

moving the region forward

**Public Hearing Statement** 

# 2014 Milwaukee County Budget By the Public Policy Forum

Rob Henken, President November 4, 2013

Good afternoon. My name is Rob Henken, and I am President of the Public Policy Forum, a non-partisan, nonprofit organization established in 1913 to enhance the effectiveness of government through objective research of public policy issues.

Hopefully, each of you has had a chance to review the Forum's analysis of the 2014 Recommended Budget. In that analysis, we again cite the impressive work of both branches in reversing the growth of the county's structural deficit. We also note that this year's county budget presents a refreshing new dilemma: how to balance the continued realignment of expenditures to match forecasted revenues with a new opportunity to strategically reinvest in critical areas of county operations.

While we raised questions about some of the specific strategies employed by the county executive in his recommended budget, we also noted that his proposed infrastructure investments and efforts to tackle some of the county's major cost drivers reflected an effort to strike an appropriate balance. As we reflect on your actions to date, we would like to offer some thoughts in a related context.

Overall, we commend the county board for its diligence in similarly attacking the county's fundamental fiscal challenges. We also would note that your differences with the county executive represent only a small sliver of the overall budget.

There are a handful of decisions, however, that raise concern because of their possible contradiction with important principles that we believe the county must follow as it seeks structural balance and appropriate reinvestment in its human and physical capital. For example:

# Make It Work Milwaukee! Coalition

Strengthening Milwaukee County through better health and human services

Alzheimer's Association, SE Wisconsin Chapter American Red Cross in Southeastern Wisconsin Autism Society of Southeastern Wisconsin Automated Health Systems Bell Therapy, Inc. **Curative Care Network** Coalition of Wisconsin Aging Groups **Community Advocates Disability Rights Wisconsin** Easter Seals Southeast Wisconsin **Eisenhower Center** Goodwill Industries of Southeastern Wisconsin, Inc. Grand Avenue Club, Inc. Guest House of Milwaukee, Inc. HealthWatch Impact IndependenceFirst Independent Care Health Plan Interfaith Conference of Greater Milwaukee Jewish Community Relations Council of the Milwaukee Jewish Federation Jewish Family Services Justice 2000, Inc. Life Navigators (Formerly ARC) Managed Health Services Mental Health America of Wisconsin Meta House, Inc. Midwest Community Services, Inc. Milwaukee Mental Health Task Force Milwaukee Aging Consortium Milwaukee Center for Independence M&S Clinical Services NAMI Greater Milwaukee Options for Community Growth, Inc. Our Space, Inc. Public Policy Committee, Milwaukee **Child Abuse Prevention Services** Coalition **Rosalie Manor Community & Family** Services Inc. Southeast Wisconsin ADAPT St. Anne's Salvatorian Campus Transitional Living Services, Inc. United Cerebral Palsy of Southeast Wisconsin UEDA Vision Forward Association Vital Voices for Mental Health Wisconsin Community Services, Inc. Wisconsin Council on Children and Families Gwen Jackson

# 2014 Milwaukee County Budget Priorities Milwaukee County Board Public Hearing 11/4/13

The services and supports funded by Milwaukee County are critically important to the quality of life and independence of older adults and people with disabilities in Milwaukee County. The Make It Work Milwaukee! Coalition includes over 40 organizations on the frontlines working with people in need in our county, who see firsthand the impact of record unemployment, loss of healthcare and a dramatic increase in requests for help.

We thank the Finance and Audit Committee for supporting many budget priorities for people with disabilities and older adults. As the budget moves forward, we respectfully ask supervisors to support the following.

- Support the \$1 decrease in the paratransit fare proposed by the County Exec, reducing the one-way fare from \$4 to \$3. Most paratransit riders are on a fixed income and the current \$8 round trip fare is very costly.
- Downsize and close Hilltop and Rehab Central, the long term care facilities at the Mental Health Complex. This will provide residents with the opportunity for better life in the community, closer to family and friends, and fulfill the promise of Family Care to close institutions and provide quality community placements. It will be important to maintain safe, quality staffing at the Complex during this time' accordingly, we urge the you support the plan to provide retention bonuses to ensure staffing is maintained.
- Fund the 2014 budget investments needed to support Hilltop and Rehab Central residents in the community including the new Crisis Resource Center (CRC) for people with intellectual disabilities and a mental illness, the Community Consultation Team, and prescriber access.
- Support the proposed 40 units of scattered site housing with supportive services, and other initiatives to increase access to safe, affordable housing and an additional investment to maintain emergency shelter capacity.
- Expand adult community mental health services including the Peer Drop-in Center and the South Side Access Clinic. We also urge the board to allocate funding to establish a North Side Access Clinic given the great need for improved access on Milwaukee's north side.
- Support investments to ensure quality of community mental health services, including quality assurance staff, restructuring of up to four Community Support Programs to provide the evidence-based practices of both Integrated Dual Disorder Treatment (IDDT) and Assertive Community Treatment (ACT), and a cost of living increase for CSPs.
- Move forward with implementing Community Recovery Services (CRS) and Comprehensive Community Services (CCS). Both will provide more flexible recovery oriented services which are urgently needed in Milwaukee County.
- Expand the Crisis Mobile Team coverage to 24/7 to support the county's goal of reducing the number of emergency detentions.
- Improve patient safety and quality of care at the Mental Health Complex by funding a Physician Quality Office and moving forward with recommendations from advocates for a comprehensive independent review of patient safety and quality of care.
- Create a pilot program to address the county's responsibility under Chapter 55 and create a 24/7 crisis intervention team.
- Maintain funding for IMPACT 2-1-1 to support callers seeking access to shelter, food, healthcare, and other essential services.
- Support enhanced funding to increase programming and related services at the House of Correction.

Make It Work Milwaukee Co-chairs:

Barbara Beckert, Disability Rights Wisconsin, 414-773-4646/ 414-719-1034 Tom Hlavacek, Alzheimer's Association of Southeastern Wisconsin, 414-479-8800 Make It Work Milwaukee 2014 County Budget Position Paper

# DOWNSIZING AT THE MENTAL HEALTH COMPLEX

Make It Work Milwaukee supports plans to close Hilltop and Rehab Central, the long term care facilities at the Mental Health Complex, because this will provide residents with the opportunity to have a better life in the community, closer to family and friends. This is in line with Wisconsin's reform of our long term care system and expansion of Family Care statewide to ensure that community based care is an entitlement. This is also in alignment with the plans to transition from an institutional to a community based system which are supported by county board resolutions, the Human Services Research Institute (HSRI) report and Mental Health Redesign and Implementation Task Force.

All Hilltop residents and the majority of Rehab Central residents are eligible for Family Care. This means that the Family Care Managed Care Organizations (MCOs) have the primary responsibility for developing and funding the continuum of supports needed for successful community placements. These services are financed by state and federal funding – not by property tax levy. Wisconsin's Chapter 50 process requires that a closing team be in place to oversee the process and provide strong protections to ensure that quality placements are developed and that the rights and choices of residents and guardians are honored. The Family Care MCOs are responsible for developing capacity in Milwaukee County where most residents wants to live; ensuring a strong continuum of services, including crisis services; and providing quality assurance. It is also vital that the state provide an adequate capitated rate.

The closing process must be sufficiently flexible to accommodate resident needs and development of community capacity. The budget indicates a plan to close the Hilltop Intermediate Care Facility by 2014 and to relocate 24 residents of the Rehab Central Nursing Home in 2014. This timeline must allow adequate time to work closely with each resident, and guardians, where relevant, to explain to them their choices for community placement, meet their needs and develop person centered comprehensive services and supports in Milwaukee County or when residents and guardians prefer a different location, in the county of their choice. It will be important to maintain safe, quality staffing at the Complex during this time' accordingly, we urge the you support the plan to provide retention bonuses to ensure staffing is maintained.

We commend the investments Milwaukee County is making to further support residents in the community. This includes a new Crisis Resource Center for individuals with an intellectual disability and co-occurring mental illness, an evening and weekends crisis response team for people with intellectual disabilities, a community consultation team, and prescriber availability for Hilltop and Rehab Central residents who have moved to the community. For residents of Rehab Central who are not eligible for Family Care, and whose primary disability is a mental illness, Milwaukee County has the primary responsibility to develop and fund the continuum of supports needed for successful community placements. The budget includes funding to support housing, case management and other wraparound services for Rehab Central residents. County administrators have also indicated to the Board and to advocates that they will draw down significant other Medicaid funds to support residents, in addition to County funds.

#### **Recommendations for Downsizing at the Mental Health Complex**

- Move forward with scheduled plans to downsize and close Hilltop and Rehab Central, the long term care facilities at the Mental Health Complex. This will provide residents with the opportunity to have a better life in the community, closer to family and friends, and fulfill the promise of Family Care to close institutions and develop quality community services.
- Work with the Family Care Managed Care Organizations who will have the primary responsibility for serving all Hilltop residents, and the majority of Rehab Central residents, to ensure they develop needed capacity and fund the continuum of supports needed for successful community placements.
- Fund the 2014 budget investments to support quality wraparound services (housing, case management, peer support) for Rehab Central residents who are not eligible for Family Care.
- Fund the 2014 budget investments which support Hilltop and Rehab Central residents who have relocated to the community:
  - The new Crisis Resource Center for individuals with Intellectual/Developmental Disabilities and a cooccurring mental illness.
  - o An evening and weekend crisis response team for people with intellectual disabilities.
  - o A community consultation team to support residents who have relocated to the community.
  - Prescriber availability for Hilltop and Rehab Central residents who have moved to the community.
- The budget includes a plan to downsize adult acute care by 12 beds. This is based on analysis by BHD that indicates capacity to serve more people in the private hospitals. We support this, in concept, because we see that most consumers prefer alternatives to being hospitalized at the Mental Health Complex. However, further analysis should be done first to ensure that capacity is in place at private hospitals and community settings such as the Crisis Resource Center.
- Advocate with the state of Wisconsin to ensure an adequate capitated rate for Family Care.

