of the hospitals in Milwaukee County who provide psychiatric inpatient services.

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION (MCBHD)
ORG. UNIT NO. 6300
WORK VOLUME STATISTICS
BUDGET YEAR 2011
DATE PREPARED
6/10/10
PREPARED BY
Management Information Systems

Inpatient Services Branch
J. Bergersen

DESCRIPTION	2004	2005	2006	2007	2008	2009	2010	2010	2011
	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET	ESTIMATE	BUDGET
Acute Adult Inpatient - RU 105									
Average Daily Census	103	98	97	99	98	89	96	84	89
Number of Patients Served	1,895	1,964	1,946	2,002	1,880	1,734	2,013	2,083	1,734
Number of Admissions	2,483	2,520	2,713	2,729	2,528	2,336	2,013	2,427	2,337
Number of Patient Days	37,862	35,855	35,259	36,069	35,917	32,573	35,000	30,405	32,573
Average Length of Stay	16.00	14.26	12.66	13.19	13.96	14.72	14.60	16.35	14.72
CAIS Inpatient - RU 204									
Average Daily Census	14	11	11	11	11	9	12	11	11
Number of Patients Served	1,100	1,091	1,158	1,147	1,171	1,103	1,100	1,462	1,103
Number of Admissions	1,422	1,464	1,519	1,557	1,584	1,551	1,400	1,671	1,551
Number of Patient Days	5,094	3,957	3,881	4,120	3,851	3,440	4,380	4,074	3,440
Average length of Stay	4.00	2.86	2.66	2.76	2.53	2.33	3.00	2.49	2.33

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION (MCBHD)
ORG. UNIT NO. 6300
WORK VOLUME STATISTICS
BUDGET YEAR 2011
DATE PREPARED
6/10/10
PREPARED BY
Management Information Systems

Nursing Home Services Branch
R. Maybin

DESCRIPTION	2004	2005	2006	2007	2008	2009	2010	2010	2011
	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET	ESTIMATE	BUDGET
Rehabilitation Center Central IMD - RU 121									
Average Daily Census	67	67	67	66	67	66	68	66	67
Number of Patients Served	84	80	79	87	86	80	68	86	80
Number of Admissions	18	14	14	21	19	12	0	21	12
Number of Patient Days	24,593	24,450	24,304	24,246	24,355	24,251	6,250	23,748	24,251
Rehabilitation Center Hilltop - RU 114									
Average Daily Census*	89	88	68	67	72	65	72	65	65
Number of Patients Served	102	100	79	77	77	73	82	71	73
Number of Admissions	14	13	4	11	11	4	10	6	4
Number of Patient Days	32,487	31,989	24,673	24,299	24,232	23,643	25,000	23,319	23,643

*2006 - Hilltop closed one unit effective 1/1/06

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION (MCBHD)

ORG. UNIT NO. 6300

WORK VOLUME STATISTICS

BUDGET YEAR 2011

DATE PREPARED

6/10/10

PREPARED BY

Management Information Systems

Community Services Branch

W. Laux

DESCRIPTION	2004	2005	2006	2007	2008	2009	2010	2010	2011
	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET	ESTIMATE	BUDGET
Adult Day Treatment - RU 421									
Average Daily Census	19	19	17	19	18	17	18	14	17
Number of Patients Served	167	163	139	119	100	80	60	96	80
Number of Admissions	148	140	109	97	80	64	60	46	64
Number of billable hours of service	15,418	15,825	14,278	18,321	17,133	16,061	15,400	12,312	16,061
Number of Visits	4,928	4,993	4,379	4,972	4,623	4,468	3,600	3,598	4,468
Community Support Program - RU 413									
Number of Patients Served	422	426	436	415	391	372	334	340	372
Number of Admissions	22	37	22	30	22	10	0	22	10
Number of Contacts (Visits)	49,137	51,053	49,728	49,203	49,810	48,515	12,125	46,906	48,515
Targeted Case Management - RU 430									
Number of Patients Served	386	377	354	333	295	293	295	280	293
Number of Admissions	104	113	64	54	52	61	52	50	61
Number of contacts (visits)	14,011	14,110	12,982	11,612	9,477	9,429	9,477	9,360	9,429

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION (MCBHD)
ORG. UNIT NO. 6300
WORK VOLUME STATISTICS
BUDGET YEAR 2011
DATE PREPARED
6/10/10
PREPARED BY
Management Information Systems

Crisis Services Branch
 J. Kubicek

DESCRIPTION	2004	2005	2006	2007	2008	2009	2010	2010	2011
	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET	ESTIMATE	BUDGET
Psychiatric Crisis Services - RU 301									
Admissions	12,383	12,391	13,018	12,568	12,509	12,894	13,000	13,906	13,400
CWIC - RU 302									
Number of Patients Served	2,201	1,955	2,258	2,164	1,973	1,785	2,700	2,141	1,785
Number of Admissions	2,063	1,947	2,208	1,924	1,842	1,530	2,000	1,550	1,530
Number of Appointments	7,407	5,863	6,710	7,023	6,498	5,681	7,000	5,378	5,681
Crisis Response - RU 303									
Number of Patients Served	708	801	910	1,037	929	854	850	878	854
Number of Admissions	765	910	1,011	1,144	1,066	949	910	1,001	949
Number of Appointments	1,467	1,677	1,628	1,645	1,405	1,392	1,600	1,320	1,392
Crisis Respite - RU 307-308*									
Number of Patients Served	210	401	347	334	282	304	350	343	304
Number of Admissions	228	428	376	366	304	325	375	394	325

* RU 308 data collection started 2/1/05

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION (MCBHD)
 ORG. UNIT NO. 6300
 WORK VOLUME STATISTICS
 BUDGET YEAR 2011
 DATE PREPARED
 6/10/10
 PREPARED BY
 Management Information Systems

ALCOHOL AND OTHER DRUG ABUSE (AODA) SERVICES

W. Laux

DESCRIPTION	2004	2005	2006	2007	2008	2009	2010	2010	2011
	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET	ESTIMATE	BUDGET
AODA Services - Current Budget									
Methadone	232	222	196	199	199	183	200	169	200
Detox - Not Specified									
Detox - Level 1			1,946	2,320	2,307	2,369		2,251	
Detox - Level 2			1,653	1,197	1,170	1,173		1,229	
Inpatient Care (Detox) - Total	2,111	3,145	3,599	3,517	3,477	3,542	3,298	3,480	3,298
Intake Assessment	3,749	5,298	8,120	5,712	4,235	4,727	7,260	4,817	7,260
Outpatient	1,656	2,709	4,854	3,268	2,717	3,112	3,060	2,923	3,060
Day Treatment	161	602	1,499	785	729	903	1,200	660	1,200
Residential - Not Specified									
Bio Enhanced Residential	0	0	0	0	2	7		5	
Transitional Residential			1,085	652	713	692		706	
Medically Monitored Residential			106	49	59	28		17	
Residential - Total	0	0	1,191	701	774	727	1,100	728	1,100
Recovery House Plus OP/DT	0	0	7	32	144	197		401	
Community Living Support Svcs	416	2,929	5,473	2,478	4,407	5,709	4,560	6,538	4,560

* Note: SCRIPTS counts are 1/1/05 through 6/19/05 for Intake Assessment and 1/1/05 through 6/1/05 for levels of care.
 CMHC counts are 6/20/05 through 12/31/05 for Intake Assessments and 6/2/05 through 12/31/05 for levels of care.

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION (MCBHD)
ORG. UNIT NO. 6300
WORK VOLUME STATISTICS
BUDGET YEAR 2011
DATE PREPARED
6/10/10
PREPARED BY
Management Information Systems

Wraparound Milwaukee
 B. Kamradt

FISS Services, Wraparound, and Mobile Crisis

DESCRIPTION	2005	2006	2007	2008	2009	2009	2010	2010	2011
	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET	ACTUAL	BUDGET	ESTIMATE	BUDGET
FISS Services									
Average Census	64	60	48	66	65	70	65	65	65
Patients Served	264	241	240	261	240	275	240	240	240
Admissions (Number Enrolled)	193	195	192	227	192	233	192	192	233
CATC Wraparound									
Average Census	620	620	631	660	624	650	624	650	675
Patients Served	1,012	996	1,200	1,036	1,000	1,087	1,000	1,000	1,000
Admissions	445	391	500	466	400	457	400	450	450
Wraparound, Non-court ordered									
Average Census				115	200	185	200	205	325
Patients Served				211	225	306	225	225	375
Admissions				181	100	139	100	200	200
MOBILE URGENT TREATMENT									
Patient Contacts	4,080	4,493	3,400	4,616	4,000	4,376	4,000	4,400	4,400
Patients Seen	1,610	1,212	1,800	1,396	2,000	1,824	2,000	2,000	2,000
Hospital Diversions	624	1,005	800	1,244	800	1,236	800	1,400	1,400

All data provided by Wraparound Milwaukee staff.

Work Volume Statistics	Organizational Unit Name BHD		Sub Unit Name EMS	Org. Unit No.
	Behavioral Health Division- EMS			6300
	Date Prepared	Prepared By: Alex Kotze		Budget Year
	6/14/2010			2011

Instructions: Distribution of typed forms: Part 1 Auditor, Part 2 Retain. See County Procedure Manual for detailed completion instructions.

No.	Description	2007 Actual	2008 Actual	2009 Actual	2010 Budget	2010 Estimate	2011 Budget
1	EMS-						
2	Communication Base Dispatches	43,554	45,353	45,353	45,353	46,170	46,890
3	Dr Calls	1,468	1,426	1,426	1,426	1,496	1,496
4	ALS Transports	21,346	21,737	21,737	21,737	21,215	21,500
5	ALS Patient Reports	30,641	31,233	31,233	31,233	30,920	31,250
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

No. Indicate which of the above statistics are the most significant work load indicators. List the related activity area and explain why. Note which statistics are reported nationally and by whom.

2011 BHD Requested Budget – Position Descriptions

Below is a list of created positions from the 2011 BHD Requested Budget. All Position Descriptions will be submitted to DAS by July 1, 2010. Please let us know if you have any questions.

Job Title/Classification	Title Code	Number of FTE	Division	PD Status
Employee Educator and Trainer	TBD	1.00	Ed Services	July 1
Employee Outreach and Comm Liaison	TBD	1.00	Management Svcs	July 1
Nursing Program Supervisor	TBD	1.00	Nursing Admin	July 1

Milwaukee County, Wisconsin
Schedule of Fees and Charges

6300 Behavioral Health Division - EMS	
Org. Unit	Organizational Unit Name
John Chianelli	
Department Administrator	

2011
Budget Year
257-5202
Phone Number

Statutory Authority or Ordinance	Revenue Object	Description and Purpose	2010 CURRENT		2011 REQUESTED			RECOMMENDED		
			Unit Cost	Fee or Charge Per Unit	Unit Cost	Fee or Charge Per Unit	Pct. Change from Current Yr.	Unit Cost	Fee or Charge Per Unit	Pct. Change From Current Yr.
* Budget Authority, unless otherwise noted.		BHD - Emergency Medical Services Program								
	3559 & 3599	Advanced Cardiac Life Support per person	Per person	250	Per person	250	0			
	3559 & 3599	Advanced Cardiac Life Support per person (Skill testing only)*		125		125	0			
	3559 & 3599	Basic Life Support (CPR) Health Care Provider	Per person	75	Per person	75	0			
	3559 & 3599	Basic Life Support (CPR) Health Care Provider (Skill testing only)*		55		55	0			
	3559 & 3599	Basic Life Support (CPR) in conjunction with ACLS	Per person	50	Per person	50	0			
	3559 & 3599	Pediatric Advanced Life Support	Per person	280	Per person	280	0			
	3559 & 3599	Advanced Life Support Instructor (per person)	Per person	175	Per person	175	0			
	3559 & 3599	Pediatric Advanced Life Support Instructor/Person	Per person	175	Per person	175	0			
	3559 & 3599	Basic Life Support (CPR) Instructor/Person	Per person	125	Per person	125	0			
	3559 & 3599	Automatic Electronic Defibrillator	Per person	50	Per person	50	0			
	3559 & 3599	Paramedic Course per person		8,000		8,000	0.00%			
				Per person		Per person				
				Per person		Per person				
	3559 & 3599	Paramedic Continuing Education Units per person (per hr)		35		35	0.00%			
				Person/hour		Person/hour				
				Person/hour		Person/hour				
				Person/hour		Person/hour				
				Person/hour		Person/hour				
				Person/hour		Person/hour				
				Person/hour		Person/hour				
				Person/hour		Person/hour				
	3559 & 3599	Paramedic Refresher Course (8 Hour Block)		125		125	0.00%			
	3559 & 3599	EMT/B mini (6 hr) refresher class		50		50	0.00%			
	3559 & 3599	Heartsaver Children and Infant CPR		50		50	0.00%			
	3559 & 3599	Heartsaver Adult CPR		50		50	0.00%			
	3559 & 3599	Heartsaver First Aid & CPR		65		65	0.00%			
	3559 & 3599	National Registry Exam								
		- Written (only)			300		300	0.00%		
		- Pratical (only)			40		40	0.00%		
	- Pratical Retakes per station									
3559 & 3599	Basic IV Tech Course			500		500	0.00%			
3559 & 3599	Basic IV Refresher Course			125		125	0.00%			

Statutory Authority or Ordinance	Revenue Object	Description and Purpose	2010 CURRENT		2011 REQUESTED			RECOMMENDED		
			Unit Cost	Fee or Charge Per Unit	Unit Cost	Fee or Charge Per Unit	Pct. Change from Current Yr.	Unit Cost	Fee or Charge Per Unit	Pct. Change From Current Yr.
	3559 & 3599	First Responder Course		325		325	0.00%			
	3559 & 3599	First Responder Refresher Course		200		200	0.00%			
	3559 & 3599	Observational Ride along\ 8 hr day**		75		75	0.00%			
	3559 & 3599	Quality Assurance-fee is based on every 1,000 runs in system	Per 1,000 runs	2,700	Per 1,000 runs	2,700	0.00%			
	3559 & 3599	Data Management-fee is based on every 1,000 runs in system	Per 1,000 runs	6,000	Per 1,000 runs	6,000	0.00%			
	3559 & 3599	Medical Director-fee is based on every 1,000 runs in system	Per 1,000 runs	9,000	Per 1,000 runs	9,000	0.00%			
	3559 & 3599	Administrative Fee-system charged at 20% of total system run fees above	20% fees above	20%	20% fees above	20%	0.00%			
		*Offered to the public as well as EMS providers								
		** Activities offered by Emergency Medical Services (EMS)								

6300 Behavioral Health Division	
Org. Unit	Organizational Unit Name
John Chianelli	
Department Administrator	

2011
Budget Year

Schedule of Lease Agreements - Existing Leases

Low Org.	BRASS Object	Description and Purpose	LEASE TERMS			ANNUAL COST OF LEASE		
			Number of Months	Interest Rate	Expiration Date	Requested Amount	Recommended Amount	Adopted Amount
6406	6505	1 Chevrolet Uplander	36		12/31/2010*	\$4,695		
6443	6505	3 Chevrolet Impala, Express and Trailblazer - Mobile Crisis	36		12/31/2010*	\$16,368		
6474	6505	3 Chevrolet Impala, Express, Trailblazer - Child Mobile Crisis	36		12/31/2010*	\$21,063		
		1 Chevrolet Uplander			12/31/2010*			
6443	6502	Medication Dispensing Machine	12		12/31/2011	\$18,072		
6373	6502	Medication Dispensing Machine (3 units)	12		12/31/2011	\$24,000		
6383	6502	Medication Dispensing Machine (1 unit)	12		12/31/2011	\$6,000		
6532	6502	BizHub Copier Leases - 8 machines	12		12/31/2011	\$22,640		
Total						\$90,198		

* Currently all vehicle leases for BHD expire at the end of 2010. BHD will work with Fleet Management to either renew or enter into new leases for 2011. The budget reflects anticipated costs based on 2010 actuals.

Schedule of Lease Agreements - New Leases

Low Org.	BRASS Object	Description and Purpose	LEASE TERMS			ANNUAL COST OF LEASE		
			Number of Months	Interest Rate	Expiration Date	Requested Amount	Recommended Amount	Adopted Amount
6516	6502	Mailroom copier (New Lease)	36		6/1/2013	\$6,977		
Total						\$6,977		

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

7

DATE: September 8, 2010

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

FROM: Geri Lyday, Interim Director - Department of Health and Human Services
Prepared by: Tim Russell, Administrator, Housing Division

SUBJECT: FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO CONTRACT WITH COMMUNITY ADVOCATES ON BEHALF OF THE CONTINUUM OF CARE

Issue

The approved 2010 budget provided for a contribution of \$50,000 by Milwaukee County to support the work of the Continuum of Care. Because of the dollar amount, the contract requires approval.

Background

This contract, similar to those used in 2009 and previous years, represents the ongoing commitment of Milwaukee County to the support of the homeless assistance system in Milwaukee County. The 2010 commitment of \$50,000 was anticipated in the 2010 budget. However, because the vendor and specific amounts were not included in the budget narrative, this contract cannot be undertaken without specific authority to do so.

Discussion

The Continuum of Care (CoC) provides essential oversight, guidance and management of the homeless assistance system. Milwaukee County has a long history of involvement and support for the CoC. The CoC contracts with Community Advocates to serve as the fiscal and management agent for the CoC.

Fiscal Effect

The total 2010 contract amount is \$50,000. There are no fiscal effects outside those anticipated in the 2010 budget.

Recommendation

It is recommended that the Milwaukee County Board of Supervisors authorize the Interim Director, DHHS, or designee, to execute a contract Community Advocates on behalf of the Continuum of Care for 2010 for \$50,000.

Respectfully Submitted:



Geri Lyday, Interim Director
Department of Health and Human Services

cc: Scott Walker, County Executive
Cynthia Archer, Director, DAS
Antionette Thomas-Bailey, Analyst - DAS
Jennifer Collins, Analyst – County Board
Jodi Mapp, Committee Clerk – County Board

File No.
(Journal,)

(ITEM *) Report from the Interim Director of Health and Human Services, requesting authorization to contract with Community Advocates on behalf of the Continuum of Care, by recommending adoption of the following:

A RESOLUTION

WHEREAS, is requesting authorization for the Housing Division to enter into a professional service contract with Community Advocates on behalf of the Continuum of Care; and

WHEREAS, such support is important to the efforts of the Continuum of Care in providing coordination of community based homeless assistance and homeless prevention efforts in Milwaukee County. ; and

WHEREAS, funds for this contact were included in the adopted 2010 budget of the Division; and

BE IT RESOLVED, that the Interim Director, Department of Health and Human Services, or her designee, is hereby authorized to enter into a professional service contract for the period January 1 through December 31, 2010 with Community Advocates for \$50,000, as follows:

<u>Agency</u>	<u>Type of Service</u>	<u>Term</u>	<u>2010 Contract</u>
Community Advocates	Management & Consulting	1 yr	\$ 50,000

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 09/08/2010

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: From the Interim Director of Health and Human Services, requesting authorization to contract with Community Advocates on behalf of the Continuum of Care

FISCAL EFFECT:

No Direct County Fiscal Impact Expenditures

Increase Capital

Existing Staff Time Required

Decrease Capital

Expenditures

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

Increase Capital Revenues

Absorbed Within Agency's Budget

Decrease Capital Revenues

Not Absorbed Within Agency's Budget

Decrease Operating Expenditures

Use of contingent funds

Increase Operating Revenues

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	50,000	
	Revenue		
	Net Cost	50,000	
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) An annual contract/contribution to support the activities and management of the Continuum of Care

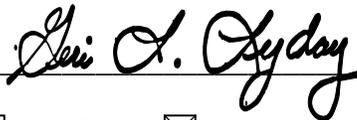
B) The total 2010 contract/contribution amount is \$50,000. There would be no budgetary impact associated with execution of the recommended contract, as sufficient funds are included in Housing's 2010 adopted budget to cover this contract.

C) The Continuum of Care provides vital services to the Homeless assistance system in Milwaukee County and represents a tremendous partnership of funding entities, governemental entities, and service providers.

D. No assumptions/interpretations.

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 Tim Russell, Housing Administrator

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Grant Agreement and Memorandum of Understanding

THIS AGREEMENT is entered into this 15th day of July, 2010 by and between the Housing Division of the Milwaukee County Department of Health and Human Services, hereinafter designated as "County," and the Milwaukee Continuum of Care, hereinafter designated as the "grantee," through Community Advocates, Inc., a nonprofit corporation serving as the grantee's Fiscal Agent, hereinafter designated as "Fiscal Agent."

Contact Person: Joe Volk, Executive Director
Community Advocates, Inc.

Phone Number: 414-449-4777

Federal ID Number: 39-1249426

Background and Purpose

The 2010 Adopted Operating Budget for Milwaukee County, approved by the County Board and signed by the County Executive, appropriated \$50,000 in the budget of the Housing Division within the Milwaukee County Department of Health and Human Services. The appropriation is authorized expressly as a contribution to support the activities of the grantee.

The purpose if this grant shall remain the same as in the 2009 budget narrative on this item appears on pp. 8000-14 of the County's 2009 Adopted Operating Budget which read as follows:

A contribution of \$50,000 to the Continuum of Care (CoC) is budgeted. The CoC is a consortium of local governmental entities and non-profit organizations charged with the responsibility of securing HUD funds to provide housing assistance to the homeless population of Milwaukee County. This contribution, with the stipulation that the funds be used towards the goal of increasing permanent housing, will assist in providing administrative capacity to the organization to achieve this objective...

The purpose of this agreement is a) to effectuate the transfer of funds from the County to the Fiscal Agent for the grantee; and b) to specify the responsibility of the grantee, through its Fiscal Agent, to certify that the funds provided under this agreement are used by the grantee in accordance with the conditions specified in the county's 2010 Adopted Operating Budget.

Use of Funds

Upon execution of this Agreement by the parties, the County shall cause to be paid to the grantee's Fiscal Agent the sum of Fifty Thousand Dollars (\$50,000) to be used solely for the purpose of supporting the administrative operations and activities of the grantee.

Attachment 1 establishes that the grantee has formally designated Community Advocates, Inc. as the Fiscal Agent to manage fiscal activities on its behalf.

The funds provided pursuant to this Agreement constitute a grant from the County. The Fiscal Agent for the grantee shall ensure that the funds are used by the grantee solely for the purpose specified in this section.

The funds shall be returned to the County if, upon documentation pursuant to an audit, the Fiscal Agent fails to establish to the satisfaction of the County that the funds were used by the grantee solely for the purpose specified in this section.

Nothing in this Agreement obligates the County to continue providing funding to the grantee of this or any other amount for this or any other purpose beyond what is made available in this Agreement pursuant to the county's 2010 Adopted Operating Budget.

Access to Records

The Fiscal Agent shall maintain such financial records as shall enable county Department of Health & Human Services staff, County Audit Department staff, or county-contracted auditors to determine that the restriction on the use of these funds by the grantee has been met. The Fiscal Agent shall permit access at all reasonable hours to all of the grantee's financial and legal records and to the Fiscal Agent's records documenting its administrative activities in support of the grantee.

Indemnity

The Fiscal Agent agrees to the fullest extent permitted by law, to indemnify, defend and hold the County and its agents, officials and employees harmless from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Fiscal Agent or the grantee which may arise out of or are connected with any activities covered by this agreement.

IN WITNESS WHEREOF, the parties to this agreement have caused this instrument to be executed by their respective proper officers.

MILWAUKEE COUNTY

(Signature)

Date

FISCAL AGENT FOR THE GRANTEE

BY _____

Its _____

Date: _____

MILWAUKEE COUNTY
Inter-Office Memorandum

DATE: September 8, 2010

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

FROM: Geri L. Lyday, Interim Director, Department of Health and Human Services

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES PROVIDING AN UPDATE ON THE DISABILITY RESOURCE CENTER IMPLEMENTATION AND FAMILY CARE EXPANSION

Introduction

This report provides an update on the progress that has been made in implementing the Disability Resource Center and the expansion of Family Care and all other publicly funded long-term care services for adults with disabilities, age 18 through 59.

The Disability Resource Center (DRC) was certified to operate by the State of Wisconsin Department of Health Services (DHS) effective August 1, 2009. During the first year (Phase I) the DRC was to provide options and enrollment counseling for individuals age 18 through 59, who were receiving Medicaid Waiver funded services through the Disabilities Services Division (DSD), and to enroll 23 individuals per month from the DSD waitlist into one of the publicly funded long-term care options. This will be accomplished by October 2010.

As of July 29, 2010, 1,905 individuals receiving Medicaid waiver funded services have been assessed and counseled by the DRC and transitioned into publicly funded long-term care options. These individuals are now receiving services from one of the entities administering these programs and are no longer receiving services from the DSD with Medicaid Waiver funding.

In addition, as of July 29, 2010, 215 individuals from the waitlist have been counseled and enrolled in one of the publicly funded long-term care options and are now, after many years of waiting, receiving needed services.

Beginning November 2010, the DRC will begin Phase II of its implementation and provide assessments, options counseling and enrollment processing for 3,096 individuals on the waitlist over the next two years. Based on the number of people on the waitlist as of August 1, 2010, the monthly waitlist enrollment is capped at 129 per month for two years. As of November 2012, the State's current plan is that the Disability Resource Center would be at "entitlement" and there would be no waitlist. Any individual seeking publicly funded long-term care services, who is functionally and financially eligible, would be able to receive services without waiting.

Background

The new DRC began operation August 2009. The role of the DRC is to provide a single point of contact for information and assistance for individuals with physical or developmental disabilities, ages 18 through 59, who are seeking services. It is also the “front door” for individuals who are eligible to receive publicly funded long-term care services. The DRC provides an array of services including: information and assistance (a call center); disability benefits specialist services (advocacy to help people access benefits); and options and enrollment counseling, including eligibility determination, for publicly funded long-term care services.

The services available to eligible individuals in publicly funded long-term care are provided by Managed Care Organizations or are self-directed through the IRIS program. As part of the options counseling process, the DRC helps eligible individuals choose a long-term care service provider from several options available in Milwaukee County including:

- Family Care provided either by Milwaukee County Care Management Organization or Community Care, Inc.
- Partnership provided either by Community Care, Inc or iCare.
- PACE (Program for All-Inclusive Care available to people age 55 and older)
- IRIS (Include, respect, I Self-Direct)
- Or remaining on Medicaid card services.

DRC Implementation Highlights

To prepare for DRC implementation and throughout the first transition year, progress was made on key initiatives. These activities included:

- Governance
 - A new ADRC Governing Board (for both the Aging Resource Center and the Disability Resource Center) was created by Milwaukee County Board Resolution in September 2009. ADRC Governing Board members have been recommended by the County Executive and confirmed by the County Board. It is anticipated that the Governing Board will have its first orientation session in September 2010.
 - Membership of the DRC Oversight Committee is being finalized and it is anticipated that meetings will begin in fall 2010.
- Staffing
 - Initial organizational staffing changes were planned and implemented for Phase I, the first year of DRC operation. DSD is working to restructure staffing for Phase II of DRC implementation.
 - 32 staff training sessions were held on new roles and functions, processes and program options and other DRC functions. Additional training is planned for Phase II.
- Options and Enrollment Counseling
 - Detailed processes and related forms and handouts were developed for staff to guide them through the entire process from meeting with the individual, reviewing his or her needs, providing information about publicly funded long-

- term care programs available, confirming or determining functional and financial eligibility and enrollment confirmation.
- Revised processes are being developed for Phase II, which focuses on individuals on the waitlist.
 - Program policies required for compliance with the State ADRC contract have been developed and submitted to the state and others are in the final review stages.
 - A school transition specialist was hired to develop protocols, policies and procedures for transitioning youth from public school systems to adult publicly funded long-term care. Grant funding was awarded to DSD and UWM to help support this effort.
- Information and Assistance
 - An Information and Assistance unit has been created that is supported by a new phone system to better serve callers and track calls.
 - The DRC has submitted a request for the license for the state-required software to develop a disability resources database of available services in the community and links to other resources in the community.
 - Disability Benefits Services
 - An RFP was developed for disability benefit services, required by the state ADRC contract, and a contract was awarded to Independence First with legal support to be provided by Disability Rights Wisconsin. Services began in May 2010.
 - Quality Assurance
 - DSD met with representatives of advocate organizations to get feedback on DRC implementation progress. DHHS and DSD continue to solicit input and improve services based on comments received.
 - A DRC Quality Assurance Plan was developed and is being implemented to assure that the DRC provides quality and unbiased options counseling.
 - Outreach and Community Education
 - Outreach and community education regarding the Disability Resource Center and the transition from waiver services to the new publicly funded long-term care programming was provided in 2009 and 2010 by Disability Rights Wisconsin and several other advocacy agencies.
 - Forums were held with providers in 2009 explaining the program changes.

During the next two transition years (Phase II) when individuals on the waitlist are served, the DRC will continue to address remaining implementation tasks.

DRC Enrollment Volumes

The priority of the first year of DRC operation, Phase I, has been facilitating the transition of all existing Medicaid Waiver adults into one of the publicly funded long-term care options. DSD had been serving approximately 2,300 individuals through the Waiver programs often referred to as CIP, COP and COP Waiver.

The DRC provided options counseling for approximately 200 Waiver participants per month and, as of July 28, 2010, 2,182 individuals have been transitioned. The transition of all Waiver participants is expected to be complete by October 2010.

