

COUNTY OF MILWAUKEE
Department of Health and Human Services

DATE: October 7, 2016

TO: Theodore Lipscomb, Sr., Chairman, Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Mark Mertens, Administrator – DCSD

SUBJECT: Informational Report from the Director, Department of Health and Human Services, providing an update to the Residential Treatment Center planning process and discussing the options of authorizing a contract with Carmelite Home for Boys or soliciting proposals to identify other potential providers

Background & Discussion

The development of a local Residential Treatment Center (RTC) is necessary in response to the crisis occurring at the Lincoln Hills School for Boys operated by the State of Wisconsin Division of Juvenile Corrections (DJC) as well as a need for local, community-based treatment placements for the highest risk youth.

It is important to the Delinquency and Court Services Division (DCSD) that alternatives to DJC placement exist in the community for those youth who are identified as high risk for reoffending, per the Youth Assessment and Screening Instrument (YASI), DCSD's validated risk and needs tool. The goal is to keep as many youth as possible close to their homes and community while being able to provide the appropriate supervision and treatment to the youth while maintaining community safety.

It must be emphasized that the proposed RTC model will not be a correctional facility. The program will be an unlocked, residential treatment facility licensed under Department of Children and Families (DCF) Chapter 52. It will be a staff secure facility, meaning that there will be a high staff to youth ratio and that staff will be well trained in youth engagement and effective de-escalation and redirection interventions. This program will accomplish the goal of providing an alternative to a correctional placement, serve youth safely and effectively in the community and avoid the undesired consequences of creating greater detention capacity.

The targeted population for the RTC are youth who are: 1) at risk of being placed in the State DJC 2) transitioning out of the DJC as a step down or 3) transitioning as a step down out of the Milwaukee County Accountability Program (MCAP) detention phase and who cannot go home safely due to the need for additional treatment, support, supervision and/or family issues.

As indicated in a September County Board report (File No. 16-505) seeking approval to negotiate with a vendor to provide RTC services, DCSD representatives have reached out to various community-based agencies to gauge whether there is available physical space and interest in

programming for this RTC. The original intention was to locate a facility for the RTC and then go through a competitive process through a Request for Proposals (RFP) to find a provider to enter into a purchase of service contract with DCSD to provide the programming component for the RTC. The challenges with this plan include the scarcity of appropriate facilities in the community due to their location, square footage, condition and design as well as zoning concerns, etc. Further, it would require considerable time to rehabilitate a building to meet the needs of the program. To aid the County Board, the following options should be considered.

Discussion of the Options

Carmelite Home for Boys: Authorizing the Department to negotiate with Carmelite for provision of the Type II residential program would have the following advantages:

1. Carmelite has the available capacity to begin serving approximately 20 youth within the first quarter of 2017.
2. Carmelite has the overall capacity to serve the male youth from the target population. Their total capacity of 40 beds is within the size range of the Missouri model identified as best practice by the Annie E. Casey Foundation: (http://static1.1.sqspcdn.com/static/f/658313/9749173/1291845016987/aecf_mo_fullreport_webfinal.pdf?token=v1tZeRGDxeiiZF4svllte0wCzOA). There have been concerns raised about a 40 bed facility being too large. Some advocates would like to see smaller 12 to 15 bed facilities to serve youth in a more home-like, community setting. There would be some advantages to this. However, pursuing this approach would create many challenges around zoning and licensing and make it very difficult to implement a rigorous treatment model that requires extensive training, evaluation, and clinical supervision. Ensuring fidelity to the model would be more difficult with multiple providers.
3. Carmelite is licensed, zoned, and is currently operating as a Type II residential facility. Department officials met with the Wauwatosa City Planner and City Attorney on September 14, 2016 and they acknowledged that the plan falls within the current license and zoning permit and did not express any issues with the plan. Pursuing negotiations with Carmelite would be the way to implement the program most expeditiously.
4. As mentioned in the September Board Report, Carmelite is within the Wauwatosa School District and this would facilitate the collaboration currently in place between DCSD and Wauwatosa Schools around high quality and innovative education services.

Other Licensed Facilities: If negotiation with Carmelite is not approved and the Department needs to issue an RFP for the program, it is possible that other viable providers could be identified. Any consideration of bidders would have to be limited to those that are licensed and zoned for residential treatment. However, in reviewing the DCF directory of licensed residential care centers in Wisconsin, selecting those providers located in Milwaukee County and screening for program capacity and location, it appears that none would have an advantage over Carmelite.


The Department is not aware of any licensed providers with facilities in the zip codes where most of the youth sent to corrections reside. Many do not have adequate capacity or their facilities are too large. Ultimately, no single provider or combination of providers appear to have the capacity and capability to implement our program in the manner desired and in a timely manner unless Carmelite is also considered into the equation.

Other Considerations: Regardless of whether negotiation with Carmelite is authorized or if an RFP is required, it will be imperative that the Department work very closely with the provider to ensure that every effort is made to recruit and hire staff that reflects the race and background of the youth being served. To help ensure this, the Department will encourage participation by community advocates in the recruitment and hiring process. The Department and its contractors must follow the law in regard to Affirmative Action.

In addition, regular, culturally-informed training will be provided as part of the program expectations. The demonstration by staff of these competencies will be included as an evaluation measurement for the program.

Our intent is to seek out community/consumer input about this and other Department services and programs. The Department is already in the process of developing a formal venue for this input. As it relates to the Type II program, the Department will establish an advisory group that is reflective of the youth and community being served in order to ensure continued responsiveness to community and youth needs.

Lastly, just like within the MCAP program currently, the Type II treatment model will rely heavily on the resources already available in the community, like Running Rebels and others that have demonstrated great commitment to our youth and provide valuable and important services to them.



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