# PATIENT SAFETY AND QUALITY OF CARE AT THE COMPLEX

There are continuing concerns about patient safety and quality of care at the Mental Health Complex, which have led to a number of immediate jeopardies and other citations by the Center for Medicare and Medicaid Services (CMS) and the Wisconsin Division of Quality Assurance (DQA) in 2012 and 2013, and multiple investigations of deaths that occurred at the Complex in 2012. As long as the Complex continues to operate, it must be a priority to improve patient safety and quality of care and to provide clear indicators of these improvements.

### **Recommendations to Improve Safety and Quality of Care**

- Hire a Physician Quality Officer as funded in the 2014 budget, and move forward as soon as possible with filling the Medical Director and Administrator positions.
- Contract with an independent interdisciplinary team to provide a comprehensive review of safety and quality of care at the Complex, including both medical and mental health care, and make recommendations for improvements. Then fund and implement the recommended improvements. Note: This was a recommendation of Disability Rights Wisconsin supported by Wisconsin's Division of Quality Assurance.

# QUALITY ASSURANCE

The budget includes funding for additional quality assurance staff to oversee community crisis programs such as the Crisis Resource Center and Stabilization beds. With the plan to expand community based services and to outsource more services, quality assurance is critically important. We strongly support this investment.

In addition, we also recommend developing a plan to establish and fund an independent advocate or ombudsman to assist community members with service denials, reductions, or quality issues. With the move to a community based system, there must also be additional oversight including the opportunity for consumers to get independent advocacy when there are concerns that cannot be resolved internally. This would be similar to the independent ombudsman available for Family Care and for other programs.

#### **Recommendations for Quality Assurance**

- Fund additional quality assurance staff as included in the budget.
- Develop a plan to establish and fund an independent advocate or ombudsman, to assist consumers.

# HOUSING

Make It Work Milwaukee strongly supports the housing initiatives in the 2014 budget, including the 40 permanent supportive housing scattered site units. Safe, affordable and accessible housing is a critical component to reforming our mental health system and reducing the reliance on crisis and institutional services. There is currently a crisis in Milwaukee County regarding access to such housing –lack of housing is one of the most significant barriers for people with mental illness to maintain their health and independence. There are long waiting lists for HUD vouchers for subsidized housing and for the BHD supportive housing unit, and a critical shortage of scattered site housing with supportive services. The emergency shelter system is also facing increased community needs and reduced funding, as documented by the Shelter Task Force.

The vast majority of people with mental illness served by Milwaukee County are low income and unable to afford housing that is not subsidized. The average income for someone on SSI is around \$750 a month. Subsidized housing is income based – rent is one third of the individual's income. The price for an unsubsidized efficiency or one bedroom that is safe and decent is close to \$500 a month. Because that is well over half of the monthly income for an individual on SSI, landlords will not even consider renting to them. In addition, a significant number of homeless people in Milwaukee County have serious and persistent mental illness; the 2009 Point in Time Survey, Milwaukee Continuum of Care, indicates that 41% of homeless persons in Milwaukee County have a mental illness. We cannot move forward with reform of our mental health system without addressing the housing crisis - as evidenced by the increased number of calls for shelter to 211-Impact, averaging 2,000/month. These requests have increased each month by nearly 18% since 2012.

According to a 2012 Wellesley Institute study, scattered site housing can provide critical leverage for neighborhood development and empowerment. When scattered sites are used as supportive housing for people with high needs, service providers are able to establish a strong physical presence in many neighborhoods and are therefore able to extend their reach and service coordination, leading to better service provision. Scattered housing also results in lower concentrations of affordable housing units within individual neighborhoods and communities, thereby lowering the risk of tensions between residents and neighbors. Development of additional scattered site housing meets an important need in the continuum of housing options supported by Milwaukee County. While some individuals living with a mental illness may prefer a congregate setting, many people do best in a smaller setting with limited number of residents.

Advocates urge supervisors to support the 2014 budget housing initiatives; these are positive steps to address the crisis with access to safe affordable housing for people with mental illness.

#### **Recommendations for Housing**

- Support the \$400,000 investment to create 40 permanent supportive housing scattered site units to serve BHD consumers. The Housing Division will work with existing landlords to secure these units and the service model will include peer specialists to supplement the work of case managers. Funding will cover the cost of services as well as rental assistance. This is addressing a top priority in the community.
- Support continuation of Pathways to Permanent Housing which includes transitional housing and intensive case management.
- Support Shelter Plus care services for disabled homeless veterans who are not eligible for VA services.
- Support the request from the Shelter Task Force to provide funding to address the crisis in funding for shelter beds. This is an important safety net for people with mental illness and other disabilities who are homeless. Additional support from Milwaukee County is critically important, given the reduction in federal funding.

#### Good evening

My name is Kevin Fech and this is my son Tyler. We live in Cudahy. Tyler is a self-advocate with People First Milwaukee. I am currently the Chair for the Wisconsin Board for People with Developmental Disabilities.

I am here tonight to speak on two topics, transportation and the closing of Hilltop and Rehab Central.

In order for Tyler and his friends to be members of their community, transportation is the vital link to community. Not only is it access to transportation, but also affordability. Many individuals with disabilities also receive food share benefits. As you are aware, those benefits have been reduced, resulting in individuals requiring the use of additional personal income to meet their nutritional needs.. A reduction in the para-transit rate from the current \$4.00 per ride to \$3.00 per ride would assist individuals greatly. As I have spoken before at various events, Tyler does not have the ability to take a regular county bus from our home in Cudahy, even though there is a bus stop about a block from our house, to visit his grandmother in Oak Creek, he would need to ride para-transit.

As a member of the Board for People with Developmental Disabilities, it has been our long standing position that individuals should live in their community and we have taken an active role in the expansion of Family Care, supported the biennial budgets investments in community mental health services and other programs which support opportunities for people with disabilities to live in the community as independently as possible. We have supported the closing of State Institutions, the closing of Hilltop and Rehab Center is no different. We, as a Board, support the closing of both of these facilities and continued investments by the state of Wisconsin in Family Care and other community services and supports.

The 1999 Supreme Court case Olmstead v L.C. ruling requires states to eliminate unnecessary segregation of people with disabilities and ensure that states spend federal Medicaid dollars in ways that allow people with disabilities to live and work in their communities with people who do not have disabilities. I work in the long term care field, and I have seen how people, with proper supports, can successfully live in their communities. I believe that with proper supports individuals who would normally reside at Hilltop and Rehab Central can live in their community. Many of these residents would be eligible for long term waiver supports, the necessary supports to successfully live in their community. In addition, the 2014 Milwaukee County budget makes important investments in supporting housing, crisis services, a new Crisis Resource Center, improvements to the Community Support Program and other services which are key as residents of Hilltop and Rehab Central move to the community. We urge you to support these important investments which are key to a better life in the community.

I would like to thank the Finance and Audit Committee for supporting the plans to close Hilltop and Rehab Central and the funding for the community services that would support residents as they move out into the community.

I ask that you support the reduction of the para-transit rate and the closing of Hilltop and Rehab Central.

Thank you Kevin and Tyler Fech Cudahy, Wl



October 31, 2013

Chairwoman Marina Dimitrijevic Milwaukee County Board of Supervisors Milwaukee County Courthouse 901 North 9th Street, RM 201 Milwaukee, WI 53233

Dear Chairwoman Dimitrijevic and members of the Milwaukee County Board of Supervisors,

The Wisconsin Board for People with Developmental Disabilities (BPDD) supports the plans to close Hilltop and Rehab Central, the long-term care facilities at the Milwaukee Mental Health Complex, and provide residents with the opportunity to relocate to the community.

BPDD advocates on behalf of people with developmental disabilities such as autism, brain injury, cerebral palsy, epilepsy, Prader-Willi syndrome, and intellectual disability, and is charged with representing the interests of the disability community in Wisconsin. Sixty percent of the board appointed by the Governor—is people with developmental disabilities or family members of people with developmental disabilities. Our board includes a number of members from Milwaukee County, including Board Chair Kevin Fech.

Over the last forty years, public policy has shifted nationally and in Wisconsin from segregating people with disabilities in institutions to providing person centered supports so people with disabilities are integrated and living in their community. This sea change in public policy has been based on evidence-based practices which demonstrate the benefits community-based integration has for individuals with developmental disabilities, as well as growing recognition that investment of taxpayer funds should be directed to support options that have the best outcomes for people with developmental disabilities as well as being cost effective for the taxpayer.

In addition, a 1999 Supreme Court ruling required states to eliminate unnecessary segregation of people with disabilities, and ensure that states spend federal Medicaid dollars in ways that allow people with disabilities to live and work in their communities with people who do not have disabilities.

Wisconsin's reforms to its long-term care system reflect this transition from an institutional to a community based system. The state's investment in Family Care and IRIS affirm that community-based care is a right that the Wisconsin citizens with developmental disabilities can expect, and people with developmental disabilities can make choices about their own lives. The Board believes it is time to extend these rights to the current residents of Hilltop and Rehab Central. In addition to the services funded by Family Care, the proposed community investments in the Milwaukee County budget are key to ensuring that a continuum of services will be available as residents relocate to the community.

Many former residents of institutions, including some of our board members, have been successfully reintegrated into communities and have become valued neighbors, co-workers, and friends. Transitioning into the community has led to opportunities to be closer to family, connect with new relationships,

> Wisconsin Board for People with Developmental Disabilities 101 East Wilson Street, Room 219, Madison, Wisconsin 53703 Voice 608.266.7826 • Toll Free 888.332.1677 • FAX 608.267.3906 Email: bpddhelp@wi-bpdd.org • Website: www.wi-bpdd.org

access education or training, join the workforce, contribute to the local economy as consumers, and participate in community events, such as attending church, public meetings, civic events etc.