In addition, the DRC was able to enroll 23 individuals per month from the waitlist. This monthly enrollment target was established in 2009 Wisconsin Act 28. As of July 28, 2010, 264 individuals from the waitlist have been enrolled into publicly funded long-term care and are now finally receiving services. As people have come off the waitlist, more have called for services, and there are currently approximately 3,000 individuals with physical or developmental disabilities waiting for service. During the next two years of DRC operation, Phase II, the State has capped monthly enrollment from the waitlist at 129.

At the conclusion of the 24-month period, the waitlist should be completely eliminated and there will be an entitlement benefit for eligible individuals with disabilities in Milwaukee County.

One of the key roles of DRC staff is to provide unbiased options and enrollment counseling to individuals. DSD has emphasized this in multiple training sessions and process guidelines. Attachment I shows the enrollment choices made by individuals transitioned by the DRC. Most individuals selected Family Care (78% of total enrollees) and of those, 48% selected Family Care through Milwaukee County's Care Management Organization. Approximately 17% of total enrollees selected IRIS, the self-directed program.

The DRC also enrolled 144 "immediate enrollees" who are individuals referred from nursing homes, children's Medicaid Waiver programs and young adults referred from the Bureau of Milwaukee Child Welfare who live in residential settings. There were also 25 "emergency enrollees" who were referred typically from the Adult Protective Services program or were an emergent community referral.

Operational Challenges

As the DRC begins its second phase of operation to enroll individuals from the waitlist from November 2010 to November 2012 it faces several challenges.

The DRC experienced difficulties related to the processing of financial eligibility for participants who were not already "open" on the Income Maintenance (IM) CARES Information System. When planning the DRC the State had informed DSD that few individuals would need to have local IM involvement because of the availability of a centralized enrollment process. However, more individuals have required local IM involvement and this has been challenging given some of the State's current issues with the take-over of Income Maintenance in Milwaukee County and changing staff roles. The DRC continues to meet regularly with local IM, and a key DRC staff position acts as liaison and trouble-shooter with IM staff.

Complying with the monthly State-set enrollment targets while dealing with varying timeframes for individuals to make choices, centralized enrollment, IM cut off dates and processing and IRIS referral and enrollment timelines, has been difficult. Staff support had to be dedicated to the critical function of tracking all enrollments and compliance with the monthly targets.

Fiscal Issues

State funding for the Disability Resource Center is provided through the State-County ADRC Contract and includes State General Purpose Revenue (GPR) and Medicaid Administrative funding. The funding amount is based on the State's adopted cost model for all resource centers statewide. In this model, assumptions are made about personnel costs, amount of time consumed by certain functions and the percentage of the State's population residing in the County. The Medicaid Administrative funds must be "earned" through "100% time reporting" where DRC staff report time spent on allowable activities.

Revenues

For 2010, the State had committed approximately \$3.1 million annually to support the DRC of which approximately \$2 million is GPR and the rest is an expected 35% in federal matching Medicaid Administrative revenue from "time reporting." These revenues are based on DHS's statewide cost model for resource centers.

During the first year of operation, the DRC has actually earned though "100% time reporting," 48% in federal matching funds and hopes to continue this better than anticipated match volume. This means additional revenue to support the DRC and help address the funding gap.

The 2010 Adopted County budget included \$600,000 in tax levy to support the DRC. The 2011 DHHS Requested budget includes \$350,000 in tax levy. The reduction in tax levy between the two years is due the increased in earned match from a 35% match to 48%.

Inadequacy of State Cost Model for Milwaukee County

DHHS has argued that DHS's cost model, upon which funding is based, significantly underfunds Milwaukee County's DRC for several reasons:

- It is based on assumptions that do not reflect the actual salary and fringe costs of operating in Milwaukee County.
- The base funding assumptions understate the anticipated volume of persons who will utilize the DRC in Milwaukee County where poverty levels are high. Also, because of its transportation system and service infrastructure, individuals with disabilities gravitate to Milwaukee County.
- The time studies upon which the model was based were from other smaller counties which had fewer managed care options. Therefore, the model does not reflect the more time-consuming workload of the Milwaukee County DRC staff.

DRC Costs

The original budget estimate, to successfully operate the DRC to comply with State contract requirements, included over \$6 million in operating costs. By comparison, the operating budget for the Aging Resource Center with 60 FTEs is \$7.7 million (2010 Milwaukee County Adopted Budget). The DRC has adjusted original staffing projections, phased in certain implementation

functions, and tried to develop processes to reduce costs since State support was far less than original DRC cost estimates.

The 2010 Milwaukee County Adopted budget includes \$4 million in expenditures to operate the DRC.

After a year of operating experience, however, additional challenges to the DRC workload have presented themselves including:

- **IRIS Recertifications:** Beginning in fall of 2010 the DRC will need to fulfill a role required of other resource centers to perform the recertification of functional screens for persons enrolled in the IRIS program. Over 440 adults with disabilities, age 18 through 59, in Milwaukee County have enrolled in IRIS or been referred as of July 2010. Such a high number of persons selecting IRIS was not anticipated by DSD or DHS, and thus, handling this volume of recertifications was not included in original workload projections. IRIS recertifications for people served by the Aging Resource Center are being handled through an agency which is being paid directly by the State. DHHS has asked the State for resources for the DRC to cover this additional workload and cost.
- **Disenrollments:** Because of numerous long-term care options available to individuals as well as outside influences, disenrollments have been much higher than anticipated. As shown in Attachment II, the DRC received 230 disenrollment referrals from November 2009 to June 2010. More staff time than originally projected is needed to make additional contacts with individuals who wish to disenroll and provide options counseling to help them select another publicly funded long-term care program.

Summary

The new Disability Resource Center of Milwaukee County has successfully implemented the first phase of the expansion of publicly funded long-term care to adults with disabilities age 18 through 59. Over 2,182 individuals have been enrolled into publicly funded long-term care from existing Waiver programs and over 264 individuals from the waitlist have been enrolled and are now, finally, receiving services. Disability Benefit Specialist services are now also available and there is a high demand for this service which provides assistance to individuals seeking public benefits who may be experiencing difficulties obtaining them.

Recommendation

This report is for informational purposes only. No action is recommended unless otherwise directed by the Board.

Respectfully submitted:

A handwritten signature in black ink that reads "Geri L. Lyday". The signature is written in a cursive style with a large, prominent "G" and "L".

Geri L. Lyday, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Cynthia Archer, Director, DAS
Allison Rozek, Analyst - DAS
Jennifer Collins, Analyst – County Board
Jodi Mapp, Committee Clerk, County Board Staff

Attachment I

Enrollments by Type & Target Group
Through July 29, 2010

	MCFC	CCFC	CCP	CC Pace	ICare P	IRIS	TOTAL
DD	885	459	18	2	9	151	1524
PD	179	245	5	3	4	222	658
WL	119	49	4	4	45	43	264
IE	55	48	8	7	6	20	144
EE	10	8	1	0	2	4	25
Total	1248	809	36	16	66	440	2615

Enrollments as Percentage of Total Enrollment
Through July 29, 2010

	MCFC	CCFC	CCP	CC Pace	ICare P	IRIS	TOTAL
DD	33.84%	17.55%	0.69%	0.08%	0.34%	5.77%	58.28%
PD	6.85%	9.37%	0.19%	0.11%	0.15%	8.49%	25.16%
WL	4.55%	1.87%	0.15%	0.15%	1.72%	1.64%	10.10%
IE	2.10%	1.84%	0.31%	0.27%	0.23%	0.76%	5.51%
EE	0.38%	0.31%	0.04%	0.00%	0.08%	0.15%	0.96%
Total	47.72%	30.94%	1.38%	0.61%	2.52%	16.83%	100.00%

Abbreviations:

MCFC = Milwaukee County Family Care

CCFC = Community Care, Inc. Family Care

CCP = Community Care, Inc. Partnership

CC Pace = Community Care, Inc. PACE

ICare P = Independent Care Health Plan (iCare) Partnership

IRIS = Include Respect, I Self-Direct (Self Directed Support Waiver)

DD = Developmentally Disabled

PD = Physically Disabled

WL = Waitlist

IE = Immediate Enrollee (This refers to Nursing Homes, Bureau of Milwaukee Child Welfare referrals)

EE = Emergency Enrollments (This typically refers to referrals from the Adult Protective Services program).

Attachment II

**Disenrollment Referrals
Numbers of Referrals by Agency from Which Disenrollment Requested**

	9-Nov	9-Dec	10-Jan	10-Feb	10-Mar	10-Apr	10-May	10-Jun	10-Jul	Total
MCFC	10	20	16	14	31	17	13	15	11	147
CCFC	1	1	4	0	4	3	8	6	10	37
CC Part	1	5	1	1	2	1	2	2	3	18
iCare Part	0	0	2	0	3	1	2	1	1	10
IRIS		1	2	2	5	2	5	1	0	18
Total	12	27	25	17	45	24	30	25	25	230

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: September 8, 2010

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

FROM: Geri Lyday, Interim Director, Department of Health and Human Services

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO A 2011 CONTRACT WITH THE STATE OF WISCONSIN FOR OPERATION OF THE WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP)

Issue

Section 16.27 of the Wisconsin Statutes governs the operation of the Wisconsin Home Energy Assistance Program (WHEAP) in the State of Wisconsin and prescribes a role for counties in delivering such assistance. Section 46.215 of the statutes specifically addresses Milwaukee County's role in providing energy assistance to eligible residents. Per those sections of the Wisconsin statutes, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute a state-county contract for federal fiscal year 2011 (October 1, 2010 through September 30, 2011) for the operation and funding of low-income energy assistance.

Background

The Wisconsin Department of Administration (DOA) administers WHEAP. WHEAP serves as the umbrella program for the federally-funded Low Income Home Energy Assistance Program or LIHEAP; and the Public Benefits Program funded from fees collected through the electric utilities. LIHEAP focuses mostly on heating assistance while Public Benefits provides benefits for non-heating electric usage.

General eligibility for WHEAP includes households at or less than 60% of state median income (\$47,245 annually for a family of four).

- Regular energy assistance benefits provides a utility supplemental payment for current season heating (LIHEAP) and/or non-heating electric public benefits expenses. Households may receive only one regular heat and/or one regular electric (non-heating) benefit during each heating season (October 1 – May 15). This assistance is paid out of a centrally controlled account by the state and is not maintained by Milwaukee County.
- Crisis assistance provides services to households experiencing actual energy emergencies or those at risk of an emergency. An emergency services component of this area provides benefits and services to households that are experiencing actual or imminent loss of home heating/electricity or are in need of cooling assistance upon the declaration of a heat emergency. Emergency services also include furnace repair and replacement.

- Weatherization services include insulating attics, walls and floors, insulating or replacing water heaters and installing energy efficient lighting among other services. Basic eligibility requirements for weatherization are the same as for energy assistance (WHEAP).
- Outreach services include informing potentially eligible individuals about energy assistance, encouraging them to apply and assisting them with the application process.
- General operations provides funds to the local agencies and their subcontractors to administer the WHEAP program.

As of August 24, 2010, the state made approximately \$36.6 million in payments year-to-date on behalf of 56,416 households under Energy Assistance for FFY2010, and nearly \$3.5 million year-to-date under Crisis Energy Assistance for 12,203 customers in Milwaukee County. These state payments were made either directly to utility companies or to the customers themselves if energy costs are included in their rent.

The total revenue included in the proposed WHEAP contract to operate the program is \$2,476,120, a decrease of \$1,176,445 from the FFY2010 amended contract of \$3,652,565. The 2011 State contract reflects a decrease of \$523,880 compared to the County's 2011 Requested Budget of \$3,000,000. The State contract supports the WHEAP staff and operating costs as well as outside contractual services. DHHS is submitting another report to the County Board this committee cycle with recommended purchase of service contract amounts that reflect the reduced Energy revenue.

The State contract also designates funding for LIHEAP Crisis Benefits and Public Benefits Crisis Benefits. These funds provide direct payments to utility companies or customers and are not recognized in the County's financial system. For FFY11, the State has allocated \$835,732 in LIHEAP Crisis Benefits and \$538,644 in PB Crisis Benefits to Milwaukee County. This reflects a reduction of \$58,674 in LIHEAP Crisis Benefits and a reduction of \$40,996 in PB Crisis Benefits compared to FFY10.

Recommendation

It is recommended that the County Board of Supervisors authorize the Interim Director of the Department of Health and Human Services, or her designee, to execute a FFY2011 contract for the period of 10/01/10 to 9/30/11 with the Wisconsin Department of Administration (DOA) covering the operation of WHEAP in the amount of \$2,476,120, and any addenda to that contract that may be developed during the year.

Fiscal Impact

Authorization to enter into this state-county contract would decrease revenue by \$523,880 compared to the 2011 requested budget. Entering into the WHEAP state contract will have no tax levy impact, since a commensurate reduction will be made to the purchase of service contracts. A fiscal note form is attached.



Geri Lyday, Interim Director
Department of Health and Human Services

cc: Scott Walker, County Executive
Cindy Archer, Director - DAS
Antoinette Thomas-Bailey, Fiscal and Management Analyst
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff

(ITEM) From the Interim Director, Department of Health and Human Services, requesting authorization to enter into a 2011 contract with the State of Wisconsin for operation of the Wisconsin Home Energy Assistance Program, by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 16.27 and Section 46.215 of the Wisconsin Statutes, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute a State-County contract for Federal Fiscal Year 2011 (October 1, 2010 through September 30, 2011) for the operation and funding of low-income energy assistance; and

WHEREAS, the State's Energy Assistance Program is run in conjunction with counties and has the following components:

- General eligibility for the program includes households at or less than 60% of State median income (\$47,245 annually for a family of four).
- Regular Energy Assistance Benefits provides a utility supplemental payment for current season heating (LIHEAP) and/or non-heating electric public benefits expenses. Households may receive only one regular heat and/or one regular electric (non-heating) benefit during each heating season (October 1 – May 15). This assistance is paid out of a centrally controlled account by the State and is not maintained by Milwaukee County.
- Crisis Assistance provides services to households experiencing actual energy emergencies or those at risk of an emergency. An Emergency Services component of this area provides benefits and services to households that are experiencing actual or imminent loss of home heating/electricity or in need of cooling assistance upon the declaration of a heat emergency. Emergency services also include furnace repair and replacement.
- Weatherization services include insulating attics, walls and floors, insulating or replacing water heaters and installing energy efficient lighting among other services. Basic eligibility requirements for weatherization are the same as for energy assistance (WHEAP).
- Outreach services include informing potentially eligible individuals about Energy Assistance, encouraging them to apply, and assisting them with the application process.

- 48 • General Operations provides funds to the local agencies and their subcontractors
49 to administer the WHEAP program.

50 ; and

51
52 WHEREAS, the State contract supports the staff and operating costs of the
53 Energy Program as well as outside contractual services; and

54
55 WHEREAS, as of August 24, 2010, the State made approximately \$36.6 million
56 in payments on behalf of 56,416 customers under Energy Assistance for FFY2010,
57 including nearly \$3.5 million under Crisis Energy Assistance for 12,203 customers in
58 Milwaukee County; and

59
60 WHEREAS, the total revenue included in the proposed WHEAP contract is
61 \$2,476,120, a decrease of \$1,176,445 from the FFY2010 amended contract of
62 \$3,652,565; and

63
64 WHEREAS, authorization to enter into this State-County contract would decrease
65 revenue \$523,880 below the 2011 Requested Budget; and

66
67 WHEREAS, DHHS has submitted a report to the County Board in the September
68 committee cycle with its recommendations for the allocation of 2011 Energy Assistance
69 revenue and the purchase of service contract amounts reflect the reduced Energy
70 revenue estimate; and

71
72 WHEREAS, the report also includes a recommendation to adjust the purchase of
73 service contract cycle from a calendar year to a federal fiscal year; now, therefore,

74
75 BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby
76 authorizes the Interim Director of the Department of Health and Human Services, or her
77 designee, to execute a FFY2011 contract for the period of 10/01/10 to 9/30/11 with the
78 State Department of Administration (DOA) covering the operation of the Wisconsin
79 Home Energy Assistance Program in the amount of \$2,476,120, and any addenda
80 thereto.

81

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 8/30/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Interim Director, DHHS, requesting authorization to enter into a 2011 contract with the State of Wisconsin for operation of the Wisconsin Home Energy Assistance Program

FISCAL EFFECT:

No Direct County Fiscal Impact Expenditures

Increase Capital

Existing Staff Time Required

Decrease Capital

Expenditures

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

Increase Capital Revenues

Absorbed Within Agency's Budget

Decrease Capital Revenues

Not Absorbed Within Agency's Budget

Decrease Operating Expenditures

Use of contingent funds

Increase Operating Revenues

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	-182,129	-523,880
	Revenue	-182,129	-523,880
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

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

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

A. Approval of this request will authorize the Interim Director, DHHS, to sign a 2011 contract with the State of Wisconsin to provide revenue to the County to administer the Wisconsin Home Energy Assistance Program (WHEAP).

B. Authorization to enter into this contract would decrease revenue \$523,880 below the 2011 Requested Budget of \$3,000,000. The total revenue included in the proposed WHEAP contract is \$2,476,120, a decrease of \$1,176,445 from the FFY 2010 amended contract of \$3,652,565. Because the State contract is on the federal fiscal year cycle, there is also a reduction of \$182,129 in expenditures and revenue for the last quarter of 2010. This reduction will be absorbed by a reduction to the purchase of service contracts.

C. Entering into the WHEAP State contract will have no tax levy impact, since a commensurate reduction will be made to the purchase of service contracts.

DHHS is submitting another report to the County Board in the September committee cycle with its recommendations for Energy Assistance Program purchase of service contracts. In this

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.

report, DHHS is recommending that the purchase of service contracts reflect the federal fiscal year rather than a calendar year.

D. This fiscal note assumes expenditures cannot exceed the amounts authorized for the purchase of service contracts. In addition, the fiscal note assumes that the funding for FFY2012 would remain the same as FFY2011. The FFY2012 contract would impact the last quarter (October 1 to December 31) of the county's calendar year 2011.

Department/Prepared By Clare O'Brien, DAS-Fiscal and Management Analyst

Authorized Signature



Did DAS-Fiscal Staff Review?

Yes

No

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

10

DATE: September 8, 2010

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

FROM: Geri Lyday, Interim Director, Department of Health and Human Services
Prepared by: Dennis Buesing, Administrator, DHHS Contract Administration

SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REQUESTING AUTHORIZATION TO ENTER INTO PURCHASE-OF-SERVICE CONTRACTS FOR THE OPERATION OF THE MANAGEMENT SERVICES DIVISION WISCONSIN HOME ENERGY ASSISTANCE PROGRAM

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from nongovernmental vendors. Per Section 46.09, the Interim Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into Purchase-of-Service Contracts with community vendors for the operation of the Management Services Division (MSD) Wisconsin Home Energy Assistance Program (WHEAP). The contracts will follow the Federal Fiscal Year (FFY), beginning October 1, 2010 and ending September 30, 2011.

Background

DHHS traditionally has sought to maintain a social service delivery system comprised of both County provided and purchased services. Partnerships with community vendors have helped DHHS make use of available community resources and expertise in carrying out its mission.

The recommended vendors performed the relevant service for Milwaukee County with the Economic Support Division for multiple years and with MSD for FFY 2010, and have met expectations and contract requirements. The proposed contracts for FFY 2011 are summarized below.

DHHS is recommending the continuation of contracts with the Social Development Commission (SDC) and Community Advocates to operate the Energy Assistance Program for Milwaukee County. Under the FFY 2011 contracts, SDC and Community Advocates would operate the Wisconsin Home Energy Assistance Program (WHEAP) to insure eligible households in Milwaukee County are provided with WHEAP benefits and services. SDC operates three Energy Assistance sites and deploys the remaining four County energy staff along with its regular staff. Community Advocates operates one Energy Assistance site.

The revenue that funds the SDC and Community Advocates' contracts as well as the four County Energy staff and County administration is provided to Milwaukee County under a contract with the State of Wisconsin Department of Administration. This contract is also before the County Board this September cycle for approval.

The operational funding contained in this contract was reduced by nearly \$1.2 million in FFY 2011 compared to FFY 2010. For this reason, the recommended contract amounts for SDC and

Community Advocates are reduced significantly compared to 2010. Please note that the reduction does not include the crisis benefit payments provided to the utility companies or customers.

DHHS is recommending a twelve-month contract be awarded SDC, for the period of October 1, 2010 to September 30, 2011, in the amount of \$1,656,624. This is a decrease of \$1,159,174 from the same twelve-month period in 2009/2010 due to a significant reduction to the county's Energy contract from the state. As a result of the cut, SDC anticipates that no additional staff (regular or temporary) will be hired and overtime hours for staff will be limited. In addition, evening appointments will be limited.

DHHS is recommending entering into a twelve-month contract with Community Advocates, for the period of October 1, 2010 to September 30, 2011, in the amount of \$353,060, which reflects a decrease of \$25,025 from 2010.

The State has indicated that the FFY 2011 amount is a conservative estimate of the Federal allocation. It is unknown at this time as to when the Federal allocation for Energy funding will be announced. In the past, the State has issued amendments to counties once the Federal notification was received and if the notification resulted in additional funding for Milwaukee County, DHHS recommended amendments to increase SDC and Community Advocates' contracts.

Recommendation

It is recommended that the County Board of Supervisors authorize the Interim Director of the Department of Health and Human Services, or her designee, to execute a FFY 2011 contract for the period of 10/01/10 to 9/30/11 with the Social Development Commission (SDC) in the amount of \$1,656,624, and with Community Advocates in the amount of \$353,060, with the understanding that any addenda received by Milwaukee County DHHS from the State Department of Administration increasing the state/county contract for the operation of the WHEAP program during FFY 2011 will proportionately increase both the SDC and Community Advocates contracts.

Fiscal Impact

Approval of the recommendations delineated above would have no tax levy impact. A fiscal note form is attached.

Respectfully Submitted,



Geri Lyday, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker,
Cindy Archer, Director – DAS
Antionette Thomas-Bailey, Analyst – DAS
Jennifer Collins, Analyst – County Board Staff
Jodi Mapp, County Board Committee Clerk

(ITEM) From the Interim Director, Department of Health and Human Services, requesting authorization to enter into 2010/2011 Purchase-of-Service Contracts for the operation of the Management Services Division Wisconsin Home Energy Assistance Program (WHEAP), by recommending adoption of the following:

A RESOLUTION

WHEREAS, per Section 46.09 of the Milwaukee County Code of General Ordinances, the Interim Director of the Department of Health and Human Services (DHHS) has requested authorization to enter into 2010/2011 Purchase-of-Service Contracts with community vendors for the Management Services Division (MSD); and

WHEREAS, the recommended contracts will allow for an expanded delivery system of purchased services in the community; and

WHEREAS, each of the recommended contracts that pertains to Energy Assistance is funded with Wisconsin Home Energy Assistance Program (WHEAP) revenue, and DHHS' ability to execute these contracts will be contingent upon review and approval by the State Department of Administration; and

WHEREAS, the contract recommendations are within limits of relevant 2011 State/County contracts and the 2011 Requested Budget; now, therefore,

BE IT RESOLVED, that the Interim Director, DHHS, or her designee, is hereby authorized to enter into contracts for the period of October 1, 2010 through September 30, 2011 with the following vendors in the following amounts:

Social Development Commission	\$1,656,624
Community Advocates	353,060
TOTAL	\$2,009,684

BE IT FURTHER RESOLVED, that the Interim Director, DHHS, or her designee, is hereby authorized to proportionately amend both the Social Development Commission and Community Advocates' contracts upon receipt of any addenda received by Milwaukee County DHHS from the State Department of Administration increasing the state/county contract for the operation of the WHEAP program during FFY 2011.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 08/30/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Interim Director, DHHS, Requesting Authorization to Enter into FFY 2011 Purchase of Service Contracts for the Energy Assistance Program.

FISCAL EFFECT:

No Direct County Fiscal Impact Expenditures

Increase Capital

Existing Staff Time Required

Decrease Capital

Expenditures

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

Increase Capital Revenues

Absorbed Within Agency's Budget

Decrease Capital Revenues

Not Absorbed Within Agency's Budget

Decrease Operating Expenditures

Use of contingent funds

Increase Operating Revenues

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	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

A)

DESCRIPTION OF FISCAL EFFECT

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

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

A.) Approval of the request would permit the DHHS Management Services Division to enter into purchase of service contracts for the Energy Assistance program with the Social Development Commission and Community Advocates. The term of the contracts would run on the federal fiscal year cycle from October 1, 2010 to September 30, 2011.

B.)The total revenue included in the proposed WHEAP FFY2011 contract is \$2,476,120, a decrease of \$1,176,445 from the FFY2010 amended contract of \$3,652,565. Please note that the reduction does not include the crisis benefit payments provided to the utility companies or customers.

Due to the significant reduction from the State, the recommended FFY2011 contract for SDC is \$1,656,624 which reflects a reduction of \$1,159,174 over the 2010 amended contract. The recommended contract for Community Advocates is \$353,060 which reflects a reduction of \$25,025 over 2010.

The two contracts combined reflect a total cost of \$2,009,684. The remaining revenue from the State contract funds four County Energy workers, administration and a small contract with 211-IMPACT.

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.

C.) There would be no tax levy impact by approving the request as the recommended contract amounts are within the State Wisconsin Home Energy Assistance Program (WHEAP) allocation.

D. This fiscal note assumes expenditures cannot exceed the amounts authorized for the purchase of service contracts.

Department/Prepared By Clare O'Brien, DAS

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: September 10, 2010

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

FROM: Geri Lyday, Interim Director, Department of Health and Human Services

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR OF HEALTH AND HUMAN SERVICES REGARDING THE 2010 BEHAVIORAL HEALTH DIVISION CAPITAL BUDGET PROJECT AND ISSUES REGARDING THE RECENT STATEMENT OF DEFICIENCY

BACKGROUND

On June 3, 2010 BHD received a Statement of Deficiency (SOD) from the State of Wisconsin as a result of a recent State Centers for Medicaid and Medicare Services (CMS) survey. This was BHD's routine four-year survey that encompasses a comprehensive review of the physical plant and its operations. The majority of the citations BHD received were regarding the physical building. BHD was required to respond with an initial plan for corrective action by June 14, 2010 and an immediate corrective action on specified citations by June 25, 2010.

At the special joint meeting of the Committees on Health and Human Needs and the Finance and Audit on June 23, 2010, the BHD updated the Committees on the status of a Statement of Deficiency (SOD) from the State of Wisconsin.

At the July, 2010 meetings of the Committees on Health and Human Needs and the Finance and Audit, approved the expenditure authority for \$1,825,890 in 2010 BHD Capital Funds to address all SOD related capital conditions by the final deadline of April 1, 2011.

DISCUSSION

The first requirement of the SOD was to respond to the Conditions, or immediate citations listed in Table A below, by June 25, 2010. All Conditions were completed by BHD and reviewed by state surveyors during the week of June 28, 2010. At this time, BHD has no outstanding Conditions regarding the initial list for June 25, 2010. It was necessary for BHD to take immediate action to address the SOD citations requiring

correction by the June 25, 2010 deadline. The risk of not demonstrating immediate and continuing efforts to respond to the citations would have resulted in sanctions by the State, with the possibility of losing Medicaid certification. Without such certification, the County would have lost significant revenue, similar to the recent occurrence at the State's mental health facility – Mendota Mental Health Institute. The Plan of Correction is a work-in-progress and the expectation by BHD and State surveyors is that continuous progress be made in correcting all cited conditions by April 1, 2011. The State has at least five opportunities to review citations and conduct site visits/inspections before the final inspection April 1, 2011.

The following is a list of Conditions that were met by the initial June 25, 2010 deadline:

TABLE A	
Conditions/Citations	Status
Maintain clear access to exits by removing storage	Completed
Remove various shelving	Completed
Clean and dust various office closets, storage spaces and ventilation grills	Completed
Flush floor and shower drains	Completed
Lock unused rooms and maintain log	Completed
Adjust waste storage per guidelines	Completed
Seal all holes, penetrations throughout BHD	Completed
Replace metal plate in Crisis	Completed
Replace tissue dispenser	Completed
Remove bed rails	Completed
Replace missing heat guards	Completed
Remove dust/lint in laundry room	Completed
Change various locks	Completed
Replace various dietary equipment	Completed
Replace insulation on some water pipes	Completed
Caulk various locations throughout BHD	Completed
General adjustments and fixes for doors including install of push/pull door releases, replacement of door hardware, removal of some doors, adjustments of door guides etc	Completed
Seal various walls for smoke barrier	Completed
Replace lighting in various closets/storage areas, replace aluminum plates and adjust other burnt out lighting	Completed
Remove storage from various areas and adjust to meet fire code	Completed
Replace damaged escutcheon sprinkler rings	Completed
Seal ceiling holes due to misaligned tiles	Completed
Electrical clearance issues	Completed

Replace damaged astragal	Completed
Adjust doors to have positive latches, repair self-closure mechanisms and change fire plan accordingly	Completed
Repair damaged floor areas in bathrooms	Completed
Replace gate in stairwell	Completed
Replace cover on heater	Completed
Replace refrigerator on CAIS	Completed
Replace door on fire hose container	Completed

Due to the extremely short timeframe mandated by the State for responding to the Conditions listed in Table A, BHD Administration determined that applicable purchases and maintenance staff overtime were emergency costs that needed to be incurred immediately. This action was taken to ensure compliance with State regulations and avoid risk of decertification that could result in the loss of State Medicaid reimbursement to BHD. The cost estimate for year-to-date supplies/commodities and additional contract work (such as deep cleaning, moving vans, and dumpsters etc.) is \$224,463 through July 7, 2010 plus an additional \$191,542 for a total of \$416,005 through August 31, 2010. The BHD maintenance overtime to date related to the SOD is \$49,709. Additional Department of Transportation and Public Works (DTPW) skilled trades costs for labor and overtime is estimated at \$84,798 YTD- bringing the total spent on corrective actions for SOD issues out of BHD operating funds to \$550,512. A thorough review of all expenditures will be done by accounting and DAS to determine if any of these expenditures are allowable under the capital budget.