The vast majority of current residents of Hilltop and Rehab Central are eligible for Wisconsin's existing Family Care program, which provides community-based long term care. The Board feels that the Chapter 50 relocation team that is currently in place will protect the rights of residents and ensure that a person centered plan is developed for every resident with quality community service and supports, and the continuum of supports each individual needs for community placement.

Closure of these facilities continues the progress Wisconsin has made towards integrating people with developmental disabilities back into their communities. The Board strongly supports the proposed closure of Hilltop and Rehab Central and Milwaukee County's proposed investment in supportive services which will help advance the opportunity for residents to relocate to the community.

Thank you for the opportunity to provide comments

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Beth Swedeen, Executive Director BPDD

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Kevin Fech, Chair BPDD

# Milwaukee County Board Annual Public Hearing on County Executive's 2014 <u>Recommended Budget</u> 4:00 p.m., November 4, 2013, Milwaukee County War Memorial Center, Memorial Hall, Third Floor 750 N. Lincoln Memorial Drive

Testimony of Milwaukee County Hospital Systems Behavioral Health Care Representatives, including: Pete Carlson, Aurora Health Care Bill Frye, Columbia-St. Mary's Barbara Jones, Wheaton Franciscan Healthcare Kerry Freiberg, Froedtert Health

# Relating to the request for support of a Capacity Demand Analysis and Surge Capacity Plan to be included in the 2014 Milwaukee Count Budget

Dear Chairwoman Dimitrijevic and Members of the Milwaukee County Board of Supervisors,

The hospital systems operating in Milwaukee County appreciate our ongoing partnership with Hector Colon and staff of the Milwaukee County Behavioral Health Division (BHD). We value this collaboration, as it is vital to improving both BHD operations and our community's mental health delivery system.

As partners in this work we are closely reviewing the mental health related 2014 budget proposals. We support BHD's goals for moving Milwaukee County towards a community-care based delivery system that is less reliant on institutional care. We also support Executive Abele's \$4,500,000 community based mental health and AODA services investments proposed in the 2014 Milwaukee County budget, as we believe the funded services will help to achieve the goal of deinstitutionalization.

As the board considers the 2014 budget and future plans to improve services at BHD, we believe it is important to better understand the current and future behavioral health needs of Milwaukee residents especially inpatient and outpatient demand, as well as public and private provider capacity for supporting these needs going forward. We also believe it will be important, as the board considers future efforts to right size inpatient beds, to develop an inpatient surge contingency plan that would provide a back-up strategy to address unexpected influxes of patients beyond that which the community is able to support.

We respectfully request that the Board consider funding a *capacity demand analysis* that would inform future plans to right size services at the BHD. We believe that no additional inpatient beds or outpatient services should be cut until this analysis is complete.

We recommend that the analysis study capacity and demand for inpatient and outpatient services and specifically include the following components:

- Projection of public and private inpatient and outpatient service demand based on population, acuity, age, payer mix, average length of stay, reimbursement, care delivery and management models and seasonal fluctuation projections
- Assessment of the impact of the BHD redesign initiatives and the budget investments in community-based, crisis, care management and other services, on reducing inpatient and outpatient demand.
- Assessment and projection of private provider's current and planned capacity by acuity, age, payer mix, seasonal factors, provider recruitment and retention, geography and scope of services.
- Determination of the total number, type and distribution of beds and outpatient services that Milwaukee County will need to retain, develop and/or reconfigure in the future to meet community need.

This capacity demand analysis would build on the high-level directional study conducted by HSRI in October of 2010 and would provide the detailed analysis required to determine accurate bed projections and future outpatient service investments. This type of analysis is currently used by health systems when designing a new facility or right-sizing a hospital.

We believe an analysis of this nature would most effectively be performed by an independent third party with expertise in behavioral health delivery and health systems planning. We also acknowledge that cooperation of all providers will be required to secure data on current operations and plans and ensure a successful and accurate community capacity analysis.

We also recommend that the Board require that DHHS document a *surge capacity contingency plan* that would ensure that back-up services and resources are in place for times of high need. Ideally the contingency plan would articulate how BHD would respond to an unexpected, increased demand for inpatient beds for high acuity, emergency detention and or uninsured patients, if demand were to exceed BHD and private provider capacity and capabilities.

We appreciate your ongoing efforts to advance behavioral health care in our community. Thank you for your consideration of these priority issues. We look forward to our continued partnership. Sincerely,

Milwaukee Health System Behavioral Health Representatives

Pete Carlson, Aurora Health Care Bill Frye, Columbia-St. Mary's Barbara Jones, Wheaton Franciscan Healthcare Kerry Freiberg, Froedtert Health

CC: Chairwoman Marina Dimitrijevic, Milwaukee County Board Chairwoman & Supervisor District #4

Supervisor Theodore Lipscomb, Milwaukee County Board Supervisor District #1 Supervisor Kahlif Rainey, Milwaukee County Board Supervisor District #2 Supervisor Gerry Broderick, Milwaukee County Board Supervisor District #3 Supervisor Russell Stamper II, Milwaukee county Board Supervisor District #5 Supervisor James Schmitt, Milwaukee County Board Supervisor District #6 Supervisor Michael Mayo Sr., Milwaukee County Board Supervisor District #7 Supervisor Patricia Jursik, Milwaukee County Board Supervisor District #8 Supervisor Steve Taylor, Milwaukee County Board Supervisor District #9 Supervisor David Bowen, Milwaukee County Board Supervisor District #10 Supervisor Mark Borkowski, Milwaukee County Board Supervisory District #11 Supervisor Peggy West, Milwaukee County Board Supervisor District #12 Supervisor Willie Johnson Jr., Milwaukee, County Board Supervisor District #13 Supervisor Jason Haas, Milwaukee County Board Supervisor District #14 Supervisor David Cullen, Milwaukee County Board Supervisor District #15 Supervisor John Weishan Jr., Milwaukee County Board Supervisor District #16 Supervisor Anthony Staskunas, Milwaukee County Board Supervisor District #17 Supervisor Deanna Alexander, Milwaukee County Board Supervisor District #18 Tracy Wymelenberg, Aurora Health Care Julie Swiderski, Wheaton Franciscan Healthcare Maureen McNally, Froedtert Health Karla Ashenhurst, Ministry Health/Columbia St. Mary's

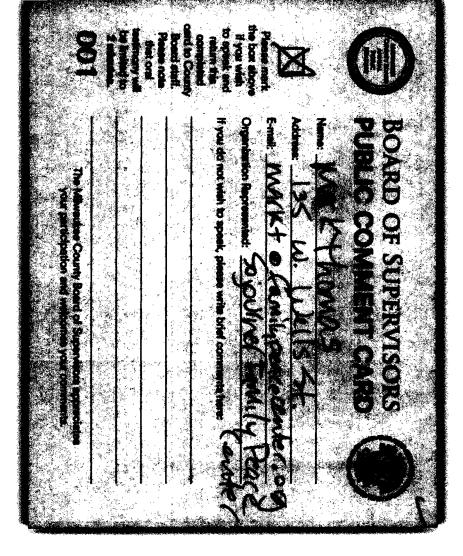
Joy Tapper, Milwaukee Healthcare Partnership

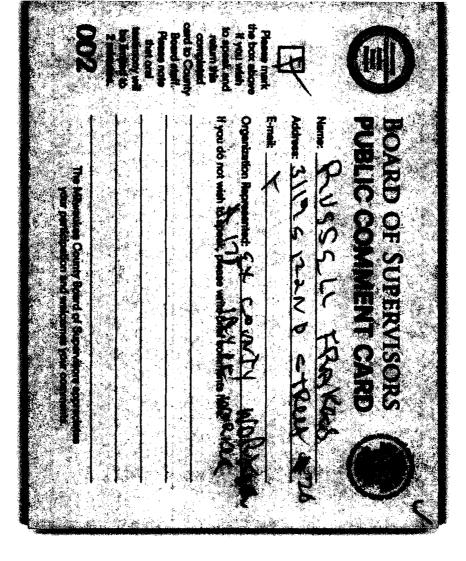
#### PETITION

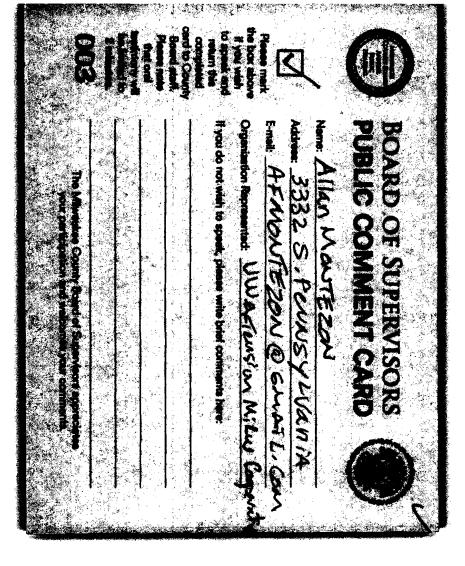
We, the undersigned, do hereby petition and request Milwaukee County Executive Chris Abele to reconsider the closing of Noyes and Pulaski indoor pools. These pools provide vital services to many in our community who are in need of the low impact aerobics exercise exclusively offered at these pools.