In addition to the immediate (conditional) items that have been completed, there are a number of citations requiring a longer timeframe for completion. These citations are displayed below and grouped as bond-eligible projects, Table B, and cash-financed projects, Table C. While the cost estimates are the most accurate available to date, they should be considered preliminary estimates as plans are still being finalized and bids have not yet been received. BHD continues to work with the Department of Administrative Services (DAS); the DTPW – Architectural, Engineering and Environmental Services (A&E); and Zimmerman Architectural Studios Inc, to obtain refined quotes. BHD is required to have all work, which addresses the citations completed by April 1, 2011 as documented in the SOD report.

TABLE B

Bondable Items (based on information available September 8, 2010)

Issue	Cost Estimate*	Due Date Per Plan of Correction
Remove and replace Library Halon System	\$35,000	October 1, 2010
Door Replacement	\$54,000	August 1, 2010(complete) / October 1, 2010 (two phases)
Additional Sprinkler Heads	\$13,750	August 1, 2010 (complete) /

		October 15, 2010 (two phases)
Construct 100,000 sq ft of seamless ceilings	\$575,000	April 1, 2011
Repair 300 feet of foundation	\$26,500	October 1, 2010
Replace damaged window sills	\$125,000	October 1, 2010
Determine hazardous storage rooms and create smoke barriers	\$324,000	November 1, 2010
Replace milk cooler and installation	\$25,000	TBD
Dish Room, Tray Line Tiles and Laundry Repairs	\$200,000**	April 1, 2011
Materials and labor (DTPW, BHD and Time and Materials Contractors)	\$281,650	On-going
Contingency (10%)	\$165,990	
Total	\$1,825,890	

**Items above represent initial quotes and have preliminarily been determined to be bond eligible. DAS- capital staff will continue to review and work with BHD staff to solidify actual costs and ensure all items are bond-eligible. If the scope of a project changes, it may be determined that cash financing needs to fund certain portions of the above listed projects. A 10% contingency has been included in the cost sub-total to account for any fluctuations that may occur as hard costs are obtained.*

***The Dish Room and Laundry facility repairs are a significant project within the SOD citations and are based on conceptual plan only. BHD has currently hired a consultant to conduct the architectural and engineering. The consultant will complete its report in September 2010. This cost estimation will likely fluctuate based on the September consultant report and has been included in this request as a place holder to ensure all compliance costs were included in this request for County Board consideration.*

TABLE C

Cash Items (based on information available September 8, 2010)

Issue	Cost Estimate*	Time Frame
Seal bathrooms to be water tight	\$75,000	March 1, 2011
Replace sidewalks	\$28,200	October 1, 2010
Exit Lighting	\$4,550	September 13, 2010
Roof repair at Food Service Building and Hospital	Included in YTD purchases	August 1, 2010 (completed)
Electrical Upgrades	Included in DTPW OT estimates and YTD purchases	July 1, 2010 (completed)
Install Door Closers	Included in YTD purchases	July 15, 2010 (completed)
Ventilation Addition	\$53,250	December 1, 2010

Medical Records Room fire walls and ventilation	\$12,000	March 1, 2011
Materials and labor (DTPW, BHD and Time and Materials Contractors)	\$38,144 (Preliminary estimate)	On-going
Contingency (10%)	\$22,887	
Total	\$234,031	

**All estimates are based on the best information available as of September 8, 2010 and are subject to change based on scope of the project and information gained from more detailed reviews. DAS staff will continue to review and work with BHD staff to solidify actual costs based on additional quotes. A 10% contingency has been included in the cost sub-total to account for any fluctuations that may occur as hard costs are obtained.*

BHD has worked diligently to address immediate SOD Conditions and continues to move forward with the long-term projects to ensure all corrections are completed by the State deadline of April 1, 2011. The items included in Tables A, B, and C include all current citations noted in the SOD. BHD and DAS will provide the Board with informational reports as work progresses.

RECOMMENDATION

This is an informational report. No action is necessary.

Respectfully Submitted:



Geri Lyday, Interim Director
Department of Health and Human Services

Cc: County Executive Scott Walker
Cindy Archer, Director – DAS
Allison Rozek, Analyst – DAS
Jennifer Collins, Analyst – County Board
Jodi Mapp, Committee Clerk – County Board
Steve Cady, Analyst – County Board
Carol Mueller, Committee Clerk – County Board

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
 INTER-OFFICE COMMUNICATION

DATE: September 10, 2010

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

FROM: Geri Lyday, Interim Director, Department of Health and Human Services

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR OF HEALTH AND HUMAN SERVICES REGARDING THE STATUS OF THE CONTRACTING OUT OF THE DIETARY SERVICES AREA

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. At the March 5, 2010 meeting of the Health and Human Needs Committee, it was requested that BHD continue to provide quarterly status reports.

DISCUSSION

BHD works closely with A'viands LLC to monitor errors and ensure high quality food and service. A'viands keeps a complaint log listing the type and nature of any complaints received and the follow-up and resolution provided. Below is a table summarizing the types and number of errors, and amount since they began tracking them in early October 2009:

Type of Complaint (October 2009 through August 2010)	Number of Occurrences
Dietary Error – ie wrong texture served, inappropriate item served	12
Food Issue – ie substitution from menu, overcooked, dislike item etc	61
Portion Size	10
Late Meals, Missing Meals	33
Administrative – ie missing meal counts, table ware issue, in-service needs	16
TOTAL	132

The majority of the complaints are regarding food issues such as overcooked food, substitutions or displeasure with a menu item and late or missing meals (please note that missing meals, incorrect food items and patient preferences are corrected immediately by A'viands at the point of service). A total of 132 complaints have been tracked over 47 weeks, which is an average of 2.81 per week. Over 650,000 meals were served during the same time frame. A'viands has been very responsive addressing issues immediately and following up with a long-term solution within a few days of the event. The complaints are tracked by location and number of complaints per week and a summary is included as **Attachment A**.

BHD closely monitors the fiscal impact of the dietary contract with A'viands LLC. For the first eight months of 2010, the average monthly cost for BHD for meals was \$436,450 and \$22,646 for required supplements and snacks/nourishments. BHD also has four positions of dietician staff, continuing unemployment costs, various small expenses and crosscharges. This cost is an average of \$25,545 per month. Therefore, the total average monthly cost including BHD and contracted expenses for 2010 is \$484,641. The actual monthly expenditure cost in 2008 for the BHD-run dietary service was \$621,932. The dietary contract with A'viands has realized an average monthly savings of \$137,291, which translates into an annual savings of over \$1.64 million.

Recommendation

This is an informational report. No action is necessary.

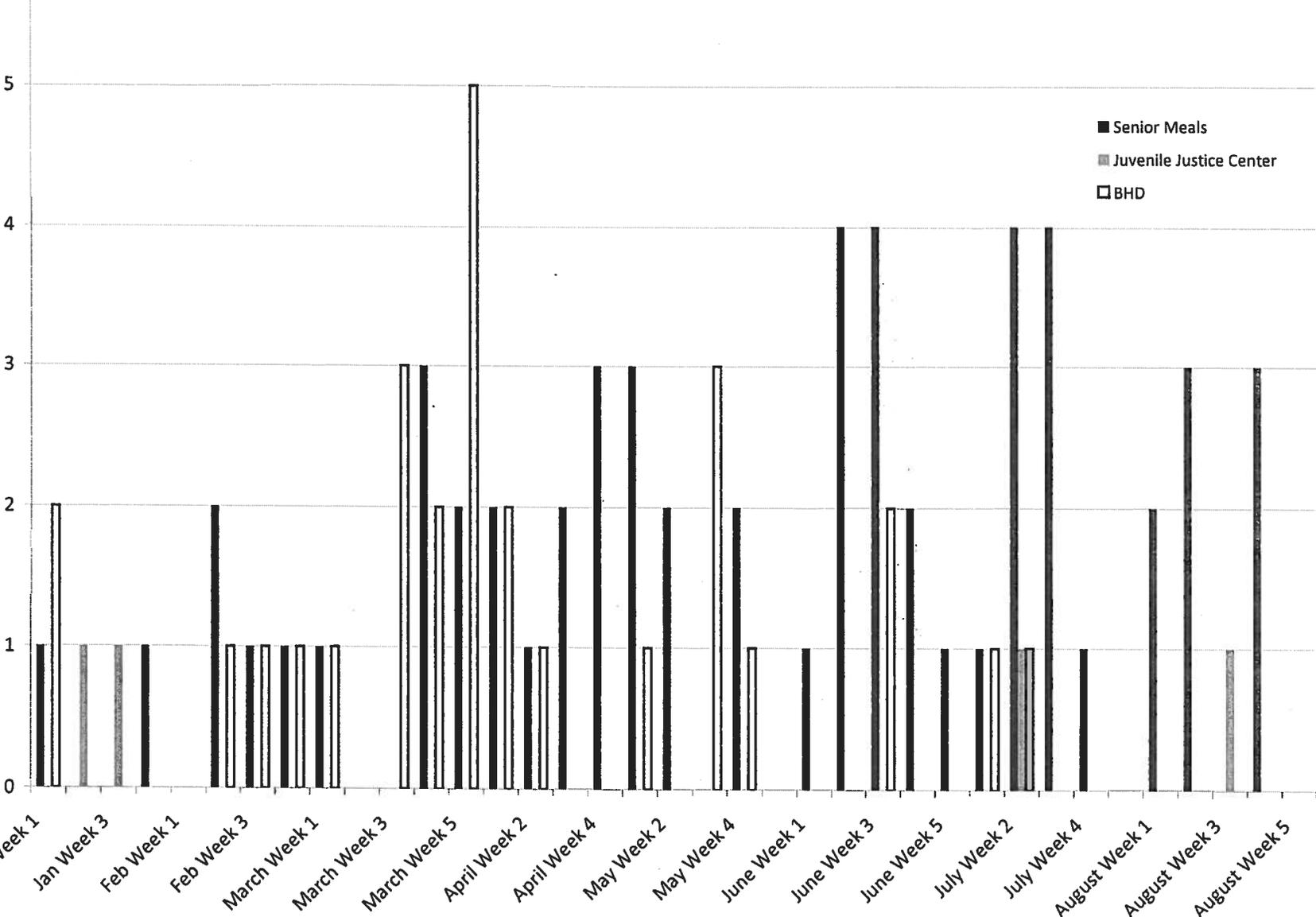
Respectfully Submitted:



Geri Lyday, Interim Director
Department of Health and Human Services

cc.: County Executive Scott Walker
Cynthia Archer, Director, DAS
Allison Rozek, Fiscal & Management Analyst, DAS
Jodi Mapp, Committee Clerk, County Board Staff
Jennifer Collins, Analyst, County Board Staff

Complaint Graph: January thru August 2010



COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: September 10, 2010

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

FROM: Geri Lyday, Interim Director, Department of Health and Human Services

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR, DHHS, REGARDING THE THREE LEASE AGREEMENTS FOR DAY HOSPITAL SPACE AT THE BEHAVIORAL HEALTH DIVISION

BACKGROUND

The 2010 Budget included an initiative to consolidate the Behavioral Health Division (BHD) operations within the main Psychiatric Hospital and to mothball the Day Hospital facility for a savings of \$471,136. Since the Budget was adopted, BHD discovered a new opportunity to lease the Day Hospital space, therefore the Interim Director, Department of Health and Human Services (DHHS) and the BHD Administrator returned to the County Board in January 2010 to discuss the policy change and to request permission to enter into three lease agreements. In March 2010, the County Board authorized the director to enter into three lease agreements for Day Hospital Space. At the March 5, 2010 meeting of the Health and Human Needs Committee, it was requested that BHD provide an update at the September, 2010 committee meeting.

DISCUSSION

In the 2010 Budget, BHD planned to move various operations out of the Day Hospital and into the main Psychiatric Hospital. As part of the plan, Wraparound Milwaukee, which is currently housed within the BHD Day Hospital, would have moved to another County facility. As all of the moves and the consolidation were being planned and executed, a new opportunity arose in which parts of the Day Hospital could be leased to outside vendors, thus creating new revenue for BHD.

BHD consolidated the Day Treatment Program and Fiscal Services areas into the main hospital. Wraparound Milwaukee remained in their current space and their MUTT Team expanded within the Day Hospital. The Service Access to Independent Living (SAIL) program also remained in their current space. In addition, St. Charles Youth and Family Services Inc. (St. Charles) leased approximately 35,000 square feet for a day treatment program for their clients. This not only provides the Day Hospital with an anchor tenant but also creates great synergy between Wraparound, the Children and Adolescent Inpatient Services (CAIS) team and St. Charles who currently work together. In addition, the St. Charles FISS program, the Willowglen Community Care program and the My Home, Your Home Inc. program have leased space on the 2nd floor of the Day Hospital for their ATR and case management programs. Again, this creates a great opportunity for programs that the County and BHD staff work closely with to be co-located together thus achieving more programmatic efficiencies.

Each lease is for one year, with three additional one-year extensions. The leases include a clause that Milwaukee County has the right to terminate the lease annually with written notice of at least 90 days, but not more than 120 days prior to the anniversary of the signing of the lease.

The savings associated with mothballing the Day Hospital in the 2010 Budget totaled \$471,136.

In 2010 only, the St. Charles lease will be less due to initial start up costs and the partial year. Also, none of the leases will run a full year, therefore, the additional lease revenue will be less in 2010 but with the additional SAIL and Wraparound rent, BHD anticipates it will break-even with the anticipated savings included in the budget.

The new leases for 2011, on an annual basis, provide \$327,375 in revenue. In addition, SAIL has new grants that include allowable rent costs that will contribute \$40,000 in rent. Wraparound Milwaukee will pay \$100,000 in additional rent associated with the expansion of the MUTT and the Downtown CSP has moved from a rental location into the Coggs building creating an additional savings of \$109,586 annually. This is a total of \$576,961 annually.

Recommendation

This is an informational report. No action is necessary



Gerri Lyday, Interim Director
Department of Health and Human Services

cc.: County Executive Scott Walker
Cynthia Archer, Director, DAS
Allison Rozek, Fiscal & Management Analyst, DAS
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk – County Board

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: September 8, 2010

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

FROM: Geri Lyday, Interim Director, Department of Health and Human Services

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR OF HEALTH AND HUMAN SERVICES REGARDING AN UPDATE ON THE BHD WORK GROUP REGARDING MIXED-GENDER ACUTE INPATIENT UNITS AT THE BEHAVIORAL HEALTH DIVISION.

Issue

On April 14, 2010, the department received a referral from Supervisor Peggy West, Chairperson for the Health & Human Needs Committee, requesting a report from the Behavioral Health Division (BHD) on mixed-gender units for the acute psychiatric inpatient unit. The BHD Administrator assigned medical staff the responsibility to conduct a study and literature review, consistent with Joint Commission expectation that the medical staff have a leadership role in enhancing the quality of care, treatment and service, and patient safety.

On June 16, 2010, a preliminary report from the BHD Gender Unit Work Group was presented to the committee. The conclusion was that the mixed-gender acute inpatient units utilized by BHD are the norm among public psychiatric hospital systems in Wisconsin and have been the standard model for inpatient psychiatric treatment for decades. Any revision to the existing practice at BHD of mixed-gender units must look carefully at implications for safety, patient satisfaction and choice and therapeutic benefit. For these reasons, the Gender Unit Work Group recommended that BHD do a detailed study to more thoroughly evaluate the various options to ensure a safe inpatient unit environment. The work group proposed that the study consider the following methods:

1. Survey of acute adult inpatients (particularly women) on preferences for unit gender composition and other methods to increase safety.
2. Survey of multidisciplinary staff on acute adult inpatient units on attitudes toward unit options and other possible changes to increase safety.
3. Listening sessions with consumer advocates, families and trauma-informed care experts on recommendations to improve quality and safety on inpatients units.
4. Physical environment sexual safety audit of acute inpatient units to assess feasibility of design options to increase safety on mixed-gender units.
5. Identification of public psychiatric inpatient facilities in the U.S. who have single-gender units and communicate with them regarding their experience.

Membership on the Gender Unit Work Group was expanded to include: consumer affairs, a unit registered nurse, a certified nursing assistant, rehabilitation services, nursing program

coordination and program evaluation/research. An *Acute Adult Inpatient Gender Unit Preference Survey* was developed. The interviewers consist of an advocate from *Vital Voices for Mental Health*, a contracted provider experienced with BHD inpatient semi-structured interview surveys, and the BHD Client Rights Specialist. Interviewers were trained and the surveys are currently being administered on the acute adult inpatient units. Once completed, results will be analyzed. Results shall be included in the final report. An inpatient staff questionnaire is under development by the work group. As that becomes finalized, plans shall be underway for listening sessions with consumer advocates, families and trauma-informed care experts.

Quarterly reports on work group progress will be provided to the Health and Human Needs Committee. Upon completion, recommendations suggested by the Gender Unit Work Group, BHD medical staff and administration will also be provided to the Health and Human Needs Committee.

Recommendation

This is an informational report. No action is necessary.

Respectfully Submitted:



Gerri Lyday, Interim Director
Department of Health and Human Services

cc: County Executive Scott Walker
Cynthia Archer, Director, DAS
Allison Rozek, Fiscal & Management Analyst, DAS
Jodi Mapp, Committee Clerk, County Board Staff
Jennifer Collins, Analyst, County Board Staff

Site Security Survey of The Charles W. Landis Mental Health Complex



Completed By Captain Thomas Meverden
Milwaukee County Sheriff's Office
June 28, 2010



County of Milwaukee
OFFICE OF THE SHERIFF

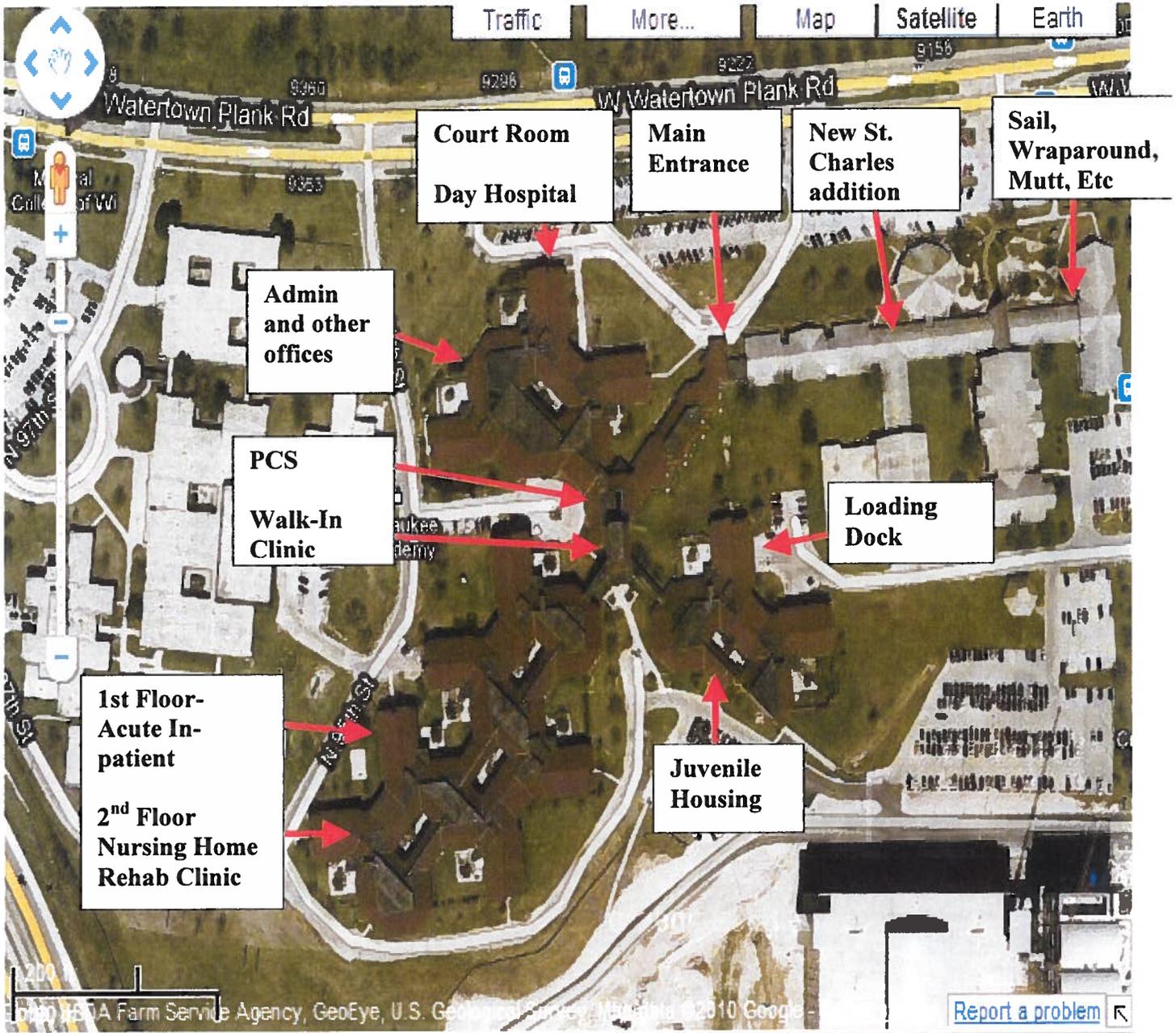
DATE: June 28th, 2010

TO: Sheriff David A. Clarke, Jr.
Inspector Kevin A. Carr

FROM: Captain Thomas Meverden, PSB – Patrol Division

SUBJECT: Security Survey, Milwaukee County Mental Health Complex

The Charles W. Landis Mental Health Complex-Behavioral Health Dept. (BHD) is located on the Milwaukee County Grounds at 9201 and 9455 W. Watertown Plank Rd in the city of Wauwatosa. The BHD is a three level brick building covering over 509,000 square feet sitting on more than 25 acres of land. The BHD is bordered by W. Watertown Plank road to the north, 92nd street to the east, 95th st. to the west and a frontage road running along the south. Three bus routes run directly in front of the complex and have one stop adjacent to the parking lot. The complex houses seven different care/treatment centers, as well as houses several other service providing programs. These programs include, but are not limited to: The Mobile Urgent Treatment Team, St. Charles Day Treatment Center, Wraparound, Service Access to Independent Living (SAIL), and Wiser Choice/ Alcohol and Other Drug Abuse (AODA) program. Of the seven separate State licensed programs, four are inpatient care. They are: Crisis Services (referred to as Psych Crisis Service or PCS), Acute Inpatient Care, Hilltop Rehabilitation Center, and Rehab Central Licensed Nursing Home. Three are outpatient services. They are Crisis walk-in, Day Treatment and target case Management. Each of these seven State licensed programs carries separate mandates for patient care, privacy and security. In addition, Mental Health Hearings are held within the complex. The picture below shows approximations for locations of programming areas. This list is not all-inclusive, but identifies the major areas that receive the most use.



It is because the BHD complex houses such a variety of programmed services that the creation of a comprehensive physical security plan is challenging. Acceptable privacy and security measures vary differently from each program and are mandated through State licensing. For example, the ability to lock doors leading to exits is approved for the acute care inpatient program, but unacceptable under the license held for the Nursing and rehabilitation homes. Furthermore, the ability to restrict access becomes troublesome when dealing with so many different programs under one complex roof. To restrict access for one part of the facility could have a negative effect on the employees or service seekers of other programs. These are the challenges that the administrators of the BHD complex have struggled with. This is

compounded by the fact that the building security has not been updated from an antiquated lock and key system to restrict access. This memo will report on the current state of the physical security of the complex. In addition, the complex is undergoing several updates to the physical security. This memo will outline where the updates are, and the plans and timeline for the future updates. Lastly, this memo will make suggestions for improvements to the physical security of the Complex. These improvements may include physical, personnel, and policy changes.

In creating this report and assessing the security, I have met with BHD Administration, walked the physical plant of the complex and spoke with several employees, lessees, patients or other stakeholders. I will mention Administrative members by name if appropriate. But for the purpose of gathering uncensored information and opinion, I will not mention any other staff member by name. I also conducted surveillance and observation to corroborate staff or administrators' information.

Statement of Security Concerns

Sheriff David A. Clarke Jr., ordered this security survey after a psychiatrist in the Walk-in Clinic contacted a county supervisor over her safety concerns at the complex. The doctor stated that there were instances of patients bringing weapons into the building, particularly the Walk-in clinic, while visiting doctors. In her contact with the County Supervisor, the doctor stated that she had unsuccessfully raised concerns with the administration since 2009. Administration stated that the doctor works very infrequently at the Walk-in clinic and that they were unaware of her concerns. I spoke with the doctor directly. She stated that she would not like to make any more statements concerning this incident. I could not verify through her if and when she made her concerns known to Administration.

Administration supplied me with information on seven instances of weapons at the BHD Complex. The staff queried the security reporting system for the last 5 years. Those instances included:

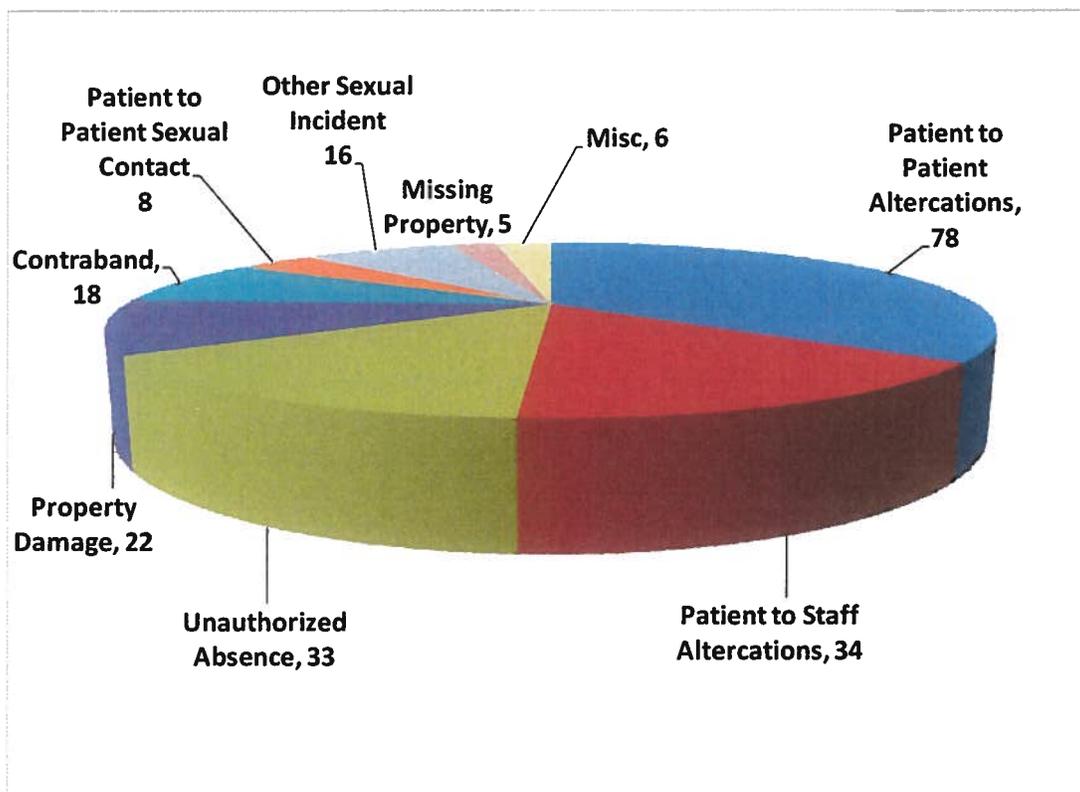
1. Four Instances where knives were intercepted at the security checkpoint entrance to PCS.
2. Two knives were discovered by doctors during visits in outpatient areas
3. One knife was discovered upon admission to the treatment center.

None of these contraband items were turned over to law enforcement. In most cases, the knives were small and did not fit the statutory limits for a concealed weapon. One knife was described as a kitchen utensil (cheese spreader). These knives were either returned to the subject or returned to family members present with patients. These incidents were discussed with me verbally. My several requests for the reports remain unfulfilled.

Administrative staff also discussed a rumored incident of a gun being brought into the facility. There is no report on this incident, so any information is based solely on staff recollection. It is believed that a staff member called security for a report of a man with a gun in the complex. Security responded and found that it was a plainclothes police officer reporting to testify at an emergency detention hearing.

Because a report was not generated, staff is unsure as to when this incident occurred. Other statements of concerns by staff or Complex Stakeholders will be reported as each section of the complex is reported on.

Other information supplied to me by complex administrators shows a total of 219 incidents reported to the Milwaukee County Sheriff's Office in 2009. The graph below shows a breakdown of those incidents.



Of these items, the carrying in of contraband made up approximately 8% of the incidents reported to me from BHD.