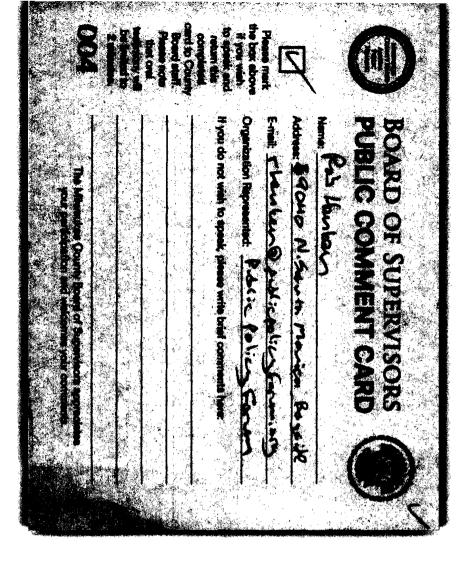
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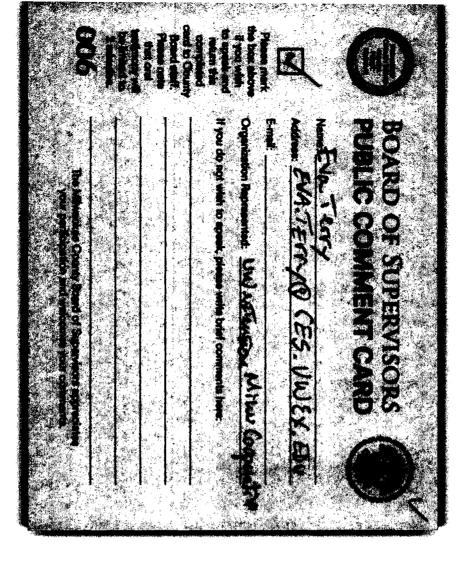
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petition and personally obtained each of the signatures on this paper. I know that each person freely signed the paper with full				
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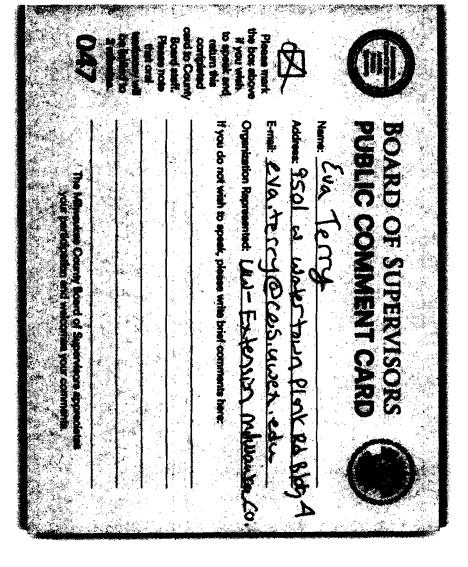