Security Duties, Alert and Response/Police Services

Security services were provided with county employed security officers until the mid 1990s. At that time, security services were privatized. Currently, BHD contracts with Orion security. The contract is worth \$1.2 million dollars. This allows for 6,000 hours of uniformed security manpower. First and second shift is staffed with seven officers; third shift is staffed with three officers.

Orion conducts an eight-hour classroom training session with newly hired officers. These sessions train security officers in diversity and dealing with difficult people. Professional Communications and conflict resolution through verbal means are taught. The class is lead by two Registered Nurses who were trained as trainers in this program. This program was created an initially taught by Gary Klugiewicz. The class is based off of the

principles that have been used to create instruction for corrections and dealing with individuals with special needs. I have included the slides that are used in the presentation in Tab 3 of this report. During my survey, I spoke to several employees. Without exception, they stated that Orion officers show the utmost in professionalism. I interviewed five staff members on the units. They have stated they witnessed Orion Security always attempt verbal compliance prior to using force when the subject is not physically acting out. Staff feels safe with Orion and commended them on their problem solving abilities.

Fixed posts are comprised of two officer positions at the entrance to PCS. The supervisors' office is also located in the PCS intake area. This is to allow for the most supervision coverage of what is considered the most high risk area. This area is deemed high risk. The patients coming in to PCS have exhibited some form of threat, either to themselves or others. They are highly unstable. The PCS entrance is most like a regular hospital emergency room entrance. Law Enforcement is the most common user of this entrance, bringing in emergency detentions; but there is also a high amount of emergency walk in traffic. Records show there are approximately 12,000 patient evaluations conducted yearly at PCS. Security Officers in the PCS area are responsible for the screening of patients entering PCS. These officers search the subjects for contraband using pat down and handheld metal detectors. Officers take possession of excess clothing or property from the subject. Current policy is that all contraband of a criminal nature shall be turned over to the Milwaukee County Sheriff's Office. In 2009, the MCSDO responded to PCS for 18 calls of contraband.

The PCS area is next to the Walk-In clinic. The officers assigned to PCS are available to respond to the Walk-In clinic if necessary. With most other positions being rovers in other parts of the hospital, it is likely that these officers would be the most frequent first responders to the Walk-In Clinic.

One other fixed post is the screening station for patients' visitors for the acute wards. This position is staffed on weekdays from 1600 to 2000 hours to coincide with visiting hours. During this time, all visitors coming to see a patient on a locked ward are instructed to put all items in a locker, and are then screened for weapons by a security officer using a hand wand. Visitors are then allowed their visit. I have reviewed several weeks' worth of logs that has verified that this is being done.

In addition to the PCS and visiting positions, the Orion Security Officers escort patients from outpatient services or PCS to the locked units when admitted. Unit rovers make proactive patrols of the acute inpatient locked wards, Hilltop Rehabilitation Center, and the Rehab Central Licensed Nursing Home. In total five full tours are conducted of the Complex in a 24-hour period. Five tours are the most that can be done with staff without sacrificing the ability to staff visiting on the locked units. These are also conducted to coincide with the three security meetings that administration holds daily. Results of sweeps, codes or other security issues are discussed. If problems arise, a plan of action is created. It is important that these security sweeps are held to gain information needed at these meetings. This includes one full tour to search for people in unauthorized areas after public access doors have been locked. This is needed due to the fact that there are several homeless, trying to remain in the building during the night hours. Under the current system, a homeless person would be able to come

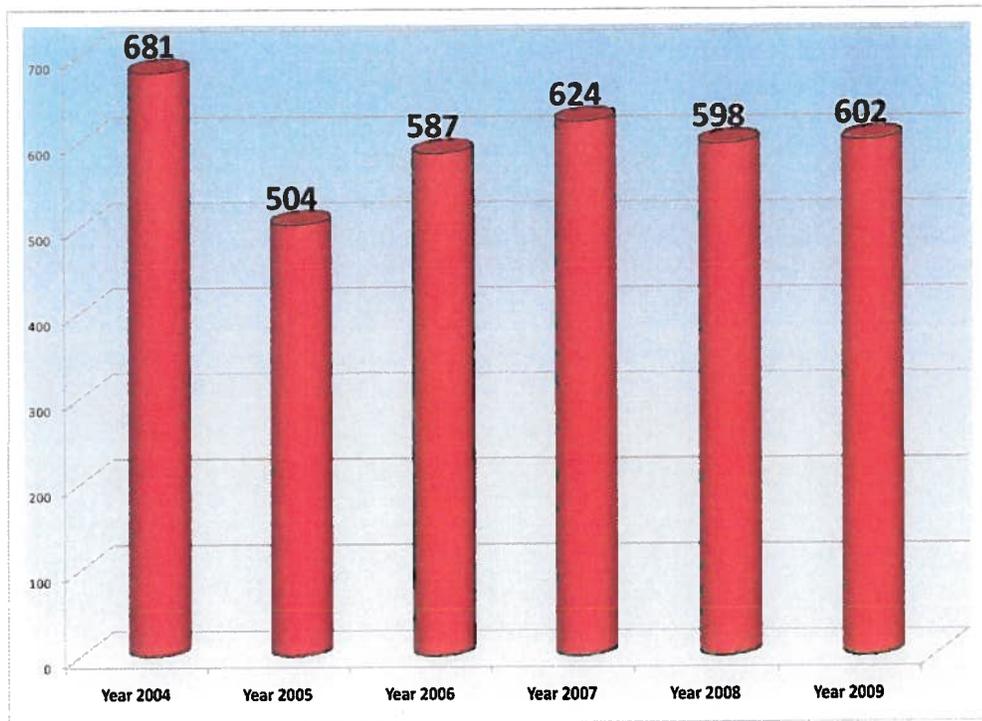
into the building, loiter in public areas and wait for the building to close. These sweeps have been modified to check the most likely areas that homeless have tried to hide, such as behind unutilized reception desks, etc. Offices are not a concern, as doors are locked when staff is done in those areas for the day. The ability for homeless to do this is a direct result of a lack of a substantive id and pass system. In addition, the complex does have issues with those discharged that will not leave the premises. When examined, this is not due to those not having a place to go, rather them not wanting to leave the comfort and familiarity of the complex. I reviewed three weeks worth of logs. The logs showed the sweeps being conducted daily. Everyday five were conducted. None were skipped.

Security Officers are responsible to respond to the locked units of the inpatient portion of the complex for any patient who is physically threatening or acting out (CODE ONE- Policy included in Appendix). They often assist with forced medications and restraining patients ordered to the restraint bed.

During a proactive patrol or full sweep, security officers have a "wand" that they must touch on pads throughout the building. This is to create accountability on the officer to show he is truly doing his job. The wand records the officer, time and location each time it is touched to a pad. The wand is then returned to the security supervisor, who downloads the information from the wand. This proves to be an effective system, as the information feeds directly into the log. Also, as a supervisor must download the data immediately, this becomes a powerful tool for the supervisor to receive immediate data on whether his officer has been completing his assigned duties. This data is reviewed by the immediate supervisor, as well as by Jeff Doine, Orion Security Director, and Jim Tietjen, Associate Director of Operations. Mr. Doine reviews logs daily. Mr. Tietjen reviews logs weekly. I have received my logs directly from Mr. Tietjen.

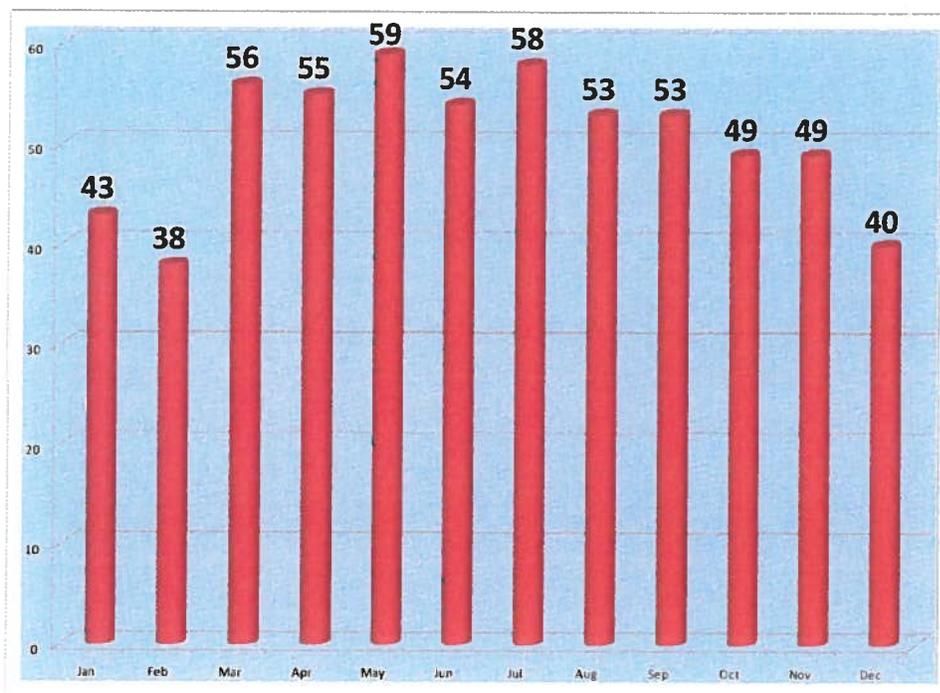
As stated, this information is downloaded into a security log. Major incidents, assignments and requests for security services are also captured on the log. The log is a software program that allows for the entry of all these types of incidents. The log is maintained by one officer on the fixed post in PCS, or by the supervisor. Mr. Doine stated he reviews the log daily. I have reviewed one week's worth of logs and found them to cover basic information, but could use more detail. Each log lists all the officers working, the shift, the supervisor, and all the incidents for the timeframe. Entries include the names of patients and service rendered, such as "stood by during med pass," "escorted XXXX to their room from PCS," and the like. Entries are detailed enough for a basic log. However, I found no mention in the log for major incidents of a report being written. I was able to ascertain that for certain incidents within this week, reports were written. **I recommend that log entries include that an incident report was generated, and if possible, an incident report number.** This will allow for greater ability to cross reference log entries with other data pulled from the reporting system. This will also lead to greater accountability of officers that are required to file a report. Supervisors will be aware of what reports are needed, pending, and submitted. This type of system is one shown to MCSO as an important tool in proper reporting.

The chart below shows the number of “Code Ones” over the last six years.



The chart shows no major upward trend in the number of code ones called. The calls have remained relatively stable, especially over the last four years.

The below chart shows an average of “code Ones” by month.



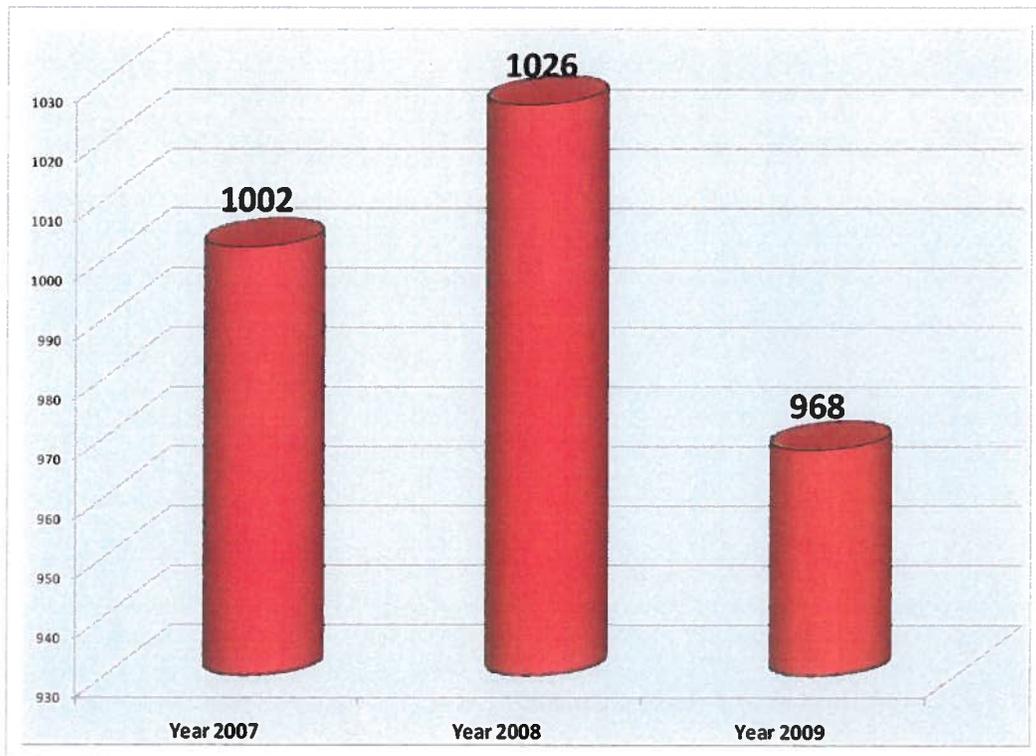
In order to contact security, the staff has several options. They may call the PCS officer directly by picking up a house phone and dialing #7359. This officer acts as the shift's dispatcher. After the officer receives the call, he will dispatch a roving officer. The roving officer will respond, then report over the air the resolution of the issue. This will then be recorded in the log. In the event of a need of a higher priority such as a patient-on-patient or patient-on-staff assault, a staff member will need to dial the front desk attendant. The front desk attendant will call a "Code One" over the PA system. This will alert all staff, not just security, to respond to an area. In the event of a sudden assault or more emergent issue, a staff member will be able to push a duress alarm. The duress alarm will signal an audible alarm. Each alarm is connected to a blue light, which will flash in the area of the sounded alarm. The alarm will also register on the security dispatcher's computer. The security dispatcher will then alert security staff to where the duress alarm was sounded.

Duress alarms are located on all staff workstations in the acute treatment areas, any cubicle or room where a staff member may be alone with a patient, and in several hallways and other fixed posts. I have found the number and position of duress alarms to be in all areas where the staff has direct contact with patients. But I have also found that several of the staff members have obscured them from easy use. I found one alarm in a Walk-in clinic office behind a file cabinet. I also found PCS doctors and Walk-in clinic staff unaware of any of the duress alarms in their area. Some staff interviewed felt the duress alarms on the acute wards were not functioning. I did find that less than two weeks ago maintenance tested every duress alarm and fixed several that were not reporting to the proper location. The need to reassign the locations came directly as a result of moving the Day Hospital and other offices. There is no known schedule to test the duress alarms.

Given that many of these duress alarms have been obscured to prohibit use, I recommend that all duress alarms be checked and tested on a regular basis. I suggest no more than monthly and no less than every three months. The check should include the audible and visual alarms, as well as ensuring it is being recorded properly on the security dispatch computer. The check should also identify those alarms being obscured and require staff to clear the area around them. Also, the location and proper use of the duress alarm needs to be trained and reinforced with all staff.

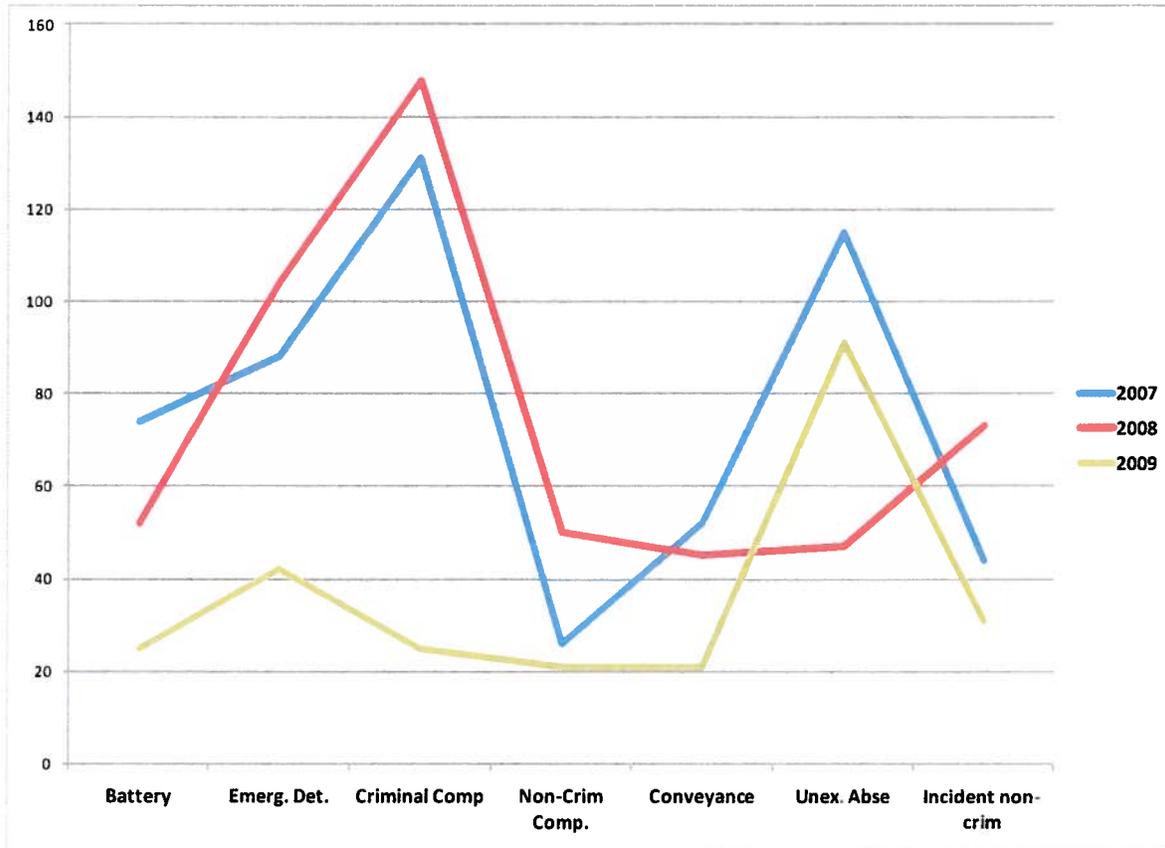
The Milwaukee County Sheriff's Office provides Law Enforcement services to the complex. There are two deputy sheriffs from the Patrol Division are assigned to Institutions Grounds Security. They are responsible for proactive patrols and response to twenty-four buildings including the Mental Health Complex. There are no deputies assigned specifically to the complex as a fixed post. Law Enforcement response to incidents at the complex are coordinated through MCSO Communications. Staff or security may direct dial our dispatch on all in house phones by dialing #5555. An MCSO dispatcher would then send the appropriate resources through a broadcast on a channel dedicated to Institutions (A5 for all radios after rebanding is complete).

The chart below shows the overall number of calls for service for MCSO officers for the last three years.



The above chart shows a 5.5% decrease in calls for service from 2008 to 2009.

The below chart shows a three year trend for the six most frequent calls for service. It is important to understand that these are incidents reported to MCSO from BHD staff through dispatch. **This is not to be read as all incidents at BHD.**



Security officers and select staff are equipped with a Motorola handheld radio. The radio has the capability of accepting twelve channels. Security has a dedicated channel of A-1. All radio traffic between security officers and their dispatcher is done on channel A-1. Several security officers I spoke with state the Motorola radios are reliable and have no dead spots in the building. Security is equipped with 12 radios, enough to staff an entire shift and allow for some spares for repairs or additional staff if needed. Jeff Doine has advised me that the supervisors' radios are now capable of scanning all channels. This was not the case when I began this survey. This will be helpful in order to be in contact with other staff members that may be requesting security services. Furthermore Jim Tietjen has advised me that he has requested permission to place one radio on each nurse's station on the acute care wards. This will be a redundant system that will allow for direct contact with staff requesting help. While redundant, it will prove to be helpful in updating responders' real time of the changing nature of an emergency. If a phone call is made for a code one, the caller then generally hangs up. In the minute to two minutes for response, the situation may change, calling for increased, decreased, or a changed need for resources. **Because if properly used, this will be an important tool to update the amount of resources needed on a scene, I**

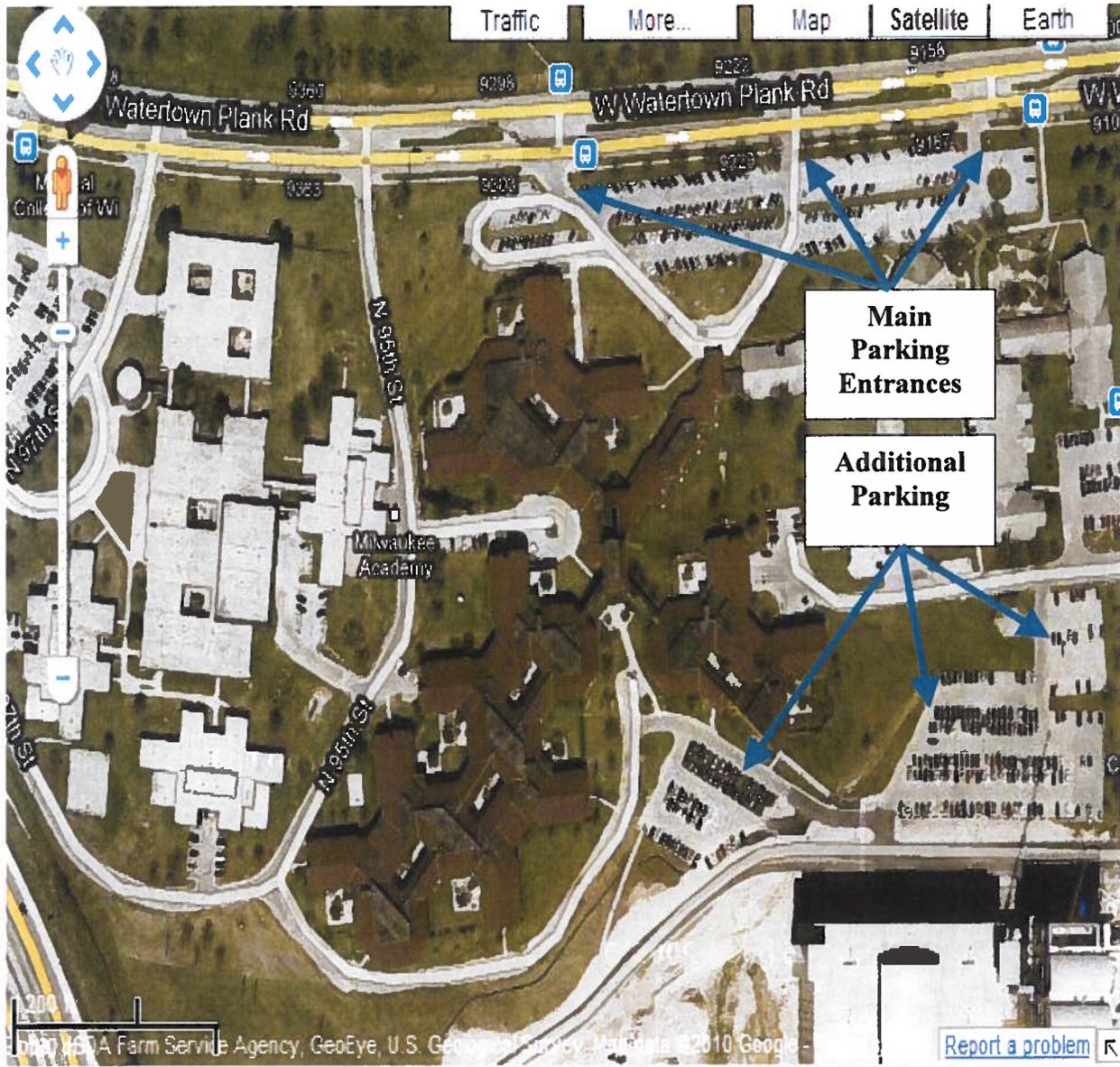
recommend equipping each nurse's station in the acute treatment locked wards with a Motorola handheld radio. I also recommend that with the rebanding process going on, the radios in BHD be programmed in a way to allow Sheriff's Communications or responding Institutions' deputies the ability to talk directly to BHD security. This will allow for improved communication during incident response. Also, if there were a major incident that required the resources of both MCSO and BHD staff and security, communications could be established to accommodate an effective incident command situation.

In summary, I have made the following recommendations in the area of Security Alert and Response.

1. Log entries include that an incident report was generated, and if possible, an incident report number.
2. All duress alarms are checked on a regular basis for accessibility, and functionality. Also that staff training on the effective use of duress alarms is conducted.
3. Handheld radios, already in BHD's possession are assigned to each nurse's station floor for effective communication between responding security officers and staff at an incident scene. Also, it is recommended that radio function be improved to allow MCSO Communications and BHD staff direct communications.

Parking Lot/ Perimeter Security

BHD has a large, segregated parking lot north of the building (labeled Main Parking on attached map.) This lot has three entrances from Watertown Plank Road. In addition, there is additional parking to the south of the complex, accessible from 92nd Street (labeled Additional Parking on below map). Visitors use the main parking lot on the north end of the building. The additional parking on the south end of the complex is used for staff parking.



The number and spacing of light poles in the parking lot are appropriate. There are enough light poles, but the bulbs, which are used, coupled with the old age of the light coverings, which lead to the illumination being dull and yellow. The same is true for the lighting surrounding the building. According to the standards set by the creators of the Crime Prevention Through Environmental Design (CPTED) program, lighting around buildings should extend about 25 feet from the building. Lights should be consistent, but not overlap too much as to create shadows. Parking lot lights should be between 15 and 25 feet depending on brightness of bulbs used. They should be consistently spaced and of an elevation to cast a wide enough "umbrella" of light.

The lighting around the building and in the parking lot does not meet these requirements. Structurally, they can, but currently they are not giving off clear, ambient light. I recommend that bulbs and coverings be replaced to allow a bright, white light

emanating from each light pole or fixed lighting position. A good test will be to see if a license plate can be read easily from 35 feet away.

Currently there are no cameras in the parking lots. An unsecure parking lot will become a known target for thieves and vandals. The MCSO has taken twelve (12) Thefts from Vehicle reports in the BHD parking lot over the last three years. In addition, MCSO deputies have been called fourteen (14) times to the bus shelter in the parking lot for suspicious person in the same timeframe. This will attract more of the transient community that the security sweeps and updates are attempting to displace. A well-maintained and monitored parking lot will set the tone for the entire building. A secure parking lot will let all visitors know that sound security measures are being implemented through the building. Mr. Tietjen has stated to me that there are plans to install seven closed circuit cameras in the parking lot. It is unknown when these cameras will be installed, as they are scheduled to be placed after interior cameras. Seven cameras may be inadequate given the size and scope of the lots to be monitored. Cameras in and of themselves are not effective. Cameras need to be able to be placed in such a way as to show enough detail to assist in crime prevention or identification. The system that will be in place, according to Tietjen, will have the ability to add up to 69 cameras without further upgrades to infrastructure, greatly reducing possible costs. **I recommend that the cameras be approved for installation. Seven should be a minimum. My recommendation is the following: one on the loading dock doors, two on each of the three lots on the south end of the building and a minimum of three on the front lot. This would make ten cameras. If similar coverage could be accomplished through seven cameras, that would be acceptable. I also recommend that the cameras be placed overtly and conspicuously. Nothing will be deterred if those in the parking lot are not aware they are being monitored.**

BHD plans to adjust the way parking is currently being handled in the parking lot. According to Mr. Tietjen, he is in the process of sectioning off the front parking and creating sub-lots. According to his plans, visitors would check in at the front desk, explain where in the complex they are there to visit and would then get a color coded parking pass and directions on which area of the parking lot to park in. This idea would help to increase accountability as to who is coming in to the complex and why.

Mr. Tietjen also stated to me that he recommended to BHD Administration to add a roving security position restricted to the parking lots. According to the logs I reviewed, security is requested to walk several staff members out to their cars nightly. It is the BHD administration's plan that the outside security rover would be able to accomplish this task as well as prevent criminal activity in the parking lot, deter transients or loiterers, and maintain new parking restrictions. In the realm of physical security, a good security plan has well integrated layers of differing types of security. For the parking lot, proper lighting is one layer, and security cameras offer a second. Each is dependent on the other. **Adding another layer of a roving position is recommended. These three layers would create an obvious secure environment, deterring those who wish to loiter and commit criminal acts, yet they do not create a correctional type scene in the parking lot.**

CPTED also places an emphasis on outer building maintenance. Items such as well manicured shrubs not obscuring the building, removal of all graffiti or vandalism, replacement of faded signage and overall good repair are stressed. In these manners, the BHD complex is well within what is appropriate. There are no visible repairs to the outside of the building needed. All lawn areas and trees are well trimmed and manicured. There are no burned out light bulbs, broken door locks, or visible signs of vandalism or criminal damage. The grounds remain very clean. These items are important in setting a tone of a safe environment. I have no recommendations in these areas.

In summary I have made the following recommendations for parking lot/outer security

1. Replacement of lights and light coverings to allow for a brighter, white light.
2. Installation of closed circuit cameras to be placed overtly in all parking areas and on the loading dock area.
3. Adding a security position as a rover in the parking lots. This would not need be a twenty four hours a day assignment. BHD should use data to determine the times of the highest frequency of visitors to the complex and staff accordingly.

Entrances to BHD Complex

Of any of the areas of physical security that can be improved, the area of entrance security needs to be addressed quickly. This is the one single cause of security breakdowns in the entire facility. This is due, in large part, in trying to accommodate all visitors, staff and lead doctors' requests. Visitors' wish for ease of appointment, not wanting to wait to sign in on some instances. Staff wishes to enter doors closest to their parking area. And plant managers are attempting to fulfill the demands of the doctors or supervisors overseeing each individual program, exempting them from the rules of others. It has created a scenario where there is no accountability for the true number of visitors that come to each program and the complex as a whole. Different groups use different entrances, leading to far too many entrances being left open. On the picture attached are labeled the six known and accepted public entrances. Each doorway is described below.

Entrance #1 - #1 faces north and is a double door with the actual address of 9201 W. Watertown Plank Rd. There is an "A" frame doorway. As you enter this door, there is a reception desk directly in front of you. This reception desk is unmanned. The Mutt Team officers, SAIL, and WRAP around offices are to the left. To the right, are the vacant areas that St. Charles will use. This entrance is primarily used by SAIL, MUTT, Wraparound staff and users of the services. Once inside these doors, you may walk freely through the complex, with the exception of the locked acute inpatient wards. #1 is open from 0800-2000 hours

Entrance #2 – #2 also faces north and is just west of #1. As you enter there is a long hallway leading to the gym and bowling alley. This door was both locked and unlocked during the time I conducted this survey. Most of the time, this area was being converted for St. Charles. This will become the primary entranced and exit for St. Charles children and staff, once the facility is open. Again, currently there is no reception person in this area, and once in, one can wander throughout the complex. Entrance #2 is to be locked and has no hours of service.



Entrance #3 – Referred to as the “main entrance.” #3 also faces north and is just west of #2. you enter #3, visitors must stop at the reception desk. Visitors must sign in and be presented a colored badge. The color of the badge is based upon where your appointment is. Visitors sign in with date, time and location of appointment. Visitors to the Day Hospital are exempt from signing in and receiving a badge. This is by direction of the administrator of the Day Hospital. The desk is manned 24 hours a day. The doors are opened and unlocked from 0630 until 2000 hours. To the right (west) of the reception area is access to the Walk-In clinic, Mental Health Hearing courtroom Administration offices, Day Hospital, Rehab and Nursing Home Facilities. To the left (east) is a long hallway leading back down to the St. Charles, MUTT, Wraparound, and SAIL areas.

Entrance #4 - #4 faces north and until recently was a locked door. This door was open to accommodate the patients with appointments at the Day Hospital. This again, was done at the direction of the Day Hospital Administrator. I observed this door for several hours during the last three weeks. It has become a heavily used entrance for those not using the Day Hospital. There is a small sitting room just off to the west of the entrance. This has become a welcomed area for loitering.

Entrance #5 - #5 faces west and is a secured door. This door is the primary entrance for PCS. PCS is best described as a psychiatric emergency room. It is used by Law Enforcement dropping off emergency detention or petitions, those in distress, and those coming in to visit anyone in PCS. Everyone with the exception of Law Enforcement Officers are searched and screened with a metal detecting wand before entering the next section of PCS. Just off the screening area is the security fixed post that acts as a dispatcher. The computer that maintains the log is located in this room.

Entrance #6 – Just south of #5, entrance #6 is a secondary entrance to the Walk-In Clinic. There is a reception desk, but no screening upon entering. There is a very small waiting room with a few chairs, and a short hallway with approximately six offices. The Walk-In clinic has been described to me as the psychiatric equivalent of “Urgent Care.”

Entrance #7 - #7 is referred to as the “rear entrance.” This entrance is open to the public. It leads to the hallway that runs adjacent to the locked wards. This entrance is used by those wishing to gain access to the Rehab and Nursing home areas, as well as used by the patients of those areas to move outside. It is also used by the inpatients on the locked wards that have been granted “outdoor privileges” by psychiatric staff.

The red stars on the maps represent doors that are not public entrances, but were found open and unlocked during this survey. Many of the doors were unlocked for ease of staff to get to workstations or for patients in non-locked wards to access the outdoors.

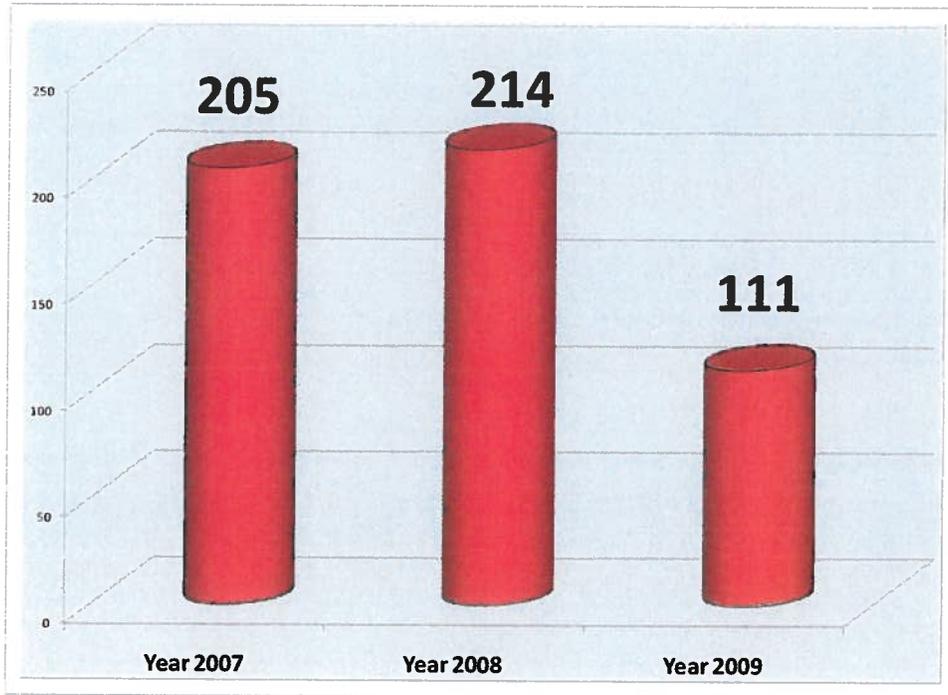
There are several problems with the current system. First and foremost, a sign in system has been set up at entrance #3. The visitors there receive the color coded badges that set the limitations for their movement through the building. This is a good layer of non-intrusive security. However, it is only mandated at one door. With nothing forcing visitors to

go through that door, many of the visitors to the complex never sign in, nor are they issued colored badges. This makes the entire system ineffective and a waste of resources. Furthermore, if users of certain programs are allowed to be exempt from the check-in system, it further renders the system ineffective. This is the situation the Day Hospital Administration is forcing on the rest of the complex. Because there is no true accountability of visitors, they are not expected to sign out. Visitors may exit out of which ever door they wish, and drop their visitors badge in a collection bin.

In speaking with Mr. Tietjen, he stated he has recognized that there is no complete accountability for the visitors that enter into the building. He agrees that having too many entrances open has caused disruptions in security. Mr. Tietjen has a series of items he is implementing to tighten up security at the entrance points to the facility. Mr. Tietjen has contracted with Integrated Technologies to install keycard readers on the doors that will allow them to remain locked unless an appropriate key card has been swiped. Mr. Tietjen's plan is to fit all exterior doors with the key card readers. Once all doors are key carded, all visitors will have to enter through entrance #3, sign in and receive a color-coded badge. Day Hospital patients will be issued their own keycard that will allow them access to the same door they have been going into for the last several weeks. Mr. Tietjen has requested funding in next year's budget to expand the key card system to interior doors. This will close off administrative offices and other areas to the general public. The plan integrates well with the parking restriction plan, as visitors will be forced to the reception desk at entrance #3 for a parking permit as well.

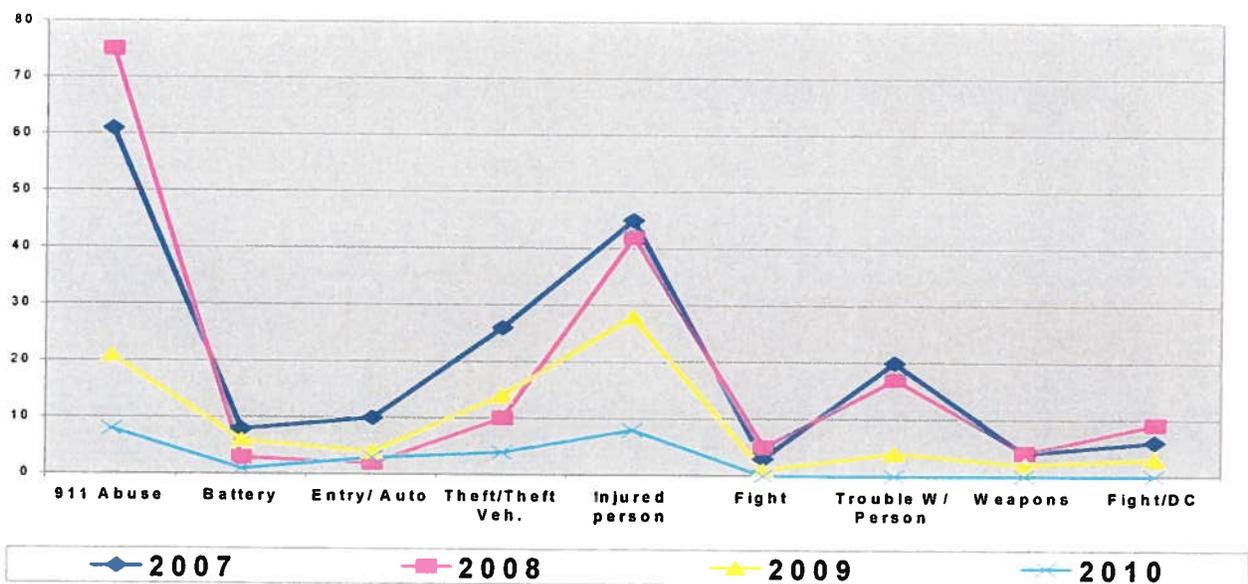
Mr. Tietjen is modeling this system after the one he implemented at the Coggs center. Coggs has five levels of access. Access will be granted based upon job duties and need for access. Access can be granted both geographically and on time. If an employee is restricted to cleaning certain areas at certain times, access can be restricted to sensitive areas at all other times. This system will also record the name and time of each and every visitor to every access point. Currently, BHD can only see how many people went through entrance #3, but no one can say with any certainty how many visitors access the BHD complex on a daily basis. With this system in place important data could be gathered concerning who is entering the building and when. I have witnessed the Coggs system and feel it is effective in controlling that facility's entrance and egress. Mr. Tietjen is expecting the project to be completed by the middle or end of summer. He described the project as being in the procurement stage. This stage of purchase has caused unexpected delays.

Below is a graph showing the number of calls for service MPD has received from the Coggs Center from 2007 through 2009.



There was a 49% decrease in calls for service from the Coggs center from 2008 to 2009. They are trending for another 18% decrease from 2009 to 2010. For this timeframe, there has not been a decrease in the number of visitors to the Coggs center, or the number of programs being run out of the building. For comparison, the Zeidler building, 841 N. Broadway, is trending for a 65% increase in calls for service from 2009 to 2010.

The below graph shows 4 year trend for the most common and most serious calls for service from the Coggs center (2010 numbers are YTD to May 30th).



BHD's plan for controlling access points is absolutely necessary. This has become the standard for physical security of buildings. The system, as with that at Coggs, emphasizes building access control, control of movement within the facility, and accountability for any and all in the building. If implemented as laid out, this will pay immediate benefits through increased accountability of the entrances the staff and visitors use. It will reduce or eliminate unauthorized use of doors for shortcuts to parking or ad-hoc smoking areas. Furthermore, it is imperative that the funding for the installation of these key card systems for the internal doors is secured. Remember that this building is being visited by the mentally ill (some with the inability to curb their criminal activity), indigent, and individuals looking to prey on the mentally ill. There will be no greater advancement for the safety of the staff than to limit the public accessibility to those areas for which they are not expected to be in.

Until BHD's plan is able to be fully implemented, I recommend that the following steps be taken:

- ❖ **Entrances 1, 2, 4, 6 and 7 are immediately locked. The PCS door would remain used as is currently being done. All visitors, to include those coming to the Day Hospital and the Walk-in Clinic ENTER AND EXIT through entrance #3. All visitors sign in and receive a color coded badge. All visitors upon leaving are required to stop at reception, turn in their badge and sign themselves out. Staff is also required to use entrance #3 if you utilize the front or southern most two parking lots on the south side of the building. It is centrally located and will leave anyone with less than a five minute walk to their area of work. However, this will cause employees parking in the far southwest lot too long of a walk. Until the key card access is set-up, the facility should set up a small reception staffed by a clerk or security officer on entrance #7. This will then be used as an employee entrance only. Upon passing reception, all staff must present their county ID. This is no different an operation than that for the Courthouse, Safety Building or most large companies. I have toured a major company that controls large buildings downtown and in Franklin. This is very similar to their systems.**
- ❖ **For the hours that entrance #3 remains open to the public, that area should be staffed with a receptionist and security officer. The duties of this officer will include assisting with check in and ID checks. I also recommend that a screen to monitor closed circuit cameras be added to the security workstation at the reception desk. There is concern that this officer may not have enough work to be an efficient use of the resource of a security officer. It is truly an unknown at this time, as there is no reliable count as to the number of visitors coming into the complex. This can be evaluated over time. If it is found that this officer does not have enough duties, his time can be split between reception, and proactive parking lot patrols, eliminating the earlier mentioned parking lot security post. I am including in the Appendix, a memo from Keith Kalberer, Operations Coordinator dated June 30th. The memo states that effective that date, BHD will be staffing the front desk as recommended. They will move visitors through**

that door. The memo also explains key card access procedures for entry into the St. Charles/Sail Area.

- ❖ Place lockers by entrance #3. Place very overt signage listing what items are considered contraband for the facility. Have the keys kept at reception and handed to visitors as they sign in. This will allow the visitors lock up any items that they feel may be contraband and get them into “trouble” for bringing into the facility. This is akin to an “amnesty box.”
- ❖ All other doors must be secured and left for emergency use only. All the doors on the map that were marked with red stars need to be secured. Again, leaving these open would comprise the system set up at reception. This includes the overhead loading dock doors. At least one door was left open and unattended every time I did a perimeter inspection at BHD.
- ❖ The lock-down of all doors will be contrary to the mandates placed on some areas such as the nursing home and rehabilitation center. By State regulation, the BHD administration is under mandate to not restrict those patients to the level of denying access. Other facilities are held to this same mandate. But not ALL doors to the outside need to be accessible to the patients. But any door made available for those patients to exit needs to be staffed to keep visitors from using that entrance. For example there is an exterior door that is right by the station security uses to screen people coming in to have contact visits with the patients on the locked wards. Those visitors are able to lock up belongings in a locker and are then screened by a “wand” metal detector. This entrance is staffed from 1600-2000 hours nightly. This would be the door for patients of the nursing home, rehab center, or locked ward inpatients who have earned outdoor privileges.
- ❖ Closed Circuit cameras should be added to areas such as hallways and remote areas that have little use. These are the areas that are targeted for loitering or other criminal activity. Closed circuit camera usage can be very limited on the inside of the building due to regulations for hospital privacy. But Froedtert and Columbia St. Marys, both of which I toured, use cameras extensively in common areas for which there is no expectation of privacy. These would be additional cameras that the security officer assigned to the desk would be able to monitor.
- ❖ Because there was no expectation that all visitors would have a visitor’s badge, most of the staff I spoke with did not know what each color badge limited access to. It is important that all staff be aware of what the color limitations are and feel empowered to challenge someone in an unauthorized area. This is the key to current airport security systems. Any baggage checker is empowered to challenge anyone, regardless of their position with the airport, if they do not have

their access card displayed. This is an additional layer of security that is effective, but does not create a “lock-down” environment.

One of the issues that arose that lead to this assignment was that of “wandering” visitors for weapons as they enter the complex. To give some history, there was a time when all visitors were screened for weapons when they came into the building. A screening station was set up just west of the reception through entrance #3. This practice went on for about 18 months, according to staff, and ended sometime over a year ago due to the objections of the Day Hospital’s Administration. Originally this was meant to only screen visitors coming in to visit inpatients in the acute locked down wards. But in practice, security began screening all visitors. This practice was ended, as it was not screening only those the plan originally intended. At that point, the screening was moved up to the third floor and done right before a visitor enters a locked ward. The Administration never intended for all visitors to be screened in the lobby of entrance #3. The Administration does not want to create a road block for anyone seeking treatment. This is a valid concern. I could not find any other hospital that screens outpatients or visitors for weapons upon their arrival for treatment. However, the hospital does screen those coming into the hospital through PCS. The rationale behind this is that if accepted, they will be going up to a locked ward, which requires a higher level of security. This is untrue of individuals coming into the Walk-In Clinic, for example. There are three options for weapons screening:

1. Screen all visitors that come through entrance #3 regardless of the reason for their visit. This will include those seeking treatment in the clinics, families utilizing the other social services or visitors to patients in the nursing home or rehab facility. This will be the most effective way to ensure the safety of all staff and visitors, but this will create the mental roadblock for some and keep them from seeking treatment.
2. Screen only those coming into PCS because they are most likely in distress, as well as screening those coming in to the Walk-in clinic, as they are at a lesser level of distress. This would use the BHD resources to screen those most at risk of bringing a weapon into the facility. Of the seven incidents of weapons brought in to the facility, all were between PCS and the Walk-in clinic. Those contrary to this point of view would state that seven incidents in a five year period does not constitute large trending problem.
3. Screen only PCS patients and visitors to the locked wards and rely on the other security measures put in place in prevent visitors from bringing contraband into the facility.

Of these options, I recommend option #2. The known instances of contraband being brought in to the facility occurred in these areas. The data tells us these are the areas most at risk. Security Screening does not discourage walk-ins at PCS and I do not find any data that shows it would prevent someone with some level of distress from seeking treatment. Screening individuals going into the Walk-In clinic would require no cost or extra resources. Instead of going through entrance #3, Walk –In patients could go

through the PCS entrance, entrance #5. There they would be screened as all other PCS visitors. They could then be escorted an estimated 25 feet to a door that leads directly to the Walk-In clinic waiting room. This would then only target those that data shows are most likely to bring in contraband. Both contraband of a criminal nature (narcotics, weapons) must be turned over to MCSO for investigation and possible charging. A past State Attorney General's Office opinion states that this is not a violation of the HIPPA regulations. This has not been a problem with BHD in the past, as it has been with some hospitals.

In summary I have made the following recommendations for entrance security

1. Rapid implementation of BHD's plan to restrict access to entrances and areas by key card readers
2. Close all other public entrances except for the "main entrance." All visitors must sign in, receive a badge authorizing certain movement, then sign out and return badge upon leaving through same door. All employees must use the same door and show ID badge when entering. Set up temporary reception at rear entrance and make that an "employee entrance only."
3. Staff reception area with a security officer to monitor additional cameras, parking lot and assist with ID checks and badge issuance.
4. Set up lockers for visitors.
5. If another entrance must be open for other inpatients to have access to the outside, the entrance must be staffed to direct visitors to the main entrance.
6. Encourage and empower all staff to challenge anyone without a visitor's badge, or in the wrong area with their visitor's badge.
7. Direct those utilizing the Walk-In Clinic to use the PCS door and be screened.

Other areas of Concern

As mentioned, the complex is a multi-use building. There are a few other areas of concern. The first is the fact that St. Charles, a day treatment center for dealing with juveniles, has leased space in the complex. The space, directly off entrance #2, will be an outpatient type facility for dealing with the emotional and medical needs of the juveniles they serve. This will be outpatient only with St. Charles' staff bringing over juveniles in one morning four-hour block and one afternoon four-hour block. They will be occupying an entire section of the complex, which will separate the MUTT, Wraparound, and SAIL programs from the other inpatient and outpatient treatment areas. I spoke at length with staff working on the set up of the St. Charles center. The challenge is that while juveniles are mandated to be kept separate from adults, fire codes keep the center from locking the doors to the other parts of the facility. These doors also cannot be locked because staff and visitors to the Wraparound and SAIL programs will need to move down the hallway they occupy.

St. Charles will make the doors passable by a key card. This will allow people to move in between the two sides. By code, the door must be allowed to be opened; but if opened without a keycard an alarm will sound. Staff will recognize the alarm as a juvenile entering a

restricted area of the hospital. The child will then be brought back to the St. Charles portion of the complex. If the front desk is staffed with a security guard, this will also help limit this exposure.

St. Charles has already rekeyed their section of the complex. They report a staff to juvenile ratio of one to three will be maintained. They have implemented a five level system of access through keys and key cards. There will be no areas where juveniles will be unsupervised. They are in the process of installing 35 cameras throughout their section of the facility. This system will have no interoperability with the BHD security camera system. Orion Security will respond if necessary. St. Charles staff does not feel it will be necessary given their amount of staff; but Orion is preparing their staff in the event it becomes necessary. **Given that there is a possibility that Orion Staff may respond, I recommend that the BHD and St. Charles Administrations create interoperability between the two CCTV systems. This would benefit both staffs in the area of patient control, employee accountability and the success of first responder operations.**

St. Charles does not have the same house phones as the rest of the complex. Their phones are piggybacked off the system from their facility on 84th Street. They do not have the ability to dial 5555 and be connected to MCSO dispatch. This also means any 911 call made from their phones goes to the City of Milwaukee Police. I am currently investigating avenues upon which these obstacles could be overcome. Until another option is worked out, St. Charles' phones will have a sticker on them with MCSO Communications non-emergency number on it.

The last area of concern is room 1032 of the complex. Room 1032 is located near the Day Hospital. This is where mental health hearings are held. Room 1032 consists of a small waiting room, able to hold about 25 people. This is the waiting room prior to going into court. Adjacent to the entry door, is another door that leads into the first hearing room. This room is set up as most other court rooms are. The court commissioner is seated at the front of the room. There is a table for the representative for Corporation Counsel and for the representative from the Public Defender's Office. The court is staffed with clerical workers. A deputy is staffed daily on overtime, reimbursed by the State. The court runs Monday through Friday from 0800 hours until the docket is complete. There is one doorway inside the courtroom that leads to another courtroom with the same set up.

The deputy assigned to the hearing is responsible for courtroom security. Hearings are held on emergency detentions, three party petitions and other mental health items that may result in the loss of a person's liberty. Some of those coming in to court are brought down from the locked inpatient wards. Others are ordered to report and are coming from the outside. Family members and witnesses are also brought to the courtroom. These hearings have the potential to become confrontational. At times the deputy is ordered to take someone into custody that has come in directly off the street. In 2009, there were seven calls for back-up to this room for patients needing to be physically restrained in the courtroom. That is down from the 12 of the previous year. For these reasons, I make the following recommendations:

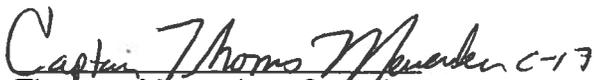
1. Everyone must be screened by security for weapons as they enter the courtroom. This would most effectively be done by a walk through magnetometer station with a security officer present. The walk through magnetometer could be set up by the entrance to the waiting room, or the entrance to the courtroom. Any concealed weapons would be turned over to the deputy for investigation into possible charging. Every other county run courtroom requires screening prior to entry.
2. The possibility exists for a patient brought down from a locked ward on inpatient status, may take the opportunity to escape custody by fleeing the courtroom. Once out of the courtroom, and individual is only feet away from a door with direct access to the outside. It is for this reason; I recommend that that door going into the courtroom from the waiting room be locked from both sides. The door should be able to be opened by key, or by a buzzer from inside the courtroom. A release button would be located near the clerk and near the position the deputy is stationed at. This is similar to the barrier between the gallery and courtroom in criminal courts located downtown.

The changes proposed in this report will cause a change in the way business has been handled. In order to assure voluntary compliance and reduce the amount of frustration over change, proper signage must be posted in the areas that are changing. Signs that note that doors are for emergency exit and all visitors must proceed to the main entrance. Signs at the main entrance must reflect that contraband is not allowed, what contraband is and that lockers are available for prohibited items (as long as they are not criminal in nature). A sign stating that the parking lot is under video surveillance is a strong deterrent. A sign stating all visitors must check in at reception upon entering the facility.

A facility such as the Charles W. Landis Mental Health Complex-Behavioral Health Department must be able to create a safe environment for staff and visitors. I would like to recognize that BHD has evaluated and identified the shortcomings in the current practices. BHD administration has put together a plan to address some of those issues.

Those plans, as well as the recommendations in this report, will create a well-layered, integrated security strategy that will protect the staff and visitors and increase accountability without sacrificing the services they pledge to provide

Respectfully Submitted,


Thomas Meverden, Captain
Milwaukee County Sheriff's Office

Executive Summary



County of Milwaukee
OFFICE OF THE SHERIFF

DATE: June 28th, 2010

TO: Sheriff David A. Clarke, Jr.
Inspector Kevin A. Carr

FROM: Captain Thomas Meverden, PSB – Patrol Division

**SUBJECT: Security Survey, Milwaukee County Mental Health Complex-
Executive Summary**

This summary will give an overview of recommendations made as a result of my security survey of the Charles W. Landis Mental Health Complex-Behavioral Health Dept. (BHD). The memo outlined the current state of the physical security of the complex, listed plans and timeline for the future updates, and made suggestions for improvements to the physical security of the Complex. These improvements may include physical, personnel, and policy changes. Below is a list of the changes requested in the report

Statement of Security Concerns

Sheriff David A. Clarke Jr. ordered this security survey after a psychiatrist in the Walk-in Clinic contacted a county supervisor over her safety concerns at the complex. The doctor stated that there were instances of patients bringing weapons into the building, particularly the Walk-in clinic, while visiting doctors. In her contact with the County Supervisor, the doctor stated that she had unsuccessfully raised concerns with the administration since 2009.

BHD staff, led by Jim Tietjen, Associate Director of Operations. Has done an evaluation and identified areas of physical security for improvement. The goal of these improvements is to obtain 100% accountability for the number of visitors in their complex and where they are visiting. The improvement plans that BHD is self-imposing are:

1. In an effort to create a reliable system for security notification, Mr. Tietjen has proposed equipping each nurses' station with a handheld radio and charger to allow nurses to speak directly with security during an incident. Mr. Tietjen stated he has the equipment and is awaiting approval from Administration.
2. Mr. Tietjen has requested to purchase and install seven cameras in the parking lot areas to make surveillance more efficient. In addition, Mr. Tietjen has requested to add a fixed security position in the parking lot. The cameras are expected to be installed by late summer.

3. BHD is in the process of hiring Integrated Technologies to install keycard readers on the doors that will allow them to remain locked unless an appropriate key card has been swiped. This technology will be used on all exterior doors. When this is implemented, all visitors will need to go through the main entrance, sign in and be issued a pass. Staff will be able to enter through doors based on their job duties and work assignment. In conjunction with this, Mr. Tietjen will create assigned parking in the lots based on where the visits are coming for appointments. Color-coded parking passes will be handed out at reception. BHD has written for funding in next year's budget to expand this to doors inside of the complex. The exterior doors expected to be completed by late July/August.
4. BHD is also exploring adding cameras to common places within the complex. It is necessary for them to check with the licensing that they hold, as State mandates may limit their ability to install cameras.

I have made the following recommendations in the area of Security Alert and Response.

1. Log entries include that an incident report was generated, and if possible, an incident report number.
2. All duress alarms are checked on a regular basis for accessibility, and functionality. Also that staff training on the effective use of duress alarms is conducted.
3. Handheld radios, already in BHD's possession are assigned to each nurse's station floor for effective communication between responding security officers and staff at an incident scene. Also, it is recommended that radio function be improved to allow MCSO Communications and BHD staff direct communications.
4. Full interoperability between the St. Charles and BHD CCTV systems

In summary I have made the following recommendations for parking lot/outer security

1. Replacement of lights and light coverings to allow for a brighter, white light.
2. Installation of closed circuit cameras to be placed overtly in all parking areas and on the loading dock area.
3. Adding a security position as a rover in the parking lots. This would not need be a twenty four hours a day assignment. BHD should use data to determine the times of the highest frequency of visitors to the complex and staff accordingly.

In summary I have made the following recommendations for entrance security

1. Rapid implementation of BHD's plan to restrict access to entrances and areas by key card readers
2. Close all other public entrances except for the "main entrance." All visitors must sign in, receive a badge authorizing certain movement, then sign out and return badge upon leaving through same door. All employees must use the same door and show ID badge when entering. Set up temporary reception at rear entrance and make that an "employee entrance only."

3. Staff reception area with a security officer to monitor additional cameras, parking lot and assist with ID checks and badge issuance.
4. Set up lockers for visitors.
5. If another entrance must be open for other inpatients to have access to the outside, the entrance must be staffed to direct visitors to the main entrance.
6. Encourage and empower all staff to challenge anyone without a visitor's badge, or in the wrong area with their visitor's badge.
7. Direct those utilizing the Walk-In Clinic to use the PCS door and be screened.

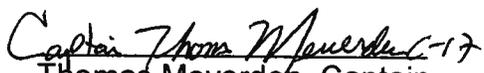
In summary, I have made the following recommendations for security of the mental health hearing court rooms.

1. Everyone must be screened by security for weapons as they enter the courtroom. This would most effectively be done by a walk through magnetometer station with a security officer present. The walk through magnetometer could be set up by the entrance to the waiting room, or the entrance to the court room. Any concealed weapons would be turned over to the deputy for investigation into possible charging. Every other county run courtroom requires screening prior to entry.
2. The possibility exists for a patient brought down from a locked ward on inpatient status, may take the opportunity to escape custody by fleeing the courtroom. Once out of the courtroom, and individual is only feet away from a door with direct access to the outside. It is for this reason; I recommend that that door going into the courtroom from the waiting room be locked from both sides. The door should be able to be opened by key, or by a buzzer from inside the court room. A release button would be located near the clerk and near the position the deputy is stationed at. This is similar to the barrier between the gallery and courtroom in criminal courts located downtown.