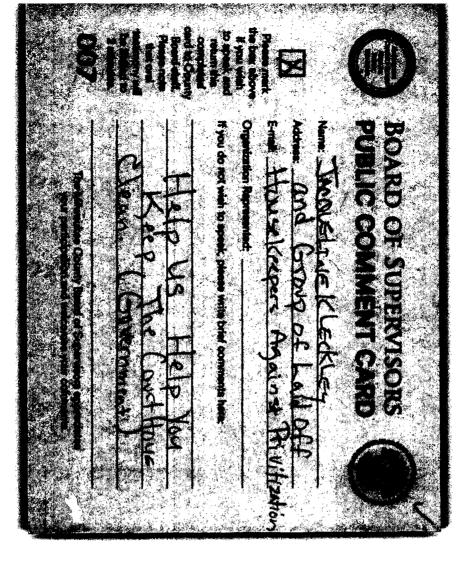


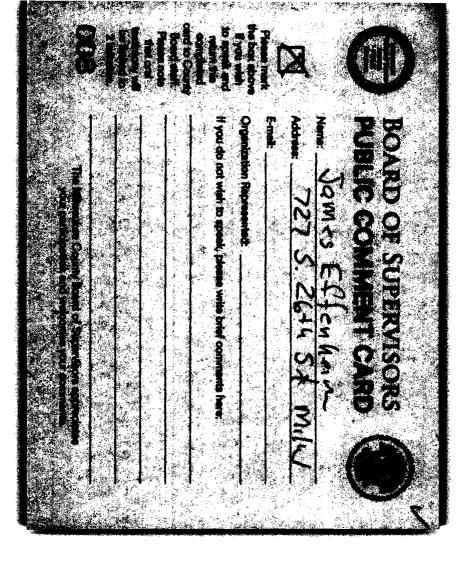


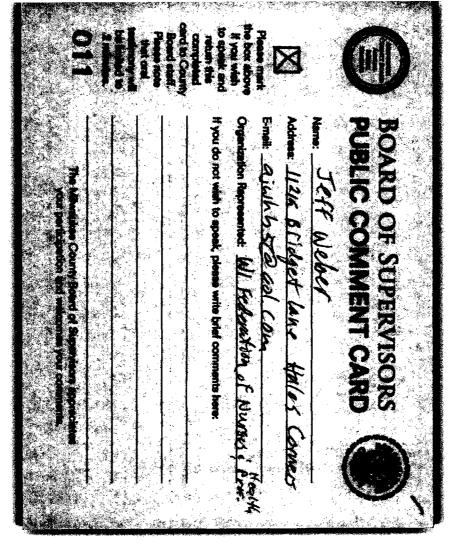


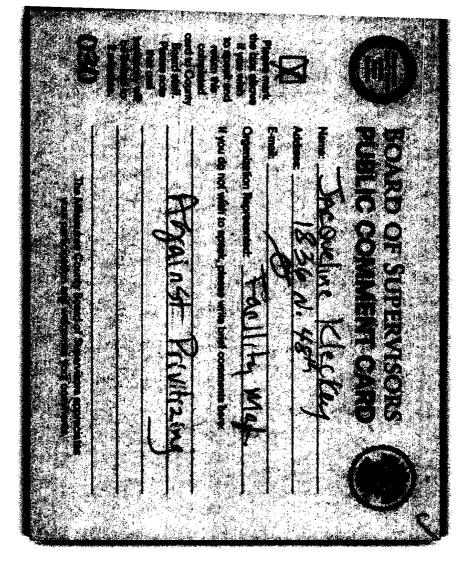


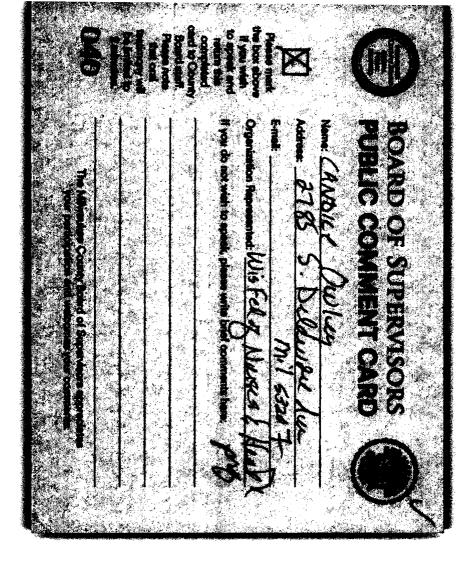


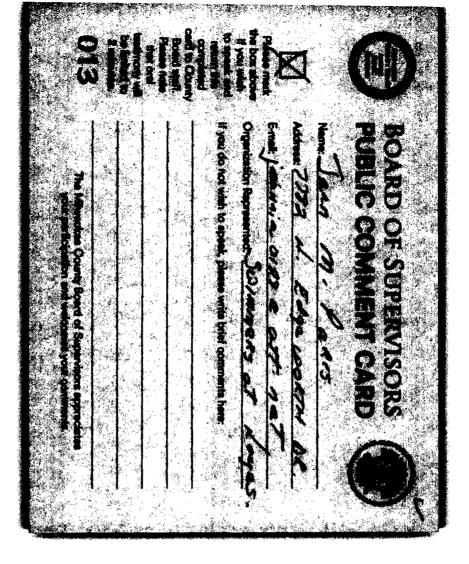


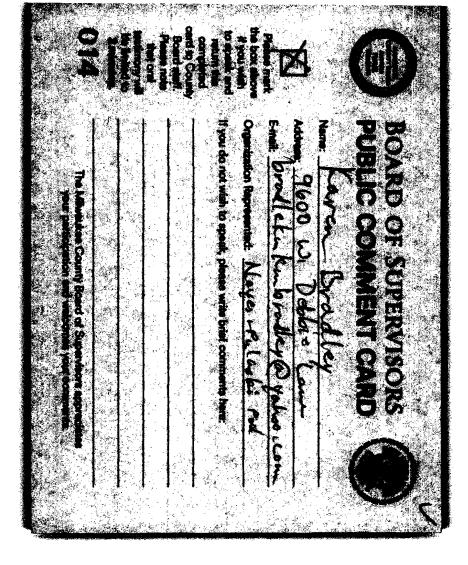


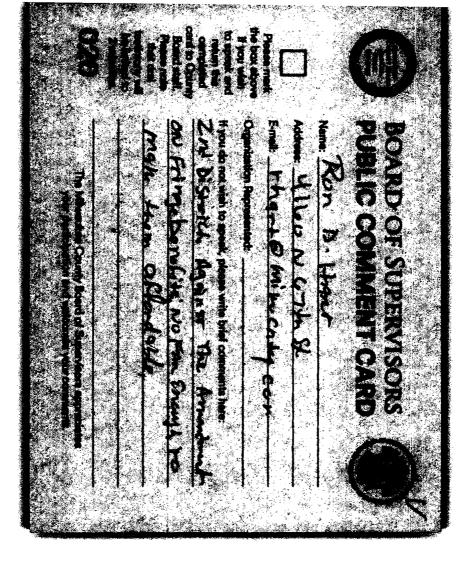


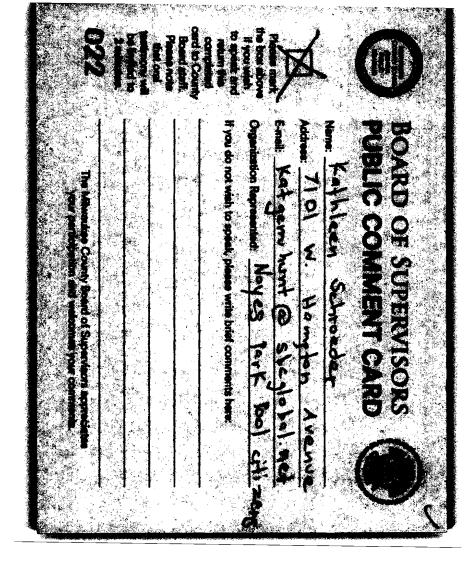


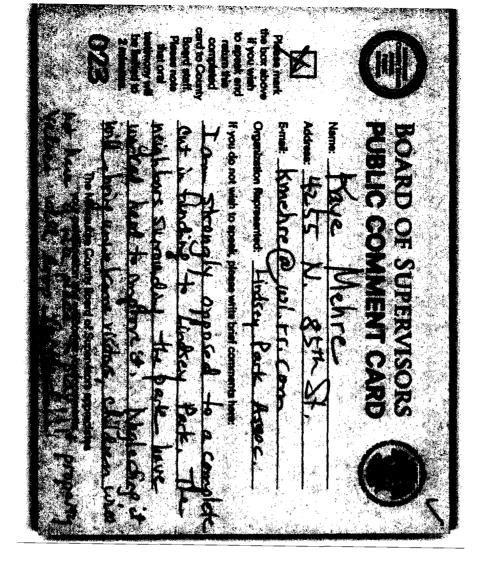


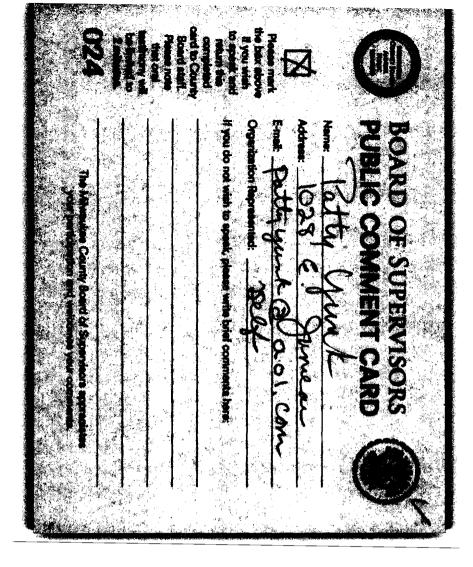


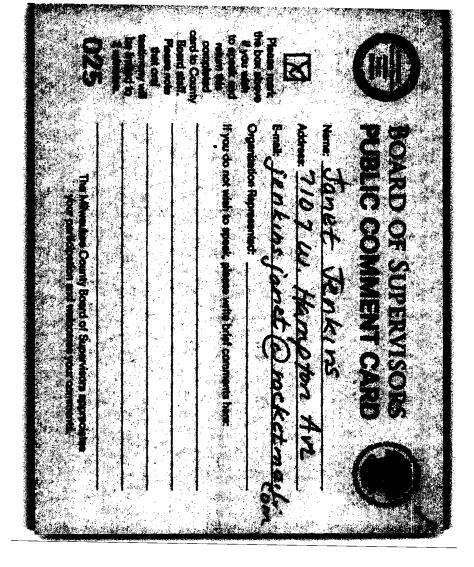


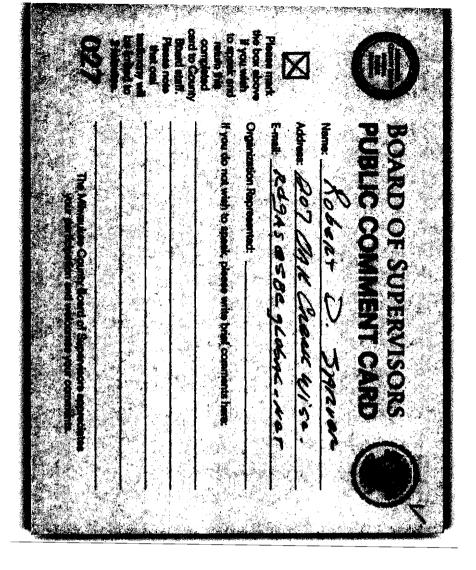


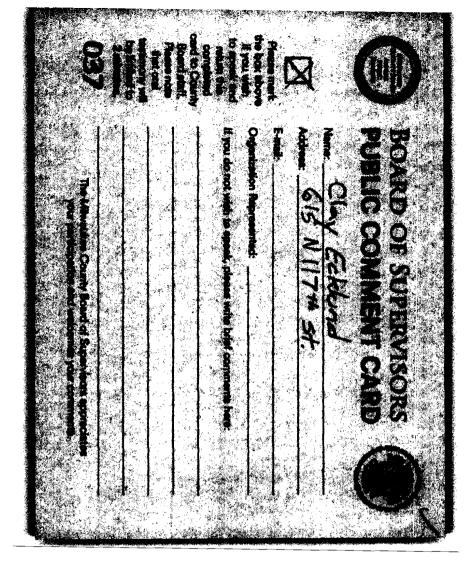


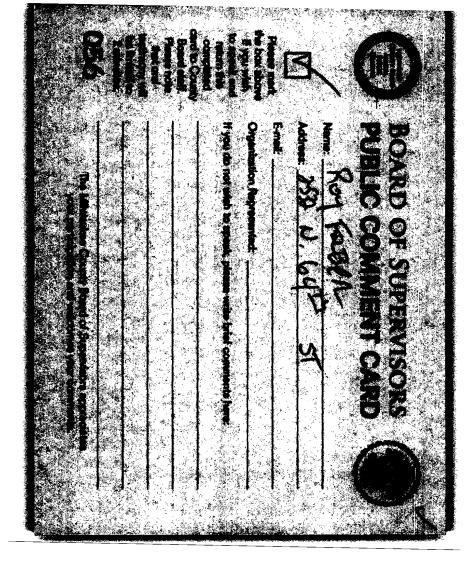


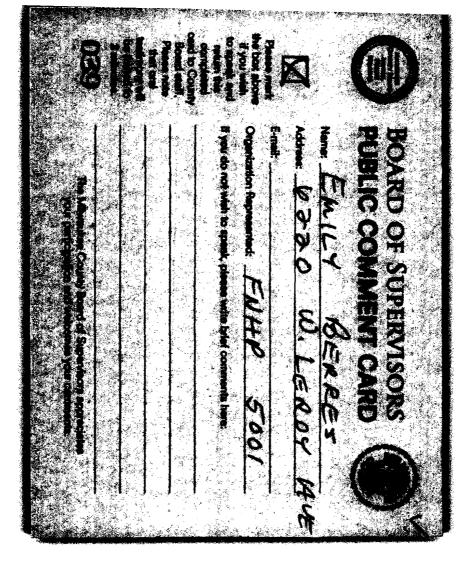


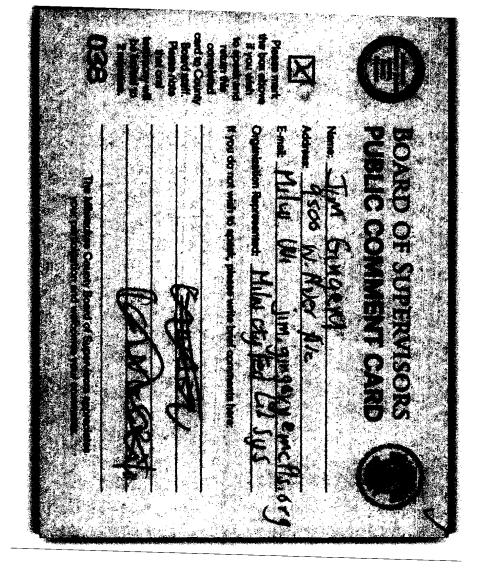