A facility such as the Charles W. Landis Mental Health Complex-Behavioral Health Dept must be able to create a safe environment for staff and visitors. I would like to recognize that BHD has evaluated and identified the shortcomings in the current practices. BHD administration is piece-by-piece addressing some of those issues. AN overall written plan is lacking.

Those plans, as well as the recommendations in this report, will create a well-layered, integrated security strategy that will protect the staff and visitors and increase accountability without sacrificing the services they pledge to provide.

Respectfully Submitted,


Thomas Meverden, Captain
Milwaukee County Sheriff's Office

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

Date : June 30, 2010

To : Bruce Kamradt, WRAP Program Administrator
Walter Laux, SAIL Program Administrator

From : Keith Kalberer, Operations Coordinator

Subject: Security for the 9201 Watertown Plank Building

From the meeting held on June 28, 2010, the following issues were discussed as they relate to the addition of tenants in the former Day Hospital building, now being referred to as the 9201 Building. We want to eliminate the use of the term "Day Hospital" as it can be confusing with the change in venue for the Day Treatment area.

Because St. Charles is leasing the space between WRAP/SAIL and the rest of the Psych Hospital, we want to ensure their clients remain in their leased space. In order to do this, St. Charles has installed a key card pad at the entrance to the Hospital. Cards to unlock the door will be issued to your staff. We will need a list of names from you so that St. Charles can keep track of those individuals to whom they have given cards. We are also placing one of our security guards at the reception desk located inside the A-frame doors between the hours of 8:00 a.m. and 5:00 p.m. That security guard will respond to any Code 1 calls that are directed for WRAP or SAIL and provide back up, if requested, to St. Charles. However with any medical emergencies in your area, please make sure that your staff calls 911. The Psych Hospital Code 4 team will not be responding to the 9201 Building.

Based on the recommendation from the Sheriffs Department, we want to lock all entrances to the Psych Hospital unless staff is on duty to check people in and out. Therefore we are placing a keypad at the southeast entrance to the 9201 Building, which will require employees to punch in a code in order to unlock the door. Once that has been installed, we will provide you with the numerical code. We will also keep the doors at the A-Frame entrance locked from 5:00 p.m. until 8:00 a.m. once the key card access to the Psych Hospital is activated and the Security Guard is posted at that reception desk.

Please share this information with your entire staff and I invite anyone with concerns to contact me directly as we continue to monitor the safety and security of the BHD campus.

Cc: John Chianelli, Hospital Administrator
Jim Tietjen, Associate Director
Jennifer Wittwer, Operations Coordinator
Jeff Doine, Orion Security

Milwaukee County Behavioral Health Division

2010 Interventions for Patients with Challenging Behaviors Initial Training



Interventions for Patients
With Challenging Behaviors

Review of Concepts

- ❖ Getting on "the same sheet of music"
- ❖ Ability to disengage or engage in order to take the proper staff action to foster stabilization/recovery of the patient
- ❖ No Innocent Professional Bystanders
- ❖ Calming Code
- ❖ Cooperation vs. Compliance
- ❖ TDM
- ❖ Debriefing
- ❖ Changing the "culture"



Interventions for Patients
With Challenging Behaviors

"Lessons Learned from Parris Island"

How does the Marine Corps turn teenagers—
many of them pampered or frightened
or reckless or dangerous—
into self-assured, responsible, courageous leaders.

- ❖ What we can learn from them.

Continued



Interventions for Patients
With Challenging Behaviors

"Lessons Learned from Parris Island"

- ❖ Tell the truth
- ❖ Do your best, no matter how trivial the task
- ❖ Choose the difficult right over the easy wrong.
- ❖ Look out for the group before you look out for yourself
- ❖ Don't whine or make excuses
- ❖ Judge others by their actions, not their race



Interventions for Patients
With Challenging Behaviors

You are a Representative

- ❖ You are a Representative of your Agency

and

- ❖ You are a Representative of your Profession



Interventions for Patients
With Challenging Behaviors

You are a Volunteer

- ❖ You volunteered for this job
- ❖ You can leave if you want to
- ❖ You have a duty to do your job to the best of your ability

Interventions for Patients With Challenging Behaviors

Risk Management Most Liability Issues Are:

- ❖ Predictable
- ❖ Preventable

Continued ...

Interventions for Patients With Challenging Behaviors

Interactions with Patients

Interventions for Patients With Challenging Behaviors

RUTGERS UNIVERSITY STUDY

REAL WORLD

Created by Shannon M. Walton

Interventions for Patients With Challenging Behaviors

WIII FM

The radio station that everyone listens to in their head.

- ❖ What
- ❖ Is
- ❖ In
- ❖ It
- ❖ For Me

Interventions for Patients With Challenging Behaviors

Goals of this course:

(WIII FM?)

- ❖ Staff and patient safety
- ❖ Enhanced professionalism
- ❖ Decreased complaints/grievances
- ❖ Decreased liability
- ❖ Decreased personal stress

Interventions for Patients With Challenging Behaviors

Importance of Treating People Appropriately:

I Treat People Like ...

I would like to be treated ... under the same circumstances.

The Challenge of all Professional Intervention Communication:

To Generate Cooperation with People.
Some people will tell you no the first or second time you ask them to do something, but somewhere around the third or fourth time, when handled properly, 9 out of 10 people will cooperate.

Personal (self) Override Tactics

- ❖ T.D.M.
- ❖ Autogenic Breathing
- ❖ Reality Check
 - ❖ Ask yourself, "Is what I am doing assisting in the stabilization/ recovery of the patient?"

Barriers to Communication

L.E.A.P.S. Concept

- ❖ Listen
- ❖ Empathize
- ❖ Ask (and then ask again)
- ❖ Paraphrase
- ❖ Summarize

Fight or Flight

Fight

Flight

Fight or Flight Fallacy

Fight

Posture Cooperate

Flight

Lt. Colonel Dave Grossman

Interventions for Patients With Challenging Behaviors



Excerpt from the movie "Anger Management"

Interventions for Patients With Challenging Behaviors

The P.O.P. Index (Provoking Other People)

- ❖ Physical
 - ❖ Facial Expressions
 - ❖ Attitude
 - (tone and other non-verbal)
 - ❖ Mannerisms
 - (crowding, parental finger, or inappropriate touching)
- ❖ Speech
 - ❖ Profanities
 - ❖ Buzz Words
 - ❖ Verbal Parting Shots

Interventions for Patients With Challenging Behaviors

Dealing with Provocations

What are your weaknesses ?

Attitudes Language Speech

You must identify your "hot" buttons and develop the ability to recognize and control them. Name them, desensitizing yourself, and through role-play develop the "inoculation" you need to perform properly.

Interventions for Patients With Challenging Behaviors

Dealing with Provocations

- ❖ Recognize the Issue.
- ❖ Analyze the Issue.
- ❖ Deal with the Issue.
- ❖ Desensitize yourself to these issues.

Interventions for Patients With Challenging Behaviors

Formula for a Problem

- ❖ Bluff
- ❖ Hesitate
- ❖ Be rude
- ❖ Verbally abuse
- ❖ Under-reaction or over-reaction
- ❖ Ignore
- ❖ Disrespectful

Interventions for Patients With Challenging Behaviors

Respect

Personal / Earned

RE-spect

Professional / Given

Verbal Judo Institute

Interventions for Patients With Challenging Behaviors

Q: Is it OK to shoot someone who disrespected you?

YES 9% all arrestees

YES 18% male juvenile arrestees

YES 21% drug seller arrestees

YES 34% street gang arrestees

--National Institute of Justice, 1997

Interventions for Patients With Challenging Behaviors

The perception of being "disrespected" by staff members is a major source of conflict.

Conversely, giving "professional" Re-spect to the people we come in contact with can be a valuable negotiation tool.

Are people who disrespect others at risk of being harmed?

Verbal Judo Institute

Interventions for Patients With Challenging Behaviors

What two rights do you give up when you become a hospital worker?

- ❖ The right to be "unfit", and
- ❖ The right of free speech.

Verbal Judo Institute

Interventions for Patients With Challenging Behaviors

Some people will tell you no the first or second time you ask them to do something, but somewhere around the third or fourth time, when handled properly, 9 out of 10 people will cooperate.

❖ Take your time!

Verbal Judo Institute

Interventions for Patients With Challenging Behaviors

The "Three Strikes You're Out" Problem:

Repeating the same command three times, in the same way, is not "Confirming Non-compliance."

Verbal Judo Institute

Interventions for Patients With Challenging Behaviors

Cultivating the Art of Courtesy

- ❖ Use professional introductions
- ❖ Maintain proper tone of voice
- ❖ Maintain proper voice volume
- ❖ Use appropriate forms of address
- ❖ Use appropriate body language
- ❖ Avoid crowding
- ❖ Never express personal opinions
- ❖ Never use profanity
- ❖ Never use demeaning remarks
- ❖ Don't get "hooked" by provocation
- ❖ Explain what we do and why we do it when possible, or if asked
- ❖ Practice good listening techniques

POLICE CHIEF Magazine January 1989

Interventions for Patients With Challenging Behaviors

**Remember—
T. D. M.**

- ❖ **Time**
- ❖ **Distance**
- ❖ **Movement**

Interventions for Patients With Challenging Behaviors

Triggers & early warning signs

- ❖ Trigger: sets off an action, process or series of events (such as fear, panic, upset, agitation)
 - ❖ Bedtime
 - ❖ Yelling
 - ❖ People too close
 - ❖ Reminder of painful event
 - ❖ Not being listened to
 - ❖ Being isolated
 - ❖ Lack of privacy
 - ❖ Being touched
 - ❖ Not having control
 - ❖ Others:

Interventions for Patients With Challenging Behaviors

**Staff Actions: *Safety/Stabilization*
Interrupt the Escalation to Violence**

- ❖ **Prevention**
- ❖ **Resolution (de-escalation)**
- ❖ **Containment**

Interventions for Patients With Challenging Behaviors

**Interrupt the Escalation to Violence:
PREVENT, RESOLVE, CONTAIN**

Destructive Violence

<http://www.thrdside.org/overview.cfm>

Interventions for Patients With Challenging Behaviors

Deflectors

How to "dissolve" power
from an emotional outburst
in order to channel the conversation
back to the matters at hand

Continued ...

Verbal Judo Institute

Interventions for Patients With Challenging Behaviors

Rationale for Deflectors

- ❖ Acknowledges the patient's feelings
- ❖ Diffuses the patient's emotional outburst
- ❖ It's respectful

Continued ...

Verbal Judo Institute

Interventions for Patients With Challenging Behaviors

Deflector Technique

1. I appreciate that ..., I understand that ..., I hear that ..., I got that ..., etc.
2. "And" ... or "However" ... or simply starting a new sentence instead of using "and" or "however."
3. Following immediately with a professional, specific, goal-oriented statement

Verbal Judo Institute

Interventions for Patients With Challenging Behaviors

Mediation



Dennis Nourse of the Waukesha, Wisconsin Academy of Law

Interventions for Patients With Challenging Behaviors

Bottom Line:

Mediation is a participatory solution to resolving a problem. It empowers the people involved and gives them ownership of their solutions.

Michael Saunders

Interventions for Patients With Challenging Behaviors

Mediation Considerations

- ❖ Staff member safety
- ❖ Two person application
- ❖ Persons must be willing to talk
- ❖ Persons must remain rational
- ❖ Persons must be willing to compromise
- ❖ Persons must not get physical

Interventions for Patients With Challenging Behaviors

Basic Mediation Procedure:

1. Introduce self/others and express appreciation for their cooperation
2. Explain the role of the mediator and the process
3. One person speaks at a time, no interruptions, no name calling
4. Then they speak to each other
5. Work towards an agreement
6. Create an agreement
7. Close the session—Ask, "Any questions?"

Interventions for Patients With Challenging Behaviors

**Arbitration
(Setting Limits)**

Verbal Judo Institute



Interventions for Patients
With Challenging Behaviors

Purpose of Arbitration

- ❖ Used to solve a problem when mediation is inappropriate or ineffective
- ❖ You need to know when to change gears



Interventions for Patients
With Challenging Behaviors

5 Step Arbitration Pattern

1. Ask, then ask again, if you need to
2. Set context
3. Explore options / find third alternative
4. Confirm decision
5. Act – disengage and/or engage



Interventions for Patients
With Challenging Behaviors

Crisis Intervention

Jane Dresser, RN, Med, CS



Interventions for Patients
With Challenging Behaviors

Purpose of Crisis Intervention

- ❖ Dealing with persons with altered thinking/perception
- ❖ Dealing with people who are enraged
- ❖ Defusing potentially dangerous situations



Interventions for Patients
With Challenging Behaviors

The Crisis Intervention Fallacy:

- ❖ If a staff member does everything correctly Crisis Intervention Tactics always work.
- ❖ WRONG! It is possible to do everything correctly and still fail



Interventions for Patients
With Challenging Behaviors

The Crisis Cycle Time Limited in Nature

- ❖ Normal behavior
- ❖ Development of conflict
- ❖ The crisis state
- ❖ Post-incident adjustment
- ❖ A return to normalcy



Interventions for Patients
With Challenging Behaviors

Why are People in Crisis So Dangerous?

- ❖ Extremely strong
 - ❖ Adrenaline Dumping
- ❖ High pain tolerance
 - ❖ The brain produces 3X more endorphins than on heroin
- ❖ Fighting for their life
- ❖ Unpredictable



Interventions for Patients
With Challenging Behaviors

Pre-intervention Preparation

1. Calm yourself-use autogenic breathing
2. Center yourself-get focused
3. Develop a strategy for level/type of intervention



Interventions for Patients
With Challenging Behaviors

Crisis Intervention Format

1. Attempt to get their attention
2. Model calm behavior
3. Check on their perception of reality
4. Attempt to establish rapport
5. Explain your perception
6. Move towards a resolution



Interventions for Patients
With Challenging Behaviors

Attempt to Get the Person's Attention

Crisis intervention / Positioning

- ❖ Come into line of sight.
- ❖ Don't stand directly in front of the person—use the bladed position.
- ❖ Avoid crowding.
- ❖ Distant Kneeling Technique



Interventions for Patients
With Challenging Behaviors

Attempt to Get the Person's Attention

- ❖ Talk softly & slowly—"reverse yelling."
- ❖ Attempt to calm the person.
- ❖ Use simple commands.
- ❖ Take your time, don't rush.
- ❖ Control distance and maintain bail out routes.
- ❖ Never take on a crisis alone



Interventions for Patients
With Challenging Behaviors

Proxemics—Controlling Distance

- ❖ Personal Space
 - ❖ A personal bubble of space that moves around with you
 - Intimate distance 0-18 inches
 - Personal distance 18-48 inches
 - Social distance 4-12 feet
 - Public distance beyond 12 feet

Interventions for Patients With Challenging Behaviors

Attempt to Establish Rapport with the Person

- ❖ Tell them that you are here to help/protect them.
- ❖ Acknowledge that "this experience would be very upsetting if it happened to me."
- ❖ Get them to breathe and model proper autogenic breathing for the person.
- ❖ Ask the patients about their feelings.
- ❖ Use "creative confusion"
 - e.g. "You need to help me understand this."
 - "You just lost me."
- ❖ Use soft, sub-verbal supportive sounds.

Interventions for Patients With Challenging Behaviors

Move Towards Resolution

- ❖ Separate them from audience.
- ❖ Allow them to save face.
- ❖ Ask them for their help in reaching closure.

Interventions for Patients With Challenging Behaviors

Decision Making: S.A.F.E.R. Concept

- ❖ Security
- ❖ Attack
- ❖ Flight
- ❖ Excessive Repetition
- ❖ Revised Priorities

Interventions for Patients With Challenging Behaviors

Combined Verbal and Physical Intervention

Based on concepts developed by Daniel Vega, M.S.W. Billings, Montana

No Solo Interventions

Never tackle a problem alone.

Always use a team approach.

Policy and Procedure dictates only use of a team approach!

Interventions for Patients With Challenging Behaviors

Traditional Group Decentralization Problems

- ❖ Gang tackles
- ❖ Someone may get injured falling
- ❖ Cluster starts over on the ground
- ❖ Wild strikes/perceived resistance
- ❖ Failure to attempt verbal stabilization

Interventions for Patients
With Challenging Behaviors

The Role of the Security Officer to enhance safety at BHD

- ❖ Prevention, safety, risk reduction in support of wellness and recovery
- ❖ Not utilized to meet nursing care needs of patients
- ❖ Trained/follow BHD policies
- ❖ Assist team, at the direction of the team
 - ❖ Participate in physical stabilization of patient only under the direct supervision of RN and/or physician

Interventions for Patients
With Challenging Behaviors

Degrees of Stabilization

- ❖ Staff Presence
- ❖ Verbal Communication
- ❖ Standing
- ❖ Wall
- ❖ Ground
- ❖ Next Steps

Interventions for Patients
With Challenging Behaviors

One Voice

- ❖ Who is in control?
- ❖ One team member controls the tactic (verbal cues)
- ❖ Another team member interacts with, and calms the patient
- ❖ This may often be combined into one role

Interventions for Patients
With Challenging Behaviors

Application of Physical Restraint Devices

- ❖ Emergency physical stabilization up to but not including application of restraint devices can be done by trained staff.
- ❖ **Application of restraint devices is a medical procedure and can only be initiated by MD or RN.**

Star Procedure Stabilization Training

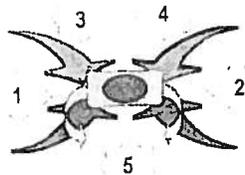
Captain Gary T. Klugiewicz
Milwaukee County
Sheriff's Department

Interventions for Patients
With Challenging Behaviors

Basic Star Technique Explanation

- ❖ This is a Technique for five (5) staff members to stabilize a standing subject and to take him/her initially up instead of immediately down to the ground.
- ❖ This prevents many of the injuries usually associated with "take downs."

Interventions for Patients With Challenging Behaviors



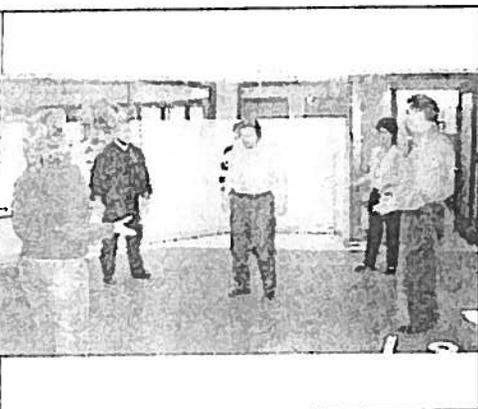
Star Technique
 Staff members 1 & 2 – Arms
 Staff members 3 & 4 – Legs
 Staff member 5 – Head

Interventions for Patients With Challenging Behaviors

Star Technique Verbal Cues

- ❖ **"Star"**
 - ❖ Team members get into position near patient (not touching)
- ❖ **"Secure" Fast**
 - ❖ Team members take hold of patient's arms at the shoulder, the legs and the ankles, and one gently secures head
- ❖ **"Levitate" Fast**
 - ❖ Staff at arms lift up at the armpits
 - ❖ Staff at legs lift legs up
 - ❖ Team member at head gently secures head
 - ❖ *Keep patient up and transport as appropriate*
- ❖ **"Lower" Slow**
 - ❖ All staff lower the patient to the floor or bed slowly Think *Lower Slower*
 - ❖ Intermediate kneeling position
- ❖ **"Stabilize" Slow**
 - ❖ Physically and emotionally stabilize patient—staff at head to keep talking throughout, attempting to calm patient and gain cooperation

Interventions for Patients With Challenging Behaviors



Interventions for Patients With Challenging Behaviors

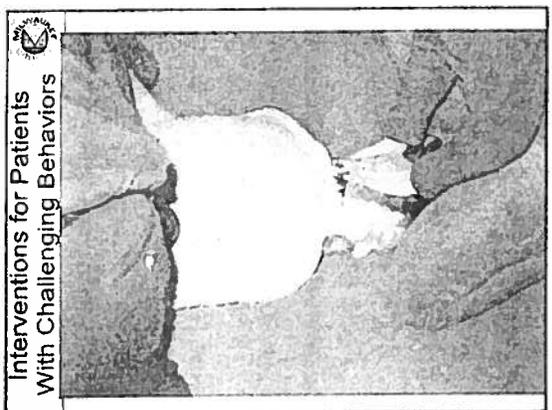
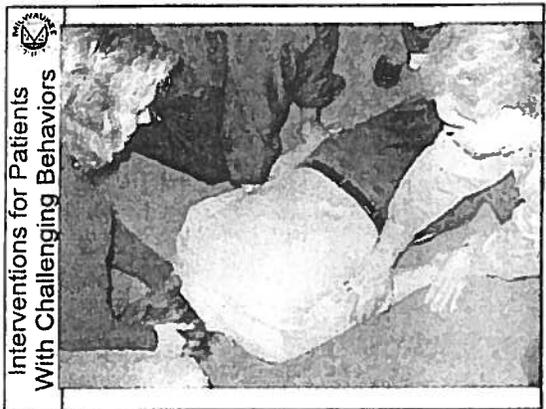


Interventions for Patients With Challenging Behaviors



Interventions for Patients With Challenging Behaviors







Interventions for Patients With Challenging Behaviors

Personal (self) Override Tactics

- ❖ T.D.M.
- ❖ Autogenic Breathing
- ❖ Reality Check
 - ❖ Ask yourself, "Is what I am doing assisting in the stabilization/recovery of the patient?"

Interventions for Patients With Challenging Behaviors

ADOPTED OMISSION

...if you allow anything inappropriate to be said and/or done in your presence and you do not make a correction, you have adopted this standard. In fact, you become as guilty as the person who is acting.

Paraphrased from © 1996 Mike Paschke

Interventions for Patients With Challenging Behaviors

"No Innocent Professional Bystanders" Concept:

Once you are on the scene you must ...

- ❖ Assist your fellow staff members
- ❖ Fix something if it is not helping
- ❖ Stop something that is not working
- ❖ Do what is in the best interest of the patient's recovery
- ❖ Document accurately
- ❖ Debrief

Interventions for Patients With Challenging Behaviors

Tag Team Pass the Baton Relay Team Relief Pitcher

Concepts that promote the stabilization and recovery of the patient

Interventions for Patients With Challenging Behaviors

Team Member Assist

- ❖ Listen for changes in team member's tone of voice
- ❖ Develop key words to let team member know of a control problem.
 - ❖ e.g. "T.D.M."
- ❖ Offer to take over this contact.
- ❖ Call team member over to your location.
- ❖ Have team member take some deep breaths.
- ❖ Attempt to reason with team member.
- ❖ Notify of intent to call the supervisor to the scene
- ❖ Call your supervisor to the scene.
- ❖ ALWAYS DEBRIEF

Continued ...

Interventions for Patients With Challenging Behaviors

Debriefing leads to ...

- ❖ Therapeutic Rapport
- ❖ Improved Future Performance

Interventions for Patients With Challenging Behaviors

Who to Debrief

- ❖ First Level (Immediate—at the incident site)
 - ❖ Patient
 - ❖ Witnesses
 - e.g. other patients in the area
 - visitors
- ❖ Second Level (ASAP after incident)
 - ❖ Staff directly involved
 - ❖ Other team members
- ❖ Third level (Briefing)
 - ❖ Shift report
 - ❖ Management
 - ❖ Administration
 - ❖ State Agencies

Interventions for Patients With Challenging Behaviors

Level 1

Patient Debriefing Tactics—
Immediately following incident

- ❖ Calm yourself and your team member
- ❖ Calm the patient
- ❖ Conduct an initial medical assessment
- ❖ Reassure the patient
- ❖ Rebuild the patient's self-esteem

Interventions for Patients With Challenging Behaviors

Level 2

Incident Debriefing Tactics—
ASAP after the incident

- ❖ Are you/we OK? Wellness Check
- ❖ What Happened?
- ❖ Positive comment, if possible
- ❖ How do you/we think I/you/we did?
- ❖ What would you/we do differently next time?
- ❖ What did we learn?

Interventions for Patients With Challenging Behaviors

Level 3

Briefing Tactics—
As needed

- ❖ Shift-to-shift report
- ❖ Administration and management
- ❖ Incident reports
- ❖ Reports to regulatory agencies
- ❖ QA/QI reports

Interventions for Patients With Challenging Behaviors

Training Safety Rules

- ❖ Treat each other as peers
- ❖ Ask "How to" questions
- ❖ No horseplay
- ❖ Cooperate—don't compete
- ❖ No jewelry, watches, pens, etc. should be worn
- ❖ We are all responsible for each other's safety
- ❖ Report injuries immediately
- ❖ Cover all open wounds
- ❖ Physical tactics to be done in slow motion

APPLYING RESTRAINTS

Print Name: _____ Date: _____

SKILLS PERFORMANCE CHECKLIST	Met	Comments
I. PREPARATION		
RN / MD communicates to the team the risk factors in their initial assessment of need for restraints including psychological and physical factors and pre-existing medical conditions or physical disabilities that will impact the intervention.		
II. EQUIPMENT		
Staff verbalizes the storage location of restraints on their units. Equipment is checked before using for wear, defect, and function.		
III. APPLICATION		
A.) Supine Position (setup includes: two blue wrist cuffs and two red foot restraints).		
B.) Prone Position (only used if clinically indicated per policy) RN/MD indicates the reasons that prone can be used.		
Attaches blue wrist and red ankle restraints to bed frame. The belts go around the bed bars only once. The buckles are locked.		
Adjusts the lengths of the wrist and ankle restraints anchor belts so that the extremities rest comfortably on the bed.		
Wrist and ankle restraints are applied properly when two fingers can comfortably fit under the cuff to assure proper circulation.		
Safety check done. Searches patient and removes unsafe items. Locks bathroom door. 1:1 monitoring initiated. Must be close enough to monitor breathing.		
C.) Ambulatory Restraints		
RN has enough staff readily available to put patient in four points if patient resists and becomes combative.		
Two staff holds arms while another applies the waist belt on first and locks the buckle. The belt is snug but not restricting circulation or breathing. The wrist restraints are put on and buckles are locked. Staff stays out of kick zone and applies Hobbles with the FRONT sign-facing front.		
Wrist and ankle cuffs are applied with enough room to put two fingers to fit comfortably under cuff to assure proper circulation.		
Safety check is done. Searches patient and removes unsafe items. 1:1 monitoring initiated to keep safe and prevent a serious injury from falls.		
Ambulatory restraints are removed in reverse order taking the waist belt off last while holding onto the buckle.		
D.) Lap Buddy		
If the patient cannot remove the lap buddy it is a restraint and proper orders and restraint charting must be completed.		
IV. INFECTION CONTROL		
When discontinued sends restraints in a clear plastic bag (red isolation bag if they are soiled with blood or body secretions) to Central Supply for cleaning and obtains new set of restraints.		

Instructor: JAMES WINKOWSKI SDC, DONNA JENSEN SDC, MARY BRYAR SDC _____

Instructor's Signature: _____

2010

CHALLENGING BEHAVIORS PHYSICAL INTERVENTION TECHNIQUES

EXPECTATIONS FOR TRAINING: ACTIVELY PARTICIPATES IN LEARNING AND PRACTICING SKILLS:

--	--	--	--

Participant name _____

Staff ID# _____

Date _____

Performance Checklist

Criteria	Met	Not Met*
▪ Actively participates in class discussion and related activities		
▪ Actively participates in and debriefs role playing scenarios		
Personal Safety Tactics		
Awareness and prevention		
Sweep and disengage and move away		
Blocking		
Inside grappling position		
Choke release		
"Pitch" away		
Safe zone		
Bite release		
Spitting		
Hair pulling defense		
Thumb release		
Dynamic applications		
Debrief		
Team Interventions:		
Star tactic		
Safety assessment		
Formation of the team		
Developing the circle of safety		
Verbal commands		
Head stabilization technique		
Physical and emotional stabilization		
Prone to Supine to Sitting up		
Dynamic applications		
Advancing subject		
Spinning subject		
Against the wall		
Hair pulling team response (Thumb release)		
Taking aggressive patient in kneeling position down to floor		
Leg fold technique		
Team room entry and extraction proceeding to Star tactic		
Debrief		

*"Not met" requires further explanation below.

INSTRUCTOR'S NAME: JAMES WINKOWSKI SDC

INSTRUCTOR'S SIGNATURE: _____

INTERVENTIONS FOR PERSONS WITH CHALLENGING BEHAVIORS 2010 INITIAL COMPETENCY

EXPECTATIONS FOR TRAINING: ACTIVELY PARTICIPATES IN LEARNING AND PRACTICING SKILLS:

		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
Participant name	Signature	Staff ID#	Date				

1. T F The sole purpose for training staff about how to deal with challenging behaviors is self-defense.
2. T F Proper Staff Action is a balance of safety and actions that support the patient's stabilization and recovery.
3. T F Proper Staff Action includes disengaging and/or engaging to keep people safe and promote recovery.
4. T F Active Listening to what a person is saying is not an important communication skill.
5. T F One method for assisting a person to stay in control of his/her actions is to practice the Time / Distance / Movement Tactic (TDM).
6. T F Giving respect to the people we come in contact with is a powerful communication tool.
7. T F The active listening "LEAPS" stands for Listen, Evaluate, and Apply Professional Synopses.
8. T F Three (3) types of Disturbance Resolution discussed in today's program include mediation, arbitration, and crisis intervention.
9. T F The goal of mediation is to establish authority and demonstrate that staff is in charge.
10. T F "Reverse yelling" means shouting above another person until he/she calms down.
11. T F Rather than telling a person in crisis to "calm down," the staff member should attempt to model calm by appearing calm.
12. T F "Autogenic breathing" is a very effective calming technique.
13. T F Checking the person's perception of reality and attempting to establish rapport are important approaches in crisis intervention.
14. T F An important outcome of debriefing is improving future performance.
15. T F The first step in Level II team debriefing is asking those involved if they are OK.
16. T F The SAFER concept means that if there is a Security, Attack, or Flight risk, you had to Excessively repeat yourself, or you had to Revise your priorities change gears, call for more help.
17. T F First Responders to a CODE ONE emergency are to focus on **containment, safety, and injury prevention** until more help arrives; solo physical intervention is prohibited except to prevent imminent harm.
18. T F In a crisis it is helpful if each staff member on the scene is communicating with and directing the patient.
19. T F The benefit of the "Star Procedure" is to prevent injuries that have been associated with "takedowns".
20. T F The "Star Procedure" head stabilization technique provides support for the head and reduces the risk of biting and injury.

Performance Checklist

Criteria	Met	Not Met*
▪ Actively participates in class discussion and related activities		
▪ Actively participates in and debriefs role playing scenarios		
Personal Safety Tactics		
Awareness and prevention		
Sweep and disengage and move away		
Blocking		
Inside grappling position		
Safe Zone		
Choke release		
"Pitch" away		

INTERVENTIONS FOR PERSONS WITH CHALLENGING BEHAVIORS 2010 INITIAL COMPENCY

	Met	Not Met*
Bite release		
Blocking spitting with your hands and arms		
Hair pulling defense and thumb release technique		
Dynamic applications		
Team stabilization		
Debrief		
Team Interventions:		
Star tactic		
Safety assessment		
Formation of the team		
Developing the circle of safety		
Verbal commands		
Head stabilization technique		
Physical and emotional stabilization		
Prone to Supine to Sitting up		
Dynamic applications		
STAR and ground stabilization tactic from the Safe Zone		
Advancing subject		
Spinning subject		
Against the wall		
Grasp release-Thumb Fold		
Hair pulling team response		
Taking aggressive patient in kneeling position down to floor		
Leg fold technique		
Seated subject holding arms of chair		
Team room entry and extraction proceeding to Star tactic		
Debrief		

*“Not met” requires further explanation below.

Instructor

Notes:

Instructor Name: JIM WINKOWSKI SDC

Instructor signature:

POLICY & PROCEDURE MILWAUKEE COUNTY MENTAL HEALTH DIVISION Medical Staff*, Nursing and Treatment Team	DATE ISSUED: 6/11/93		SUBJECT: CODE 1: Crisis Intervention for Behavioral Emergencies		
	DATE REVIEWED*/REVISED: 9/15/93 7/11/95* 09/05/96* 9/09/98* 4/12/00 06/08		SECTION: Nursing-Alpha "C" Medical Staff: 6.2	POLICY NUMBER: NS #291 "C" MS 6.2.3	PAGE(S) 1 OF 2

PURPOSE:

To provide an immediate, safe, team response when a Code One behavioral emergency exists.

MCBHD provides sufficient staffing levels and adequate staff training to deal effectively with disruptive and aggressive patient behaviors. Occasional disruptive or aggressive behavior by patients against other patients, themselves, staff, or visitors is anticipated and planned for by the treatment team. A Code 1 is initiated when staff require assistance to manage potentially violent or self-destructive behavior that may jeopardize the immediate physical safety of the patient, a staff member or others.

SAFETY, PROTECTION OF PATIENT RIGHTS AND STAFF TRAINING:

The patient has the right to receive care in a safe setting and be protected from physical harm. All staff participating in a Code One will utilize and adhere to the "Interventions for Persons with Challenging Behaviors" trained team stabilization techniques. The Code One team works with the patient to restore safety and stabilize the patient through the use of least restrictive approaches and nonphysical intervention skills (where feasible) based on an individualized assessment of the patient's behavioral and medical status. A Code One does not necessarily result in the implementation of seclusion or restraint. The trained, team response is the safest and most effective, therefore, solo physical intervention by an individual staff member is prohibited except to prevent imminent harm. First Responders actions will focus on containment, safety and injury prevention while awaiting the arrival of additional assistance. A physician orders for physical restraint must be obtained anytime a patient has been manually restricted from movement, even when restraint devices have not been applied. (See "Seclusion, Physical Restraint and/or Involuntary Medication: Emergent Use" Policy)

PROCEDURE TO INITIATE CODE 1:

Extension 7000 When a behavioral emergency requiring immediate, additional staff assistance occurs, staff will call the information desk emergency line at ext 7000. Staff will clearly state "Code One" and describe the location of the incident. The operator will announce via the overhead system "Code One" and the location of the incident three times. Staff will activate an Alert Security Alarm System in the area if applicable. For extremely urgent situations, such as a person with a weapon or a hostage situation, 9-911 is called to summon the sheriff.

TEAM ROLES:

Team Leader: The Treatment Director (attending medical staff) will direct/supervise the Code One team interventions. If the Treatment Director is not present, the patient's assigned nurse/designee directs the Code One. The Team Leader will be responsible for the clinical management and ongoing assessment of the patient's safety needs. The Code One Team Leader is identified to staff who respond. The Code One Team Leader communicates the plan for stabilizing the behavioral emergency to the patient and staff. This may include identifying a staff member with established therapeutic rapport who will be the "One Voice" to most effectively communicate with the patient.

Registered Nurse: The patient's RN is the team leader if the Treatment Director is not present. The RN must be physically present to supervise and perform an immediate assessment if any hands on intervention is utilized. Application of a restraint device is a medical procedure and can only be authorized by MD or RN (See "Seclusion, Physical Restraint and/or Involuntary Medication: Emergent Use" Policy)

POLICY & PROCEDURE	DATE: 06/08	SUBJECT: CODE 1: Crisis Intervention for Behavioral Emergencies	PAGE(S) NUMBER 2 of 2
-----------------------	----------------	--	-----------------------------

Trained Clinical Staff: All available trained clinical staff and Security Staff will respond to the location of the Code One as quickly as possible. Staff who are responsible for a clinical patient assignment will "hand off" responsibility to a qualified team member if they leave their assigned area. When responding to the Code One location, staff is briefed about the situation, who is in charge and how/where they are needed. Staff will take direction from the Team Leader either to stand by or participate as directed in the verbal and/or physical stabilization of the patient and milieu.

Unit Staff/Staff in the location of the Code 1: Unit staff initiates the Code One (ext. 7000), take actions to contain/stabilize the behavioral emergency pending arrival of the team and provide for the safety of other patients/visitors in the milieu. Unit staff participates in the team response and also assist by providing history and pertinent clinical background that may assist in stabilizing the situation.

Role of Non-clinical support staff: Clinical staff provide clear direction to support staff about their role during the Code 1 episode. Although support staff such as EES, Housekeeping and Dietary do not routinely participate in physical stabilization of patients, they are instrumental in assisting with communication, environmental safety and directing responding staff to the location of the incident.

Security Staff: All available Security Staff respond to a Code One. Security Officers are briefed upon arrival and participate only as directed by professional staff in the verbal and/or physical stabilization of the patient. Security Staff assists in team stabilization or restraint of a patient exhibiting violent or self-destructive behavior that jeopardizes safety only:

- o At the direction of the Treatment Director and/or RN
 - o Under the direct supervision of the Treatment Director and/or RN
- (See "Seclusion, Physical Restraint and/or Involuntary Medication: Emergent Use" Policy)

Debriefing: The patient, the team and other patients/visitors (as appropriate) are debriefed after a Code One. The team debriefing will include a wellness check, identification of team strengths, and opportunities for improvement.

Authored by: Code 1 Task Force, 6/11/93

Revised by: Karen Bath, MSN, RN, Katie Stecker, MSN, RN, 3/30/00

Reviewed by: Nursing Performance Improvement Team, 4/12/00

Consultation by: John Skibba, Mechanical Utilities Engineer, 4/11/00

Revised by Code One Action Team: March, 2008

Reviewed by BHD Clinical Operations Team: 4/14/08, BHD Safety Committee, 5/13/08, Medical Staff Executive Committee: 6/11/08, Nurse Executive Committee: 6/5/08

Approved by:

Cheryl Schloegl, MCBHD Director of Nursing

Date

Dennis D. Kozel, MD, MCBHD Medical Staff President
Chairperson, Medical Staff Executive Committee

Date

POLICY & PROCEDURE MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION Medical Staff, Nursing Staff Administration	<u>DATE ISSUED:</u> 07/11/07	<u>SUBJECT:</u> Security Staff: Utilization for 1:1 Safety Monitoring and Procedure for Providing Additional Security Presence on the Inpatient Units		
	<u>DATE REVIEWED* / REVISED:</u> 03/12/08	<u>SECTION:</u> MS - 3.1 NS - Alpha "S" Adm - Alpha "S"	<u>POLICY NUMBER:</u> MS 3.1.6.15 NS #227 "S" Adm# 001	<u>PAGE</u> 1 of 3

PURPOSE:

Milwaukee County Behavioral Health Division (MCBHD) is committed to providing a safe, healing environment in support of our mission of empowerment and recovery for the persons we serve. MCBHD provides sufficient staffing levels and adequate staff training to deal effectively with disruptive and aggressive patient behaviors. Occasional disruptive or aggressive behavior by patients against other patients, themselves, staff, or visitors is anticipated and planned for by the treatment team.

MCBHD contracted security staff is deployed routinely to the clinical areas in a safety monitoring role and emergently to respond to Code 1's, Code 4's and Code 777's. This policy provides guidelines for the utilization of MCBHD contracted security staff to assist in providing a safe environment for patients, staff and visitors. The role of security staff is to enhance safety, and security staff is not utilized to meet the nursing care needs of patients.

BEHAVIOR OBSERVATION STATUS with SECURITY 1:1 SAFETY MONITORING:

Security 1:1 Safety Monitoring may be utilized for a patient on Behavior Observation Status for rare circumstances of unusual and significant risk of harm to him or herself, or to other patients, staff and visitors. The determination of the need for Security 1:1 Safety Monitoring is made by the treatment team in consultation with the program administrator. 1:1 Security Safety Monitoring is one component of a comprehensive treatment plan for a patient to address prevention, safety and risk reduction and is not intended to punish, discriminate or otherwise infringe upon a patient's rights or treatment.

♦ **Initiation and Treatment Team Responsibilities:**

1. The treatment team may recommend that 1:1 monitoring performed by trained Security Staff is most appropriate to meet the assessed safety needs of the client and the milieu. The recommendation is made only when other alternative solutions are not possible or feasible (e.g. nursing 1:1, behavioral management plan, medications, ambulatory restraint).
2. The recommendation for Security 1:1 Safety Monitoring is reviewed by the treatment director and program administrator. If approved, the request is communicated to the director of the MCBHD contracted security provider. The initial request may be verbal and is followed by a written request that includes the specific times for the monitoring, the anticipated duration of the assignment and the date of the next review.
3. The treatment director/designee will document the clinical rationale for the monitoring in the medical record and write an order for "Security 1:1 monitoring with q. 15 minute behavior checks" that includes the behavior being monitored, a specific duration and any other specific directions related to the monitoring.
4. The patient's assigned nursing staff is responsible to perform and document the behavior checks on the Behavior Observation Flow Sheet.
5. Assessment and evaluation of the need to continue the Behavior Observation Status with Security 1:1 Safety Monitoring is addressed per the Behavior Observation Status Policy: All patients placed on 1:1 observation status will be evaluated every 24 hours to determine the need for continuation of Behavioral Observation Status for the first 72 hours.
 - Patients in Acute Adult, CAIS and Observation who remain on 1:1 observation status will continue to be re-evaluated at least every 24 hours to determine the need for the continuation of 1:1 Behavioral Observation Status.

POLICY & PROCEDURE	DATE: 03/12/08	SUBJECT: Security Staff: Utilization for 1:1 Safety Monitoring and Procedure for Providing Additional Security Presence on the Inpatient Units	PAGE(S) NUMBER 2 of 3
-----------------------	-------------------	---	-----------------------------

- Patients in Hilltop and Rehabilitation Central Programs who remain on 1:1 observation status after 72 hours will be evaluated weekly to determine the need for continuation of the 1:1 Behavioral Observation Status
 - 6. The patient's treatment plan will include a plan to reduce and/or eliminate the security 1:1 monitoring for the patient.
- ♦ **Security Staff Performing 1:1 Security Monitoring Responsibilities:**
 1. Security Staff shall be appropriately trained to their role and responsibilities. The Security Guard will be briefed by the nurse regarding specific information related to the patient's identified risk and behaviors. This briefing will include:
 - The reasons for the safety monitoring
 - The patient safety concerns or behaviors that will be reported immediately to the patient's nursing care provider
 - The physical proximity to be maintained by the Security Staff for the assigned patient while the patient is awake and asleep and
 - Any other specific concerns or direction
 2. The 1:1 Security Monitoring for the patient is maintained at all times.
 3. Security Staff immediately notifies nursing staff of any unsafe behaviors or emergent situation. In addition, this assignment includes observing the patient for evidence of inspiration and expiration.
 4. Security Staff providing security 1:1 monitoring are not engaged in providing direct nursing care for clients and are not included as part of the nursing staffing assignment for the unit.
 5. Security Staff are not assigned to provide 1:1 monitoring for patients on 1:1 suicide precautions or for patients who are in four/ five point restraints.
 6. Security Staff follow all MCBHD and civil service policies, including but not limited to strict adherence to HIPAA regulations, protection of patient rights, immediate reporting of caregiver misconduct, compliance with hand hygiene and infection control guidelines and refraining from non work-related activities. Security Staff do not ask or provide personal information to patients.
 7. Security Staff performing 1:1 Safety Monitoring collaborate with the unit nursing staff to coordinate their meals/breaks.
- ♦ **Nursing Staff Responsibilities:**
 1. The RN is accountable to ensure that the security staff member is oriented to their role and specific responsibilities for the patient on 1:1 Safety Monitoring. In addition, the RN instructs the patient about the safety role of the Security Staff officer.
 2. The RN ensures that the nursing care needs of the patient are met and delegates direct nursing care for the client on 1:1 Security Safety Monitoring to unit nursing staff (as appropriate).
 3. The RN is accountable to plan, assess, supervise and evaluate the nursing care of the patient regularly (per program standards) and document the patients response to the 1:1 safety monitoring intervention.
 4. The RN is accountable to ensure documentation by delegated nursing staff on the Behavioral Observation Flow Sheet for the patient on 1:1 Safety Monitoring by Security Staff.

SECURITY ROLE IN CODE 1 RESPONSE:

Security Staff respond to emergent Code Ones. They are briefed upon arrival and participate only as directed by professional staff in the verbal and/or physical stabilization of the patient. (See Code One Behavioral Emergency Policy)

ATTACHMENT: MS 3.1.6.15 / NS #227 "S"
Security Staff: Utilization for 1:1 Safety Monitoring

Attachment: Security Staff Role Quick Reference

CODE ONE

Do's	Don'ts
Respond to scene and receive direction from person in charge Ask who is in charge	Don't respond alone or with non-professional staff, but only as part of a team
Receive briefing upon arrival at scene	Don't proceed until briefed
Accompany professional staff to patient location	Don't escalate the situation verbally or physically
React and intervene immediately in an emergency to protect and prevent physical harm (not property damage)	Don't use any unauthorized techniques
Stand by as clinicians verbally de-escalate until directed to do otherwise; may assist to verbally de-escalate	Don't assume patient automatically goes into restraints
Reinforce message/direction given to patient from staff	Don't apply a restraint device without an order from MD or RN and RN must be present
Participate in team debriefing of Code One	
Remain until dismissed by professional staff	

ROVER

Do's	Don'ts
Receive briefing from unit RN on specific need areas to be prioritized	Don't sit behind the nurses station or in the office
Take direction from professional staff	Don't use telephone for personal business
Be in the patient area to help patients feel secure	Don't develop a "friend" type relationship with patients or staff
Be attentive to changes and report concerns to RN	Don't attempt to engage in "therapy" with patient
Assist with early intervention by: <ul style="list-style-type: none"> ▪ calling staff in to do intervention ▪ standing nearby and awaiting direction ▪ assisting with situation and containment of patient, as directed 	Don't handle patient medications
Be polite, courteous and respectful	Don't perform or assist with any ADL's or direct nursing care
Stand by for medications only with the RN request when a court order is in place	Don't read patient medical information (chart, kardex or flow sheet) or document in the medical record
Stand by at the request of a clinician for security or safety issue	

SECURITY STAFF 1:1

Do's	Don'ts
Take direction from professional staff	Don't replace CNA and professional staff functions
Receive briefing from RN/treatment director as to specific safety risks and specific interventions	Don't provide physical care/direct assistance with activities of daily living (ADL's)
Engage in respectful, social conversation with patient	Don't deliver hands-on intervention unless under direct supervision of professional staff, barring emergent situations
Engage in those leisure activities that may be permissible as prescribed by the treatment team	Don't ask about nor disclose personal information
Remain with the patient in all BHD on-campus settings (e.g., group, clinic) and situations	Don't develop a "friend" type relationship with patient or staff
Report all safety concerns to nursing staff	Don't engage in conversation that could be seen as counseling
	Don't handle patient medications
	Don't engage in functions performed by professional staff
	Don't read patient medical information (chart, kardex or flow sheet) or document in the medical record



County of Milwaukee
OFFICE OF THE SHERIFF

DATE: March 14, 2010

TO: Sheriff David A. Clarke, Jr.
Inspector Kevin A. Carr

FROM: Captain Thomas Meverden, PSB – Patrol Division

**SUBJECT: Security Survey, Milwaukee County Mental Health Complex-
Executive Summary**

This summary will give an overview of recommendations made as a result of my security survey of the Charles W. Landis Mental Health Complex-Behavioral Health Dept. (BHD). The memo outlined the current state of the physical security of the complex, listed plans and timeline for the future updates, and made suggestions for improvements to the physical security of the Complex. These improvements may include physical, personnel, and policy changes. Below is a list of the changes requested in the report

Statement of Security Concerns

Sheriff David A. Clarke Jr. ordered this security survey after a psychiatrist in the Walk-in Clinic contacted a county supervisor over her safety concerns at the complex. The doctor stated that there were instances of patients bringing weapons into the building, particularly the Walk-in clinic, while visiting doctors. In her contact with the County Supervisor, the doctor stated that she had unsuccessfully raised concerns with the administration since 2009.

BHD staff, led by Jim Tietjen, Associate Director of Operations. Has done an evaluation and identified areas of physical security for improvement. The goal of these improvements is to obtain 100% accountability for the number of visitors in their complex and where they are visiting. The improvement plans that BHD is self-imposing are:

1. In an effort to create a reliable system for security notification, Mr. Tietjen has proposed equipping each nurses' station with a handheld radio and charger to allow nurses to speak directly with security during an incident. Mr. Tietjen stated he has the equipment and is awaiting approval from Administration.
2. Mr. Tietjen has requested to purchase and install seven cameras in the parking lot areas to make surveillance more efficient. In addition, Mr. Tietjen has requested to add a fixed security position in the parking lot. The cameras are expected to be installed by late summer.

3. BHD is in the process of hiring Integrated Technologies to install keycard readers on the doors that will allow them to remain locked unless an appropriate key card has been swiped. This technology will be used on all exterior doors. When this is implemented, all visitors will need to go through the main entrance, sign in and be issued a pass. Staff will be able to enter through doors based on their job duties and work assignment. In conjunction with this, Mr. Tietjen will create assigned parking in the lots based on where the visits are coming for appointments. Color-coded parking passes will be handed out at reception. BHD has written for funding in next year's budget to expand this to doors inside of the complex. The exterior doors expected to be completed by late July/August.
4. BHD is also exploring adding cameras to common places within the complex. It is necessary for them to check with the licensing that they hold, as State mandates may limit their ability to install cameras.

I have made the following recommendations in the area of Security Alert and Response.

1. Log entries include that an incident report was generated, and if possible, an incident report number.
2. All duress alarms are checked on a regular basis for accessibility, and functionality. Also that staff training on the effective use of duress alarms is conducted.
3. Handheld radios, already in BHD's possession are assigned to each nurse's station floor for effective communication between responding security officers and staff at an incident scene. Also, it is recommended that radio function be improved to allow MCSO Communications and BHD staff direct communications.
4. Full interoperability between the St. Charles and BHD CCTV systems

In summary I have made the following recommendations for parking lot/outer security

1. Replacement of lights and light coverings to allow for a brighter, white light.
2. Installation of closed circuit cameras to be placed overtly in all parking areas and on the loading dock area.
3. Adding a security position as a rover in the parking lots. This would not need be a twenty four hours a day assignment. BHD should use data to determine the times of the highest frequency of visitors to the complex and staff accordingly.

In summary I have made the following recommendations for entrance security

1. Rapid implementation of BHD's plan to restrict access to entrances and areas by key card readers
2. Close all other public entrances except for the "main entrance." All visitors must sign in, receive a badge authorizing certain movement, then sign out and return badge upon leaving through same door. All employees must use the same door and show ID badge when entering. Set up temporary reception at rear entrance and make that an "employee entrance only."

3. Staff reception area with a security officer to monitor additional cameras, parking lot and assist with ID checks and badge issuance.
4. Set up lockers for visitors.
5. If another entrance must be open for other inpatients to have access to the outside, the entrance must be staffed to direct visitors to the main entrance.
6. Encourage and empower all staff to challenge anyone without a visitor's badge, or in the wrong area with their visitor's badge.
7. Direct those utilizing the Walk-In Clinic to use the PCS door and be screened.

In summary, I have made the following recommendations for security of the mental health hearing court rooms.

1. Everyone must be screened by security for weapons as they enter the courtroom. This would most effectively be done by a walk through magnetometer station with a security officer present. The walk through magnetometer could be set up by the entrance to the waiting room, or the entrance to the court room. Any concealed weapons would be turned over to the deputy for investigation into possible charging. Every other county run courtroom requires screening prior to entry.
2. The possibility exists for a patient brought down from a locked ward on inpatient status, may take the opportunity to escape custody by fleeing the courtroom. Once out of the courtroom, and individual is only feet away from a door with direct access to the outside. It is for this reason; I recommend that that door going into the courtroom from the waiting room be locked from both sides. The door should be able to be opened by key, or by a buzzer from inside the court room. A release button would be located near the clerk and near the position the deputy is stationed at. This is similar to the barrier between the gallery and courtroom in criminal courts located downtown.

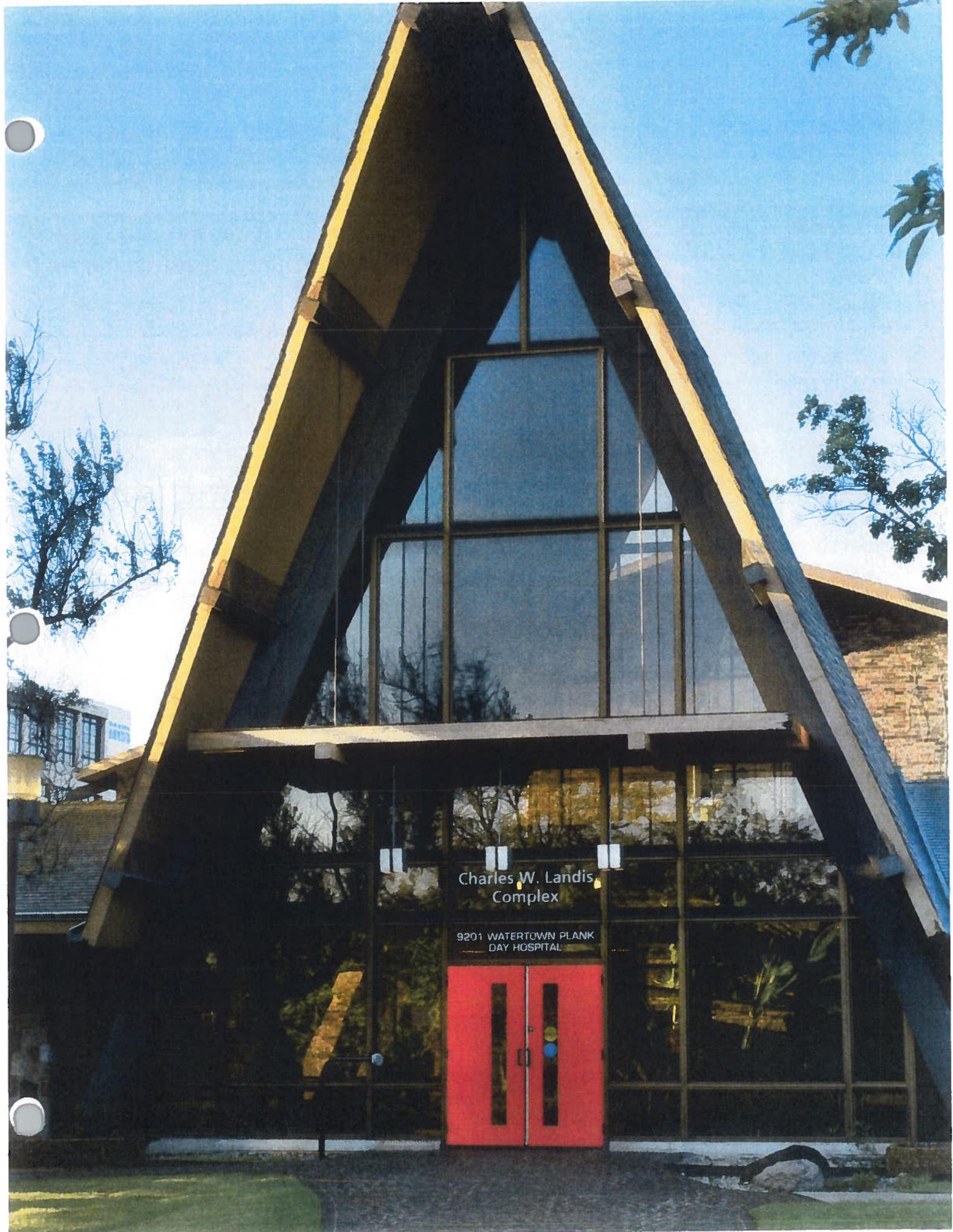
A facility such as the Charles W. Landis Mental Health Complex-Behavioral Health Dept must be able to create a safe environment for staff and visitors. I would like to recognize that BHD has evaluated and identified the shortcomings in the current practices. BHD administration is piece-by-piece addressing some of those issues. AN overall written plan is lacking.

Those plans, as well as the recommendations in this report, will create a well-layered, integrated security strategy that will protect the staff and visitors and increase accountability without sacrificing the services they pledge to provide.

Respectfully Submitted,

Thomas Meverden, Captain
Milwaukee County Sheriff's Office

Entrance #1



Charles W. Landis
Complex

9201 WATERTOWN PLANK
DAY HOSPITAL

Entrance #2



Entrance #3

Charles W. Landis

MENTAL HEALTH 9455 **COMPLEX**

**MILWAUKEE
COUNTY**

9455



Entrance #4



Entrance #5



MILWAUKEE COUNTY
mental health
COMPLEX

Psychiatric Crisis Service Admissions Center

3



NOTICE
This building is a designated smoke-free area. Smoking is prohibited in all areas of the building, including the parking lot. Violations will result in a \$500 fine. Thank you for your cooperation.

NOTICE
This building is a designated smoke-free area. Smoking is prohibited in all areas of the building, including the parking lot. Violations will result in a \$500 fine. Thank you for your cooperation.

NOTICE
This building is a designated smoke-free area. Smoking is prohibited in all areas of the building, including the parking lot. Violations will result in a \$500 fine. Thank you for your cooperation.

TURN ALL AUTOS
OFF WHEN PARKED.