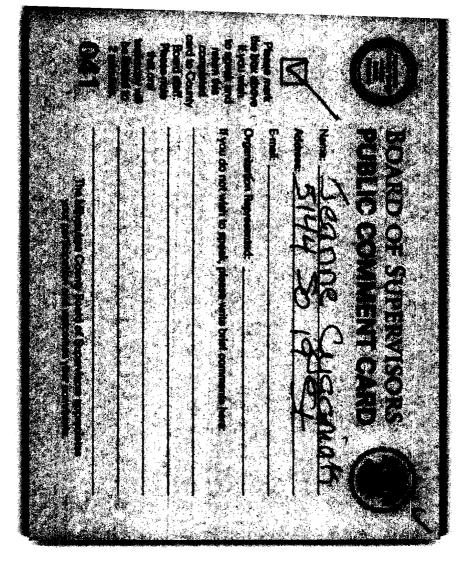


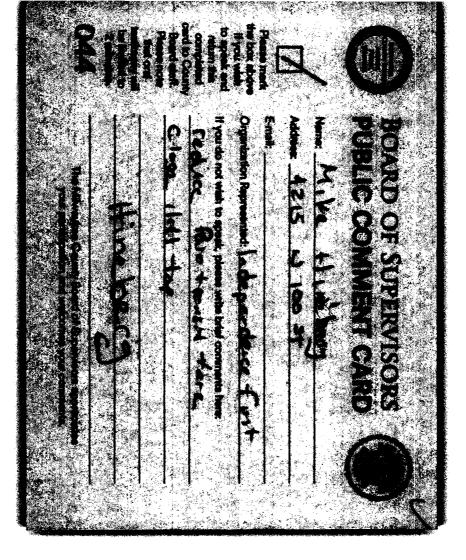


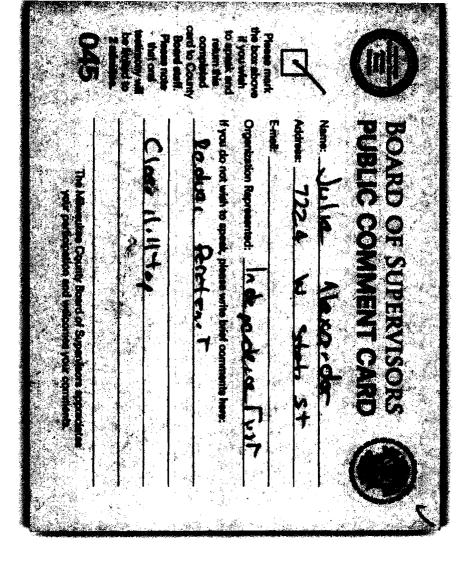


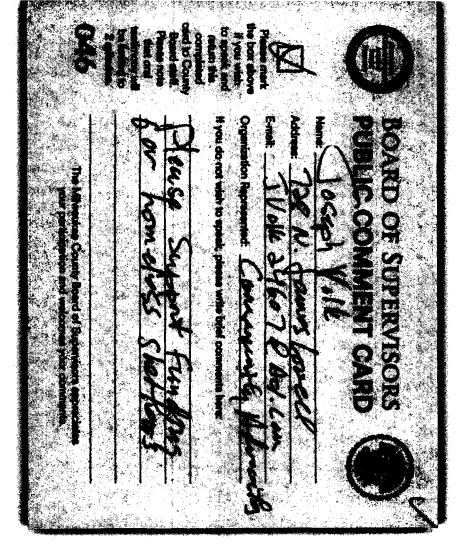




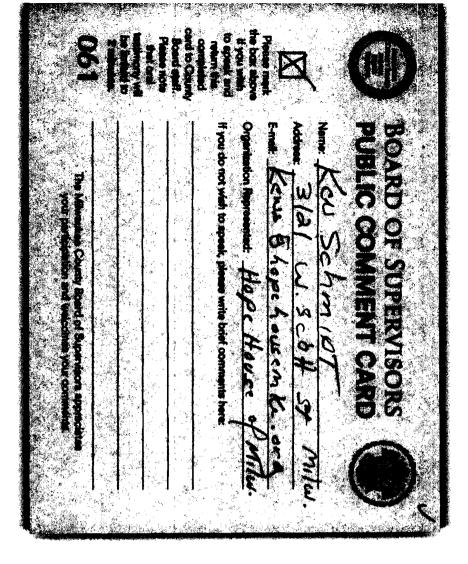


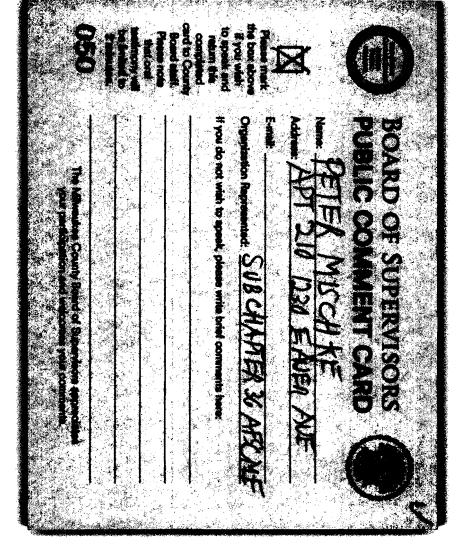


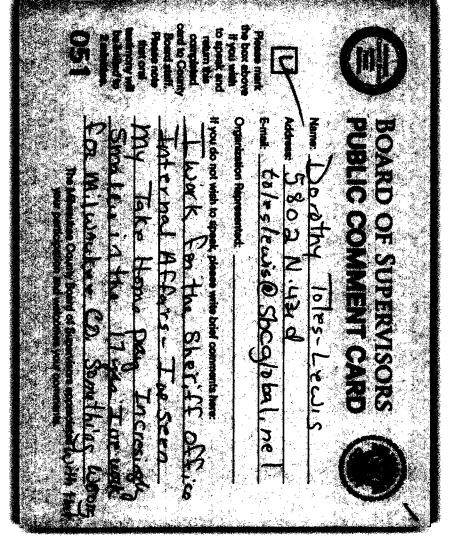


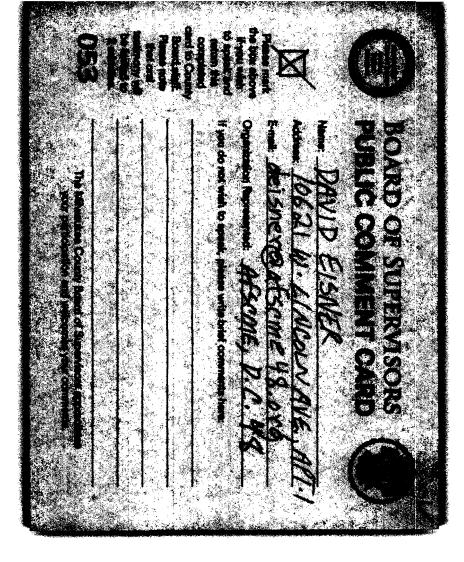


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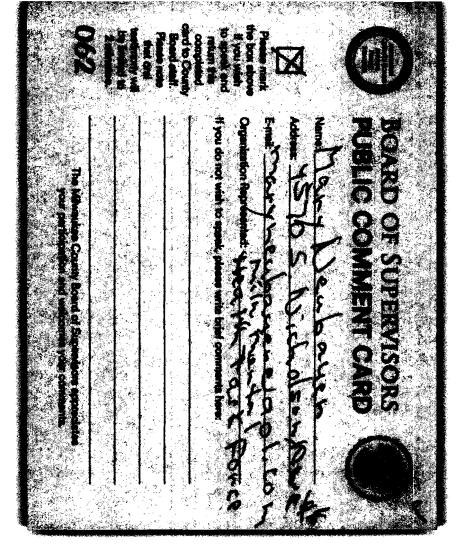


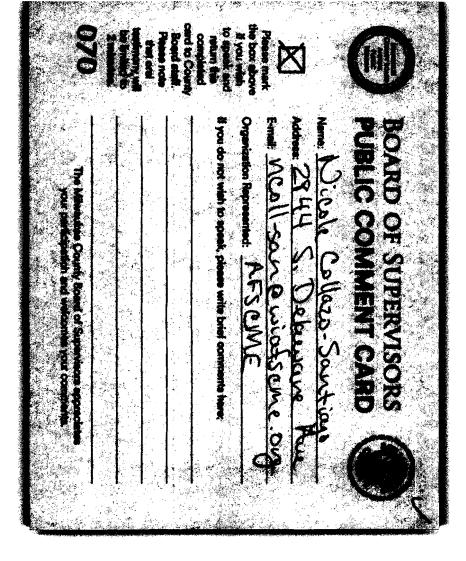


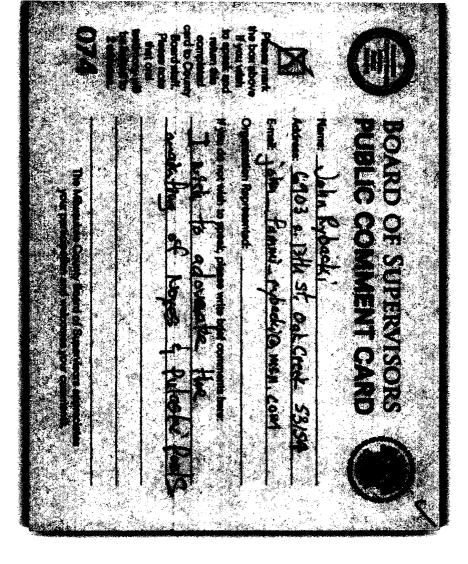


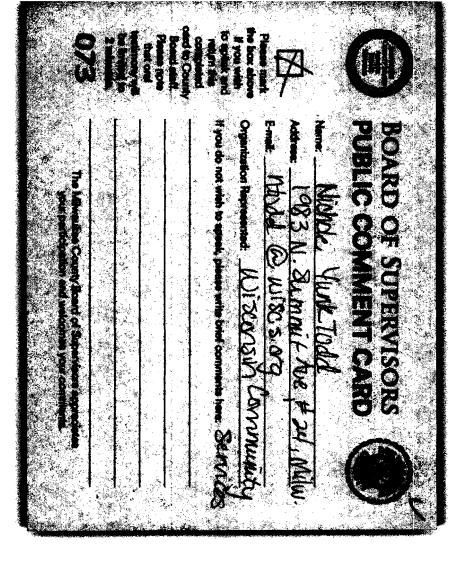


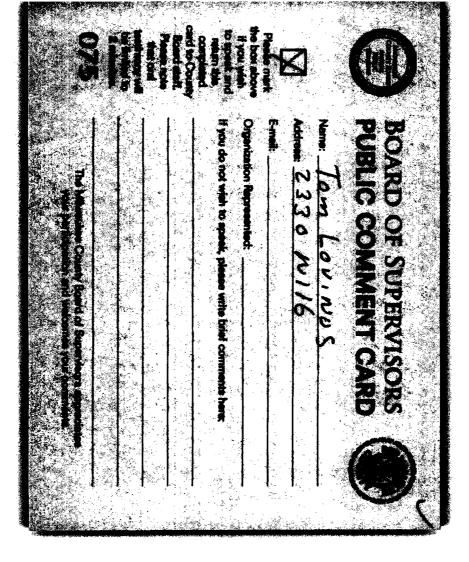
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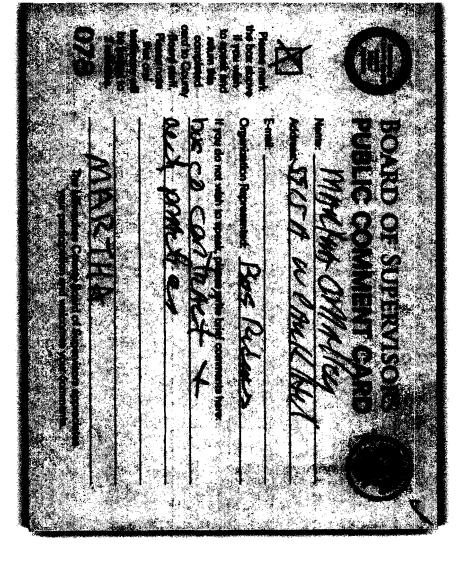


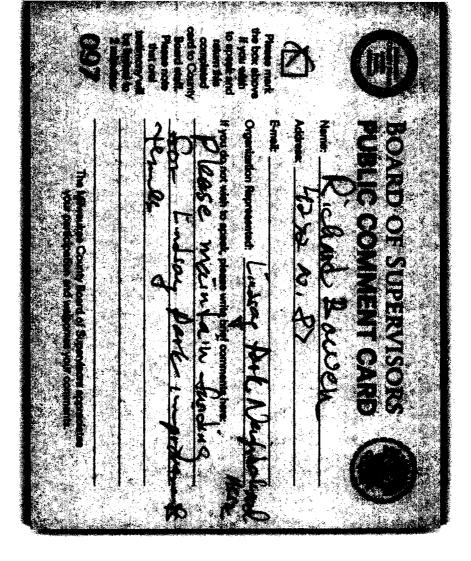


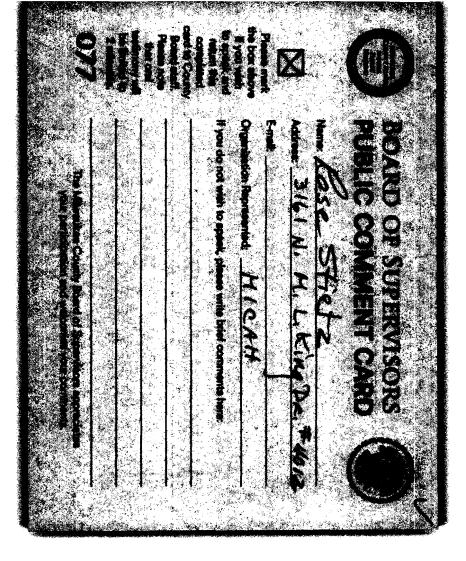


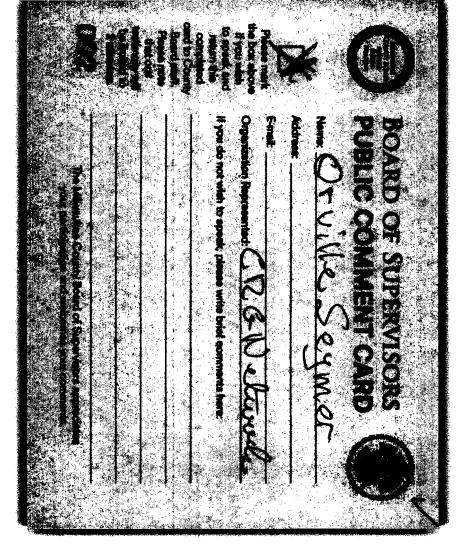


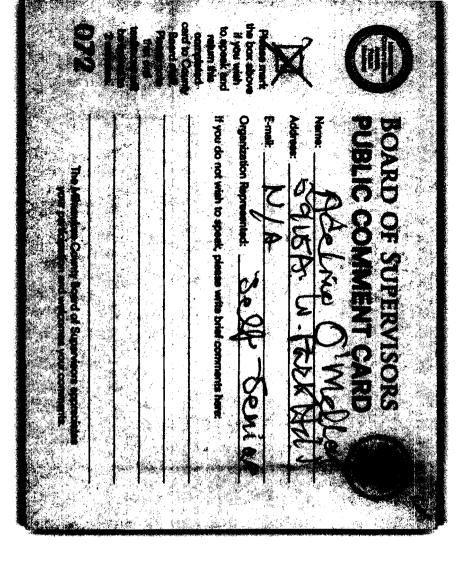


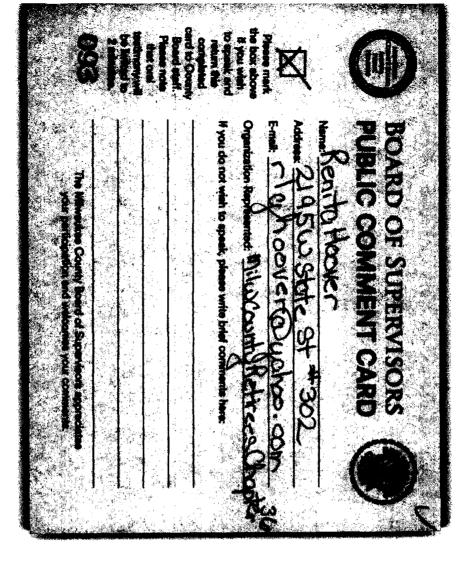


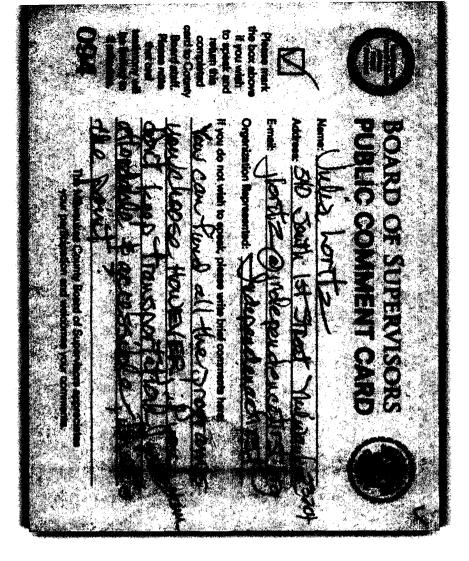


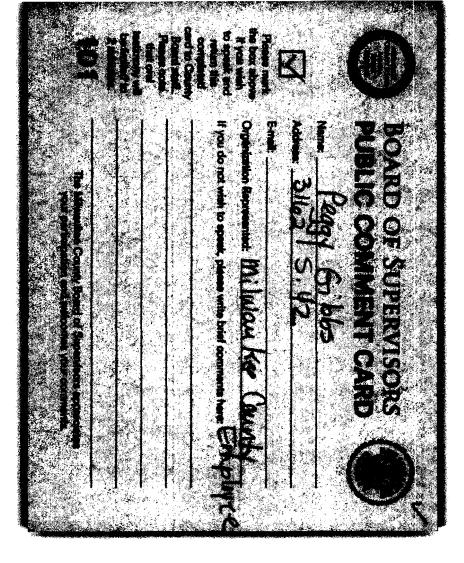


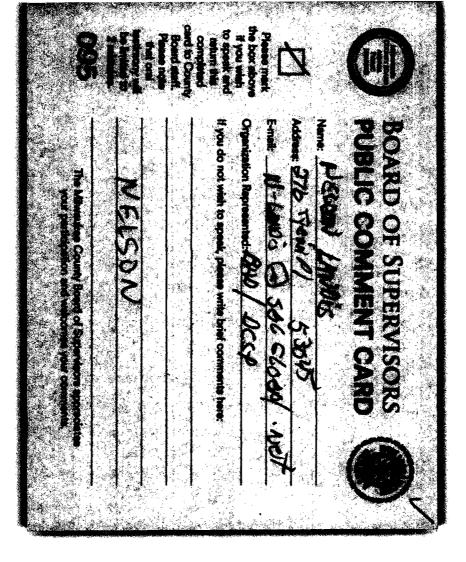


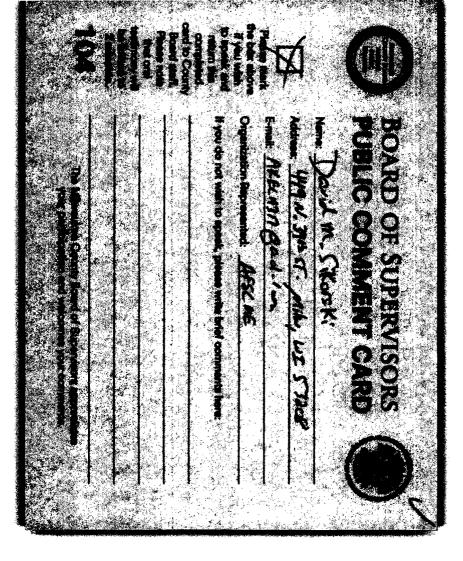


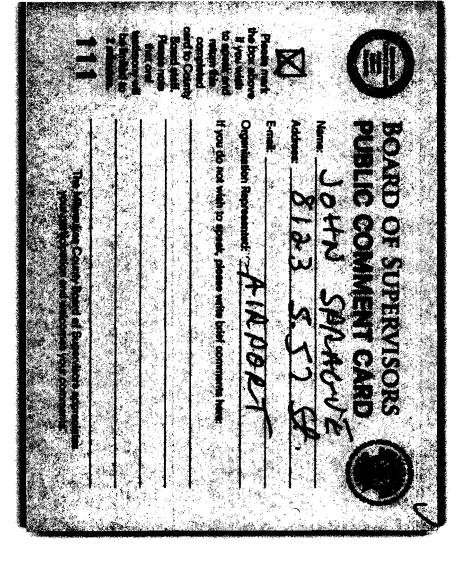


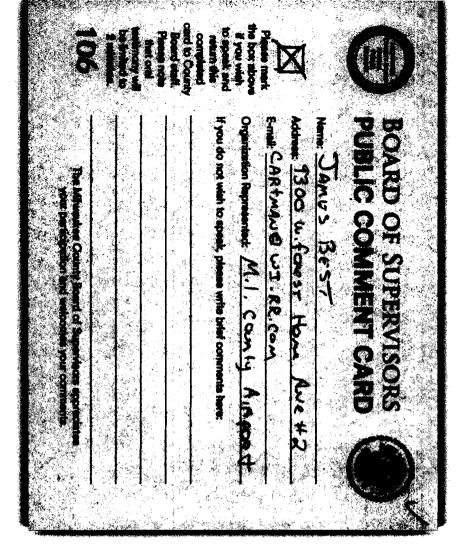


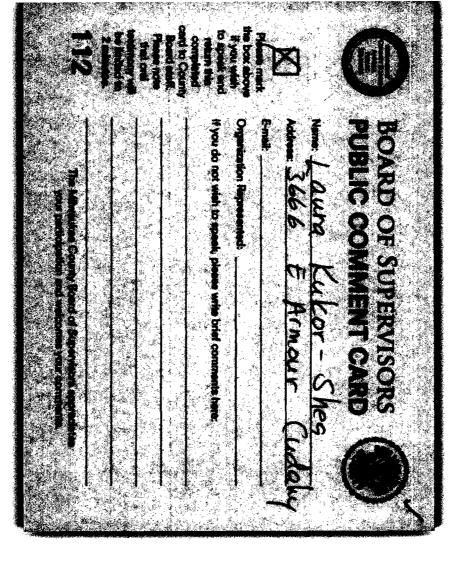


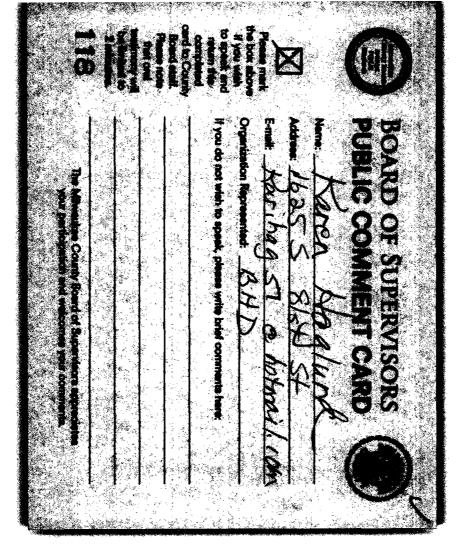


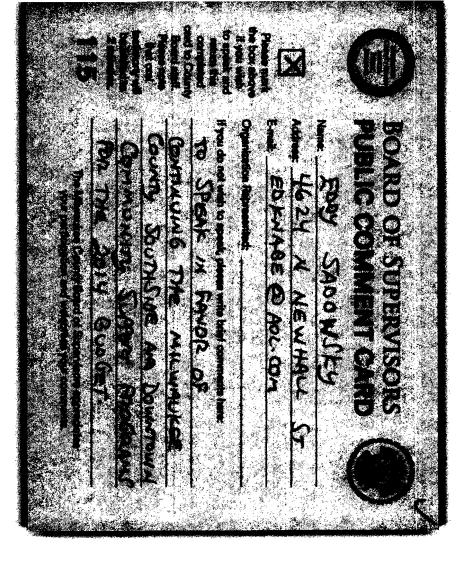


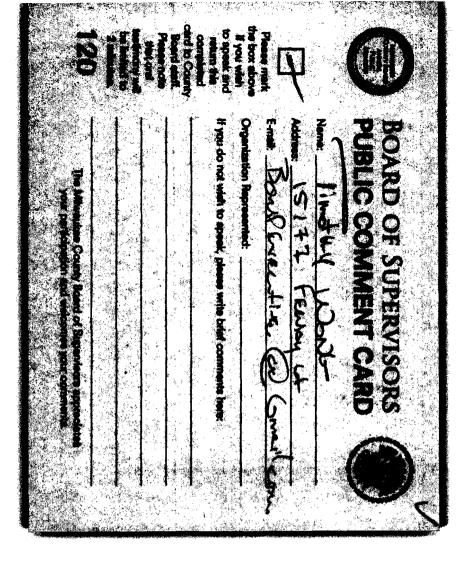


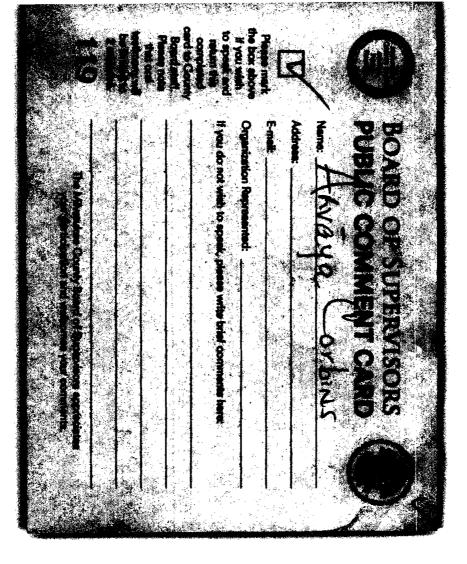


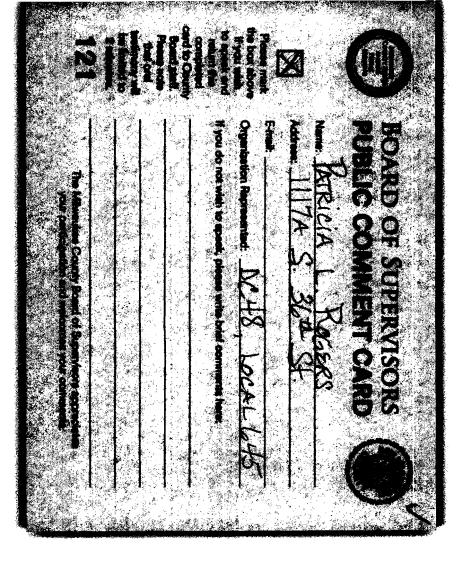


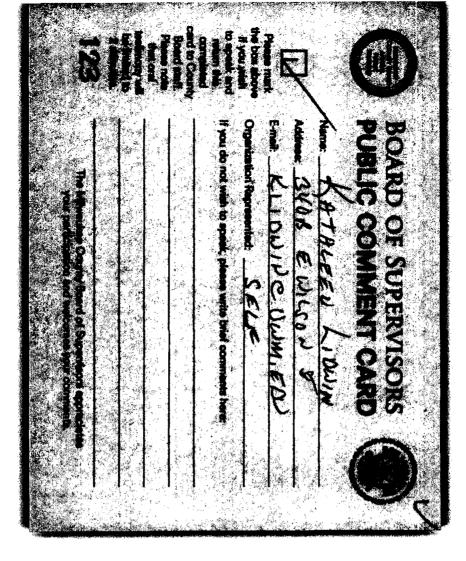


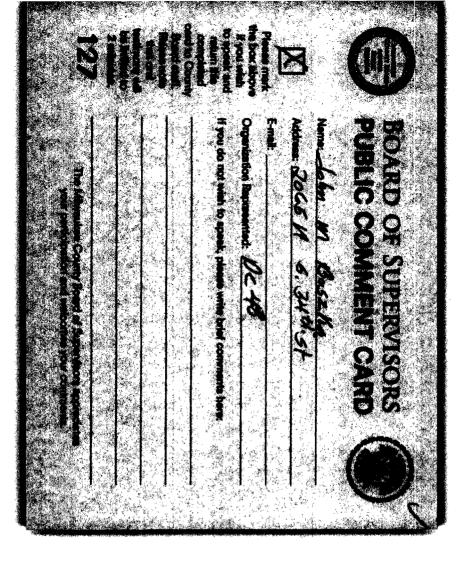


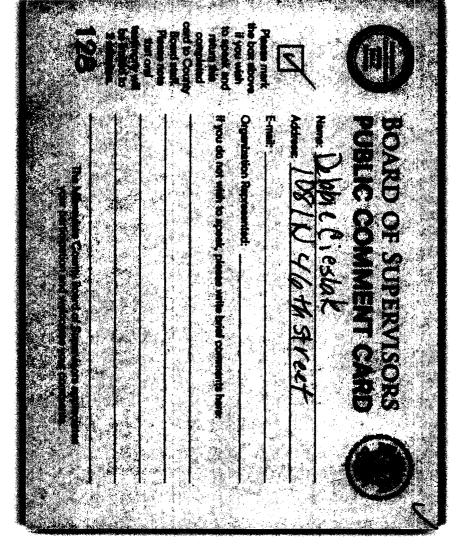


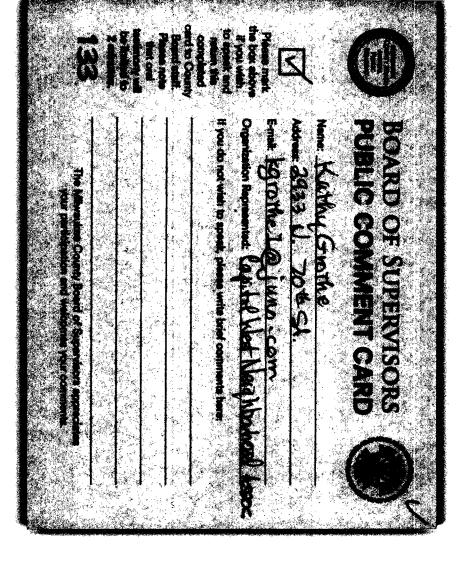


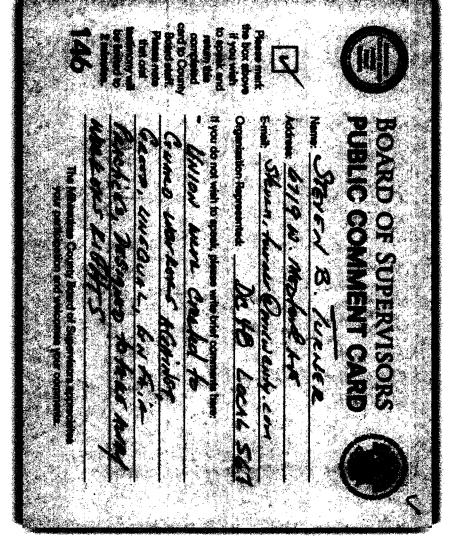