Entrance #6

WALK-IN CLINIC

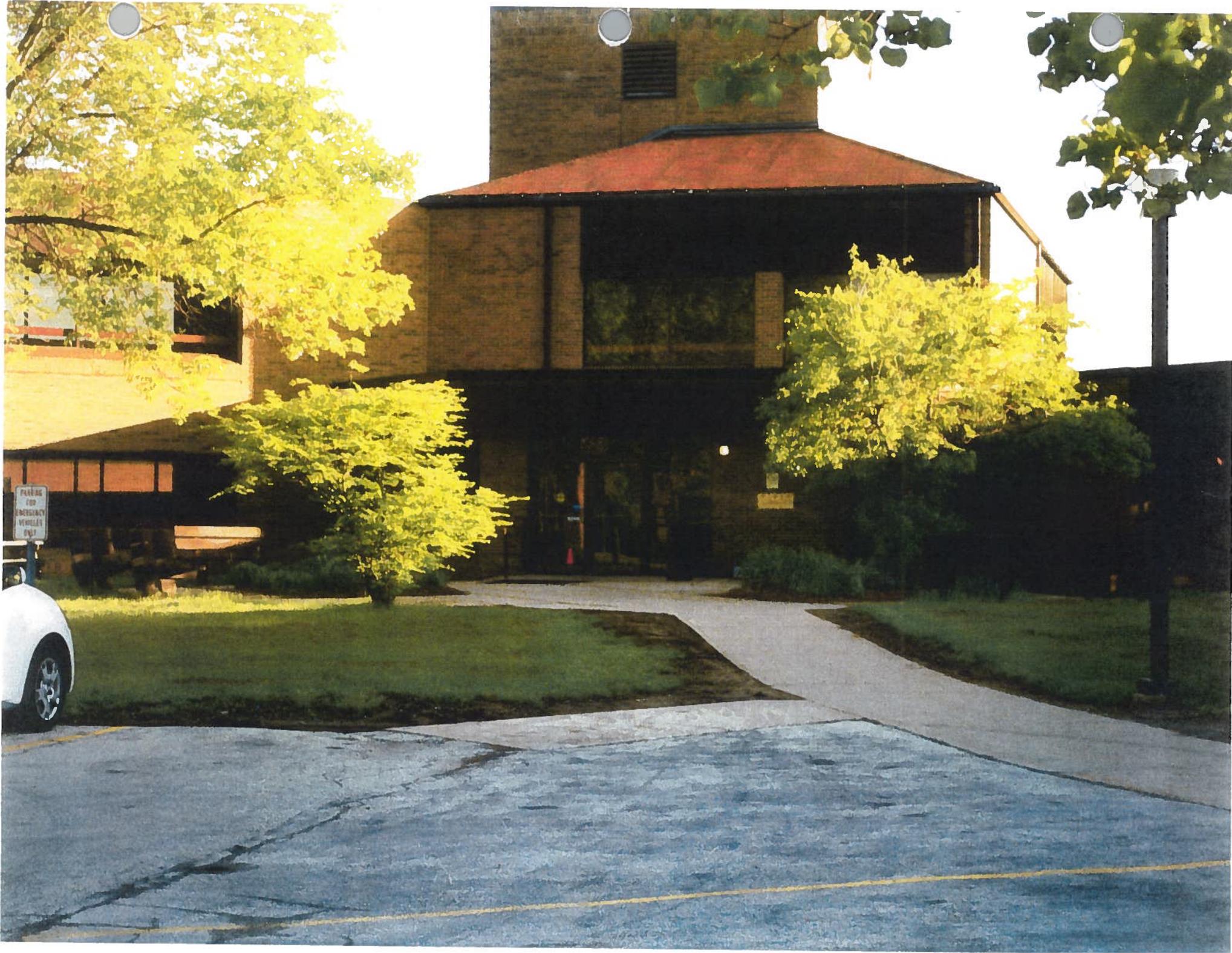
PLEASE
WASH YOUR
HANDS
AND WEAR
A MASK
WHEN VISITING
OUR CLINIC

PLEASE
WASH YOUR
HANDS
AND WEAR
A MASK
WHEN VISITING
OUR CLINIC

PLEASE
WASH YOUR
HANDS
AND WEAR
A MASK
WHEN VISITING
OUR CLINIC



Entrance #7



COUNTY OF MILWAUKEE

Inter-Office Communication

DATE: September 1, 2010

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

FROM: Community Advisory Board for Mental Health
Prepared by Co-Chairs: Paula Lucey, RN, and Barbara Beckert

SUBJECT: **REPORT FROM THE COMMUNITY ADVISORY BOARD ON THE INITIAL ACTIVITIES OF THE BOARD AND INITIAL RECOMMENDATIONS RELATED TO FILE NO. 10-213**

Issue

The Milwaukee County Board created the Community Advisory Board with Resolution No. 10-213. The resolution includes a requirement for the committee to submit a report to the Milwaukee County Board of Supervisors quarterly.

Action Requested

It is requested that the Milwaukee County Board of Supervisors refer the Community Advisory Board's recommendations to both the Interim Behavioral Health Division (BHD) Administrator and the Committee on Finance and Audit for review during their 2011 budget deliberations. The Interim BHD Administrator shall return with a report outlining steps to implement the recommendations, including fiscal analysis in the October cycle. It is further requested that the County Board of Supervisors accept the report as meeting the requirements set forth in File No. 10-213.

Background

In January 2010, the state and federal government conducted an investigation of the Milwaukee County Mental Health Complex Acute Care Unit, resulting in "Immediate Jeopardy" status and possible loss of federal funding. The investigators cited a number of concerns including inappropriate sexual contact between some patients (some had reported that they were sexually assaulted); failure to notify guardians of these incidents; failure to adequately monitor patients with a history of sexual aggression; inadequate documentation and inadequate primary health care. The survey concerns were further investigated by Disability Rights Wisconsin (DRW), the protection and advocacy agency for people with disabilities in our state. DRW's May 14th "Report to the Community" recommended the establishment of a Community Advisory Board to provide input to policy makers on policies regarding patient safety and mental health treatment. Although BHD has implemented a Corrective Action Plan and follow-up surveyors found that deficiencies were being addressed, the Community Advisory Board was proposed as an additional resource to review concerns and make recommendations for positive change.

REPORT FROM THE COMMUNITY ADVISORY BOARD ON THE INITIAL ACTIVITIES
OF THE BOARD AND INITIAL RECOMMENDATIONS RELATED TO FILE NO. 10-213

September 1, 2010

Page 2

In May 2010, the Milwaukee County Board of Supervisors adopted a resolution calling for the creation of the Community Advisory Board to be staffed by BHD and co-chaired by Disability Rights Wisconsin and a representative of the health care community. The mission of the Community Advisory Board related to the following issues: safety, linkages to community services and supports, the patient care culture, including Trauma Informed Care, and communication with patients and families/patient rights.

In order to achieve these missions, County Executive Walker appointed Paula Lucey, RN, currently the Executive Director of Willowglen Academy-Wisconsin and former Milwaukee County Director of Health and Human Services and Barbara Beckert, Milwaukee Office Director of Disability Rights Wisconsin to co-chair the effort.

The co-chairs submitted recommendations of potential Advisory Board and Work Group members and Chairman Lee Holloway appointed the Board and three Work Groups. The members of the Work Groups represent a diverse set of perspectives, talents, skills and experiences. As directed by the resolution, the committee includes consumers and families, advocates from the sexual assault community, law enforcement, a county board representative, peer specialists, clinicians and mental health advocates. The complete list of individuals is attached.

To initiate the work, members of all Work Groups were invited to a kick-off at which an orientation to the Behavioral Health Division was given. The group was also invited on July 20, 2010 for an educational seminar, which focused on creating a culture of care, including the benefits of Trauma Informed Care for both patients and staff. The intent was to ensure that members had a consistent approach to the work with the goal of a culture of recovery.

Work Groups

Safety Work Group

The Safety Workgroup has met twice. At both meetings, staff from BHD presented information on policies and procedures related to safety. This included a summary of enhanced assessment/screening procedures, care planning, patient education, staff training and technological/environmental tools being utilized to increase safety for consumers and staff. Members were also provided a brief presentation by Melinda Hughes, from the Healing Center, on the "Empowerment Model" utilized at the Healing Center.

Members of the workgroup have received a great deal of information and consider themselves in an educational mode – there is a lot to learn and hear about. At the last meeting, members discussed the importance of obtaining the expertise of an independent consultant or entity to provide technical assistance to the workgroup and County on these issues. The workgroup is

recommending that the County budget funds to contract with a nationally recognized individual or entity to provide this assistance.

Some of the areas of concern identified by workgroup members include:

- The challenges of determining how to best address safety/security practices along with maintaining a healing/recovery-oriented environment;
- Adequate staffing, both in terms of quantity and *types* of staff (for instance, availability of Peer Support Specialists);
- Leadership issues/organizational culture (resistance to change, defensiveness, training needs);
- Many members of the workgroup have not been on the inpatient unit yet there are privacy issues that make it challenging for them to be able to tour the facilities;
- Interest in discussing the pros and cons of same gender wards and “segregation” of known sexually (and otherwise) aggressive individuals.

The workgroup will be meeting in September and is planning to hear from Candice Owley about a survey that was done with staff from BHD and is also hoping to get a report from the Sheriff's Department on their report regarding security recommendations for BHD. The co-chairs will be talking with BHD staff about possibilities for alternative methods to “view” the BHD inpatient unit (for example, through diagrams, pictures and/or video).

Patient Centered Care Work Group:

The work group has met twice. The first meeting was primarily a planning meeting, and also included a presentation on Recovery philosophy by co-chair Beth Burazin. A map was developed to reflect the work group's focus which includes trauma informed care, best practices for patients with a cognitive disability and mental illness, integrated mental health and substance abuse services, culturally proficient care, options for patients and families to report concerns, and developing a recovery culture in acute care. The second meeting included an overview by BHD staff of their Trauma Informed Care initiative and a discussion of strategies for moving this forward. There was also discussion about the role of peer specialists.

At the second meeting, the work group approved two recommendations (see attached):

- An education and mentoring initiative for all BHD staff with a focus on Recovery, Person Centered Planning, and Trauma Informed Care (TIC).
- An initiative to introduce the use of peer support in the Adult Community Services branch. Peer support services are an evidence-based mental health model of care. Peer specialists are highly trained to work directly with consumers and their recovery team.

The work group has identified several key needs and concerns:

- Milwaukee County Behavioral Health Division staff estimate that 90% of behavioral health clients have been exposed to a traumatic event and most had multiple experiences of trauma, such as sexual assault, sexual abuse, and physical abuse – this is in line with national research findings. Research further indicates that psychiatric hospitalization is often re-traumatizing. Given these needs, training on trauma informed care is a core component to patient centered care.
- Trauma informed care can be a key tool in transforming the culture and model of care in the Acute Care Unit; however, to succeed, there must be adequate staff support to coordinate the training, and to support and mentor staff and ensure accountability for implementing the training. There must be commitment to true culture change with defined outcomes and metrics.
- Staff have many demands on them, and it has been a very stressful time with heightened scrutiny and high levels of pressure. This has been a traumatic time for staff, and they may be experiencing Compassion Fatigue. TIC must also address a supportive environment for staff.
- Although peer specialists are on the staff of the Acute Care Unit, their role needs to be better defined and integrated as part of the treatment team. Peer specialists can be a resource in education and support for groups addressing recovery, wellness plans, and other related issues. Peer support provides a unique and necessary expertise, as it is the only discipline that provides tangible evidence of hope to the person receiving services.

At the next meeting, the group is hoping to have a psychologist from BHD speak about serving patients who have both a mental illness and a developmental disability, as well as hearing from work group members from Aurora Health Care who will share their experience with the Planetree patient centered care model. This work group will also be examining the options for patients and family members to reports concerns and grievances.

Community Linkages Work Group

The work group has met twice. The first meeting included an overview by BHD staff of SAIL and the services in the Adult Community Services system. The second meeting primarily focused on an overview of the discharge planning process by BHD staff. A number of issues and needs are emerging and are expected to be the focus of future recommendations. These include the following:

- Need to simplify the process for referrals to SAIL, increasing the ability to access services through SAIL and more timely decisions about approved services. This is especially important for inpatients – it should be a priority to connect them with services before they leave the hospital, including SAIL services.

REPORT FROM THE COMMUNITY ADVISORY BOARD ON THE INITIAL ACTIVITIES
OF THE BOARD AND INITIAL RECOMMENDATIONS RELATED TO FILE NO. 10-213

September 1, 2010

Page 5

- Reduce the time it takes SAIL to process a referral, especially from inpatients so a Targeted Case Management or Community Support Program can connect with a person before they are released from the hospital.
- The work group needs to define the concerns regarding the discharge planning process. Some of these include:
 - Great need for follow up after discharge, making sure people get connected to services and receive help to troubleshoot any other problems.
 - The need for better connections with family members, guardians and individual support systems that includes participation in the discharge planning process is critical.
 - Improve access to computers on the units that would allow for e-mail and sending of information to the medical staff and for looking up resources (Health Information Technology).
 - Reduce the time it takes for Family Care to evaluate and connect someone to services. The current process is very long and complex and does not support a smooth transition from the hospital to the community.
 - Concern that there is not adequate staff support to provide the level of discharge planning needed.

The next meeting will include an overview of the CRC, and the role it can play in diverting patients from the hospital and connecting them to resources. The work group will also be reviewing resource guides that are already available to determine how they can be helpful to patients and families served by BHD.

Recommendations

As the work continues, the work groups have some initial recommendations and expect to have additional recommendations as the work proceeds.

Recommendation 1: Obtain an independent safety expert assessment.

From: Community Advisory Board Safety Work Group on August 25, 2010 (updated 8/30/10)

It would be beneficial to retain an independent expert who has the knowledge and credentials to thoroughly review the effectiveness of current safety practices within the context of recovery focused patient care (including the recent changes made to address safety concerns) and can provide feedback and recommendations. We recommend exploring options to contract with a nationally recognized consultant to provide technical assistance and review efforts to date to address safety issues including the impact of new BHD safety protocols; current practices for assessment and treatment of patients with aggressive behaviors as well as patients with additional vulnerability; unit staffing, strategies for reduction and eventual elimination of seclusion and restraints; opportunities for staff and patients to confidentially report concerns, and related staff and patient education. Have new policies been effective in addressing safety concerns? Are additional changes needed? The recommendations in the *Security Survey* conducted by the Sheriff could also be included in this review.

Note: The National Association of State Mental Health Directors is a respected provider of technical assistance services in these areas and could be a resource. <http://www.nasmhpd.org/>

Recommendation 2: Train and mentor staff on Trauma Informed Care, Recovery and Person Centered Planned

From: Community Advisory Board Patient Centered Care Work Group on 8/16/10 (updated 8/30/10)

To better meet the need of those served by BHD, we propose an education and mentoring initiative for all BHD staff with a focus on Recovery, Person Centered Planning, and Trauma Informed Care. Ancillary staff (food service, custodial, fiscal, etc.) would participate in a shorter “basic” version of the training and direct care staff (RNs, CNAs, OTs, psychologists, psychiatrists, administrators, clergy, etc.) would participate in a longer intensive version. Mentors would be designated to support staff in implementing the training in the work place. The co-chairs of the Patient Centered Care Work Group would be available to work with key BHD staff to develop the specifics of this proposal. It is essential that consumers (Office of Consumer Affairs) play a leadership role in the planning. Trainers may be available at no charge from the State. Trainers should be reflective of the diversity in our community. For this initiative to succeed, it will require the commitment of a TIC coordinator.

Recommendation 3: Increase the use of Peer Specialists throughout the system.

From: Community Advisory Board Patient Centered Care Work Group on 8/16/10 (updated 8/30/10)

As a first step in incorporating peer specialists in the Community Services Branch, it is recommended that BHD establish a work group including peer specialists, SAIL staff, and community providers to develop a plan for use of peer specialists including defining the role of peer specialists in TCM and CSP, desired outcomes, and training for providers and peer specialists. It may also be appropriate to review the current peer support program at BHD. As a next step, we propose that BHD consider including a requirement for the use of Peer Specialists in the 2011-2012 contracts for existing programs including Community Support Programs (CSP), Targeted Case Management (TCM), and Day Treatment. Recruiting efforts should prioritize cultural diversity and strive for a work force that reflects the diversity of the consumers served.

Fiscal Impact

At this point, the fiscal impact of these recommendations has not been determined. We request the Interim Director of the Behavioral Health Division work with appropriate staff to determine costs of implementation.

REPORT FROM THE COMMUNITY ADVISORY BOARD ON THE INITIAL ACTIVITIES
OF THE BOARD AND INITIAL RECOMMENDATIONS RELATED TO FILE NO. 10-213
September 1, 2010
Page 7

Respectfully submitted:

Barbara Beckert

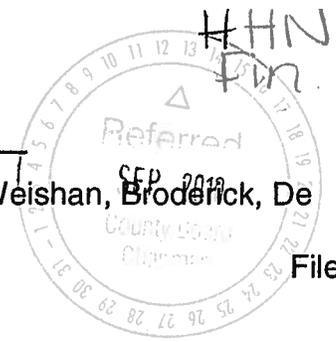
Paula Lucey

cc: County Executive Scott Walker
Cindy Archer, Director - DAS
Antionette Bailey-Thomas, Analyst - DAS
Jennifer Collins, Analyst - County Board
Jodi Mapp, Committee Clerk - County Board

Name	Agency	Title	Email	Phone	Address	City	Zip
Cathy Arney	City of Milwaukee Commission on Domestic Violence and Sexual Assault		carney@pathfindersmke.org				
Karen Avery	IndependenceFirst	Associate Director	kavery@independencefirst.org	414-226-8302	540 S. 1st St.	Milwaukee	53204
Barbara Beckert	Disability Rights Wisconsin	Milwaukee Office Director	barbarab@drwi.org	414-773-4646; 414-719-1034	6737 W. Washington St. Suite 3230	Milwaukee	53214
BethAnn Burazin		Trauma Informed Care Consumer Champion and trainer	bethannburazin@gmail.com	414-322-0390	4314 N. 100th St.	Milwaukee	53222
Melissa Butts	Coordinator for Office of Consumer Affairs Milwaukee County BHD	Certified Peer Specialist	melissa.butts@milwcnty.com	414-257-7437	9455 W. Watertown Plank Rd	Milwaukee	53226
Shirin Cabraal	Disability Rights Wisconsin	Managing Attorney	shirinc@drwi.org	414-773-4646	6737 W. Washington St. Suite 3230	Milwaukee	53214
Abraham Calleros	UMOS, Inc.	Case Manager/Health Promotion Assistant	Abraham.Calleros@umos.org	414-389-6503	802 W. Historic Mitchell St	Milwaukee	53204
Pete Carlson	Aurora Health Care	V.P. & CAO	pete.carlson@aurora.org	414-454-6473	1220 Dewey Ave.	Wauwatosa	53213
N. Lee Carroll	Health Care for the Homeless	Executive Director	lee@HCHM.com	414-374-2400 414-416-3591	711 W. Capitol Dr.	Milwaukee	53206
Sue Clark	Vital Voices for Mental Health	Executive Director	vitalvoices@sbcglobal.net	414-771-4368	912 N. Hawley Road	Milwaukee	53213
Debra Donovan	Sexual Assault Treatment Center	Supervisor	Debbie.Donovan@aurora.org	414-219-5850 262-617-7432	945 N. 12th Street	Milwaukee	53233
Colleen Dublinski	Wisconsin Community Services	Clinical Director	colleen@wiscs.org	414-343-3515 414-412-7411	3734 W. Wisconsin Ave.	Milwaukee	53208
Peg DuBord	Transitional Living Services, Inc.	President/CEO	peg.dubord@mcfi.net	414-459-3007	1040 S. 70th St.	Milwaukee	53214
Sue Eckhart	Justice 2000	Program Director	seckhart@justice-2000.org	414-286-8732	951 N. James Lovell St. Room 204K	Milwaukee	53233
Liz Ford	Disability Rights Wisconsin	Advocacy Specialist	lizf@drwi.org	414-773-4646	6737 W. Washington St. Suite 3230	Milwaukee	53214
Mark Fossie	M&S Clinical Services	President/CEO	fossiem@sbcglobal.net	414-263-6000 X16	2821 N. 4th St., #516	Milwaukee	53212
Martina Gollin-Graves	Mental Health America of Wisconsin	Community Outreach Coordinator	Martina@mhawisconsin.org	414-336-7972	734 N. 4th St., Suite 200	Milwaukee	53203
Latonia (Kishi) Green	Caring Hearts Community Support Services Network	CEO	kishi_green@yahoo.com	414-464-1490	8201 W. Capitol Dr. Suite 100	Milwaukee	53222
Mirta Herrera		Consumer Advocate	no email	414-671-6827	1303 S. 7th St.	Milwaukee	53204
Monica Hogans	ACSME Local 170	Vice President & Steward	Monica.Hogans@milwcnty.com	414-257-4711	9455 W. Watertown Plank Rd	Milwaukee	53226
Melinda Hughes	The Healing Center	Program Director	melinda.hughes@aurora.org	414-671-4325 X413	611 W. National Ave, 4th Floor	Milwaukee	53204
Denise Johnson	IndependenceFirst	Project Coordinator	djohnson@independencefirst.org	866-716-3481	540 S. 1st St.	Milwaukee	53204
Melinda Kiltz	ARC of Greater Milwaukee		melinda@arcmilwaukee.org	414-774-6255	7203 W. Center St.	Milwaukee	53210
Janis Kuenning		Peer Specialist	janis@uwm.edu	414-771-9906	1323 N. 59th St.	Milwaukee	53208

Name	Agency	Title	Email	Phone	Address	City	Zip
Sylvan Leabman	Jewish Family Services	President/CEO	sleabman@jfsmilw.org	414-225-1343	1300 N. Jackson St.	Milwaukee	53202
Leng Lee	Sebastian Family Psychology Practice, LLC	Psychotherapist	lenglee@gmail.com	414-247-0801	1720 W. Florist Ave., Suite 125	Glendale	53209
Jamie Lewiston	Aurora Health Care	Director of Patient Care Services	jamie.lewiston@aurora.org	414-454-6756	1220 Dewey Ave.	Wauwatosa	53213
Ruth Lopez-Najera		M.S.W.	rlopeznajera@yahoo.com	414-771-4836	2933 N. 68th St.	Milwaukee	53210
Jeanne Lowry	Community Advocates/ Autumn West	Division Director Behavioral Health and Homeless Outreach	jeannel@communityadvocates.net	414-671-6337	1615 S. 22nd St.	Milwaukee	53204
Paula Lucey	Willowglen Academy-Wisconsin, Inc.	Executive Director	plucey@phoenixcaresystems.com	414-527-6970; 414-745-3292	5151 w. Silver Spring Dr.	Milwaukee	53218
Joy Mead Meucci	Aurora Behavioral Health Services	Director Behavioral Health Medical Centers	joy.mead-meucci@aurora.org	414-454-6689	1220 Dewey Ave.	Wauwatosa	53213
Rachel Morgan	Black Health Coalition of Wisconsin	Program Coordinator	rmorgan@bhcw.org	414-933-0064	3020 W. Vliet Street	Milwaukee	53208
Paul Mueller	Rogers Memorial Hospital	Chief Operations Officer	PMueller@rogershospital.org	262-646-1312			
Candice Owley	WI Federation of Nurses & Health Professionals	President	cowley@wfnhp.org	414-475-6065 X21	9620 W. Greenfield Ave.	West Allis	53214
Dennis Purtell	State Public Defender	Attorney Manager – Mental Health Unit	PurtellD@opd.wi.gov	414-266-1217	10930 W. Potter Road, Suite D	Wauwatosa	53226
Ada Rivera	Bell Therapy/CSP-South	RN	arivera@phoenixcaresystems.com	414-383-4486	5151 w. Silver Spring Dr.	Milwaukee	53218
Sylvia Rodriguez	Milwaukee County Sheriff	Captain	SRodriguez@milwcnty.com	414-747-5363			
Joe Sanfelippo	Milwaukee County Board of Supervisors	Supervisor	joe.sanfelippo@milwcnty.com	414-278-4247	901 N. 9th St., Rm. 201	Milwaukee	53233
Krista Scheel	Alzheimer's Association	Program Director	Krista.Scheel@alz.org	414-479-8800	620 S. 76th St., Ste 160	Milwaukee	53214
Joy Tapper	Milwaukee Health Care Partnership	Executive Director	jtapper@wi.rr.com	414-232-0481	2320 N. Lake Drive	Milwaukee	53211
James Tydus	nominated by WCS	Consumer representative	c/o COLLEEN@wiscs.org	262-212-5007 414-447-1837	3775 N. 27th St.	Milwaukee	53221
Patricia Wendt	Our Space	Peer Specialist	patnsha@hotmail.com	414-588-8958	9455 W. Watertown Plank Rd	Milwaukee	53226
Brenda Wesley	NAMI Greater Milwaukee	Outreach Coordinator	brendaw@namigrm.org	414-344-0447	3732 W. Wisconsin Ave.	Milwaukee	53208
Mark Wright	Department of Psychiatry, Medical College of Wisconsin	MD	mwright@mcw.edu	414-955-8962	8701 W. Watertown Plank Road	Milwaukee	53226
Carianne Yerkes	Milwaukee Police Department	Captain of Police, Crisis Intervention Team Coordinator	CYERKE@milwaukee.gov	414-935-7311	749 W. State St.	Milwaukee	53233

FILE NO. 10-322



17

1 By Supervisors Holloway, Dimitrijevic, Schmitt, Lipscomb, Weishan, Broderick, De
2 Bruin, Thomas, Larson, Harris, Johnson, and Borkowski

File No.

5 **A RESOLUTION**

6 to utilize the balance of funds available in the allocated contingency fund within Capital
7 Improvement Project WE033 Behavioral Health Facility to construct a new behavioral
8 health hospital on the Milwaukee County grounds

10 WHEREAS, the 2006 Adopted Budget directed the Department of Health and
11 Human Services (DHHS) and the Economic and Community Development Division
12 (ECD) to explore potential alternative locations for the Behavioral Health Division (BHD)
13 to conduct its inpatient and nursing home operations; and

15 WHEREAS, in May 2006, subsequent to an announcement by Wheaton
16 Franciscan Healthcare (WFH) of plans to discontinue hospital inpatient operations at St.
17 Michael's Hospital, DHHS and ECD initiated discussions with WFH regarding the
18 possible utilization of that site; and

20 WHEREAS, over the course of 2007, 2008, and 2009 the County Board of
21 Supervisors debated whether to enter into a lease with Weas Development Co. for the
22 long-term lease of the St. Michael Hospital Facility for the Behavioral Health inpatient
23 and nursing home operations, but ultimately decided not to pursue that option; and

25 WHEREAS, the 2010 Adopted Capital Budget included Capital Improvement
26 Project WE033—Behavioral Health Facility, which included a \$12,596,494
27 appropriation, placed in the allocated contingency fund, for the planning, design, and
28 construction of a new behavioral health facility and/or the renovation of the current
29 facility; and

31 WHEREAS, on Thursday, June 3, 2010, BHD received a Statement of Deficiency
32 (SOD) from the State of Wisconsin as a result of a recent State/Centers for Medicaid
33 and Medicare Services survey; and

35 WHEREAS, on July 29, 2010, the Board approved (File no. 10-284) the release
36 of \$1,825,890 from the 2010 BHD allocated contingency fund within capital funds
37 (WE033) to address issues related to the SOD, leaving a balance of \$10,770,604; now,
38 therefore

40 BE IT RESOLVED, that it is the intent of the Milwaukee County Board to utilize
41 the balance of the funds available in the allocated contingency fund within Capital
42 Improvement Project WE033 – Behavioral Health Facility to construct a new
43 behavioral health hospital on the Milwaukee County Grounds; and

45 BE IT FURTHER RESOLVED, that a Special Committee, comprised of five
46 members of the Board of Supervisors, whose membership and chair are appointed by

47 the Chairman of the Board in a manner allowing the first meeting to be scheduled no
48 later than December 1, 2010, is hereby created to work on the following directives:

49

- 50 1. Examine current and potential operating revenues and evaluate the merits of
51 locating some functions of BHD, such as the nursing home and outpatient
52 services, at sites other than the County Grounds in a manner that is more
53 integrated with the community and perhaps more cost effective
- 54 2. Utilize, reassess, and update previously gathered information regarding BHD
55 space needs to provide a preliminary cost analysis of the cost to build a new
56 facility on the County Grounds
- 57 3. Provide possible locations on the County Grounds for a new facility
- 58 4. Recommend other funding sources and a timeline for this project
- 59 5. Obtain and analyze other information as requested by members of the
60 Special Committee

61

62 ; and

63

64 BE IT FURTHER RESOLVED, that the Special Committee shall issue its final
65 report no later than June 1, 2011; and

66

67 BE IT FURTHER RESOLVED, that funds from Capital Improvement Project
68 WE033 – Behavioral Health Facility, held in an allocated contingency account, could be
69 made available, subject to an appropriation transfer, to obtain supplemental consulting
70 and professional services necessary to carry out the assigned planning tasks.

71

72

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 9/13/10

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: A resolution to utilize the balance of funds available in the allocated contingency fund within Capital Improvement Project WE033 Behavioral Health Facility to construct a new behavioral health hospital on the Milwaukee County grounds.

FISCAL EFFECT:

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

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

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

DESCRIPTION OF FISCAL EFFECT

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

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

This resolution states that it is the intent of the County Board to utilize the balance of the funds in capital project account WE033-Behavioral Health Facility to construct a new behavioral health hospital on the Milwaukee County grounds. The resolution creates a special committee of supervisors, appointed by the Chairman of the Board, to examine the full scope of the project.

The 2010 Capital Budget contains an appropriation for \$12,596,494, placed in an allocated contingency fund to be used for Capital Project WE033-Behavioral Health Facility, upon review by the Committee on Finance and Audit, recommendation from the Committee on Health and Human Needs, and approval of the County Board by a two-thirds vote. On July 29, 2010, the Board voted to release \$1,825,890 from that account to address issues related to the Statement of Deficiency at the behavioral health facility (File No. 10-284), leaving a balance of \$10,770,604 in the WE033 account.

This resolution states that the Special Committee could utilize a portion of the funding contained in the WE033 account to allow administrators to obtain any special consulting and professional services needed to gather information on building a new facility. Policymakers would need to approve any appropriation transfer(s) prior to the release of any funding from the WE033 account. As WE033 contains bond proceeds, any money expended from that account will need to be used for bond eligible purposes.

Department/Prepared By Jennifer Collins, Research Analyst, County Board

Authorized Signature

Jennifer Collins

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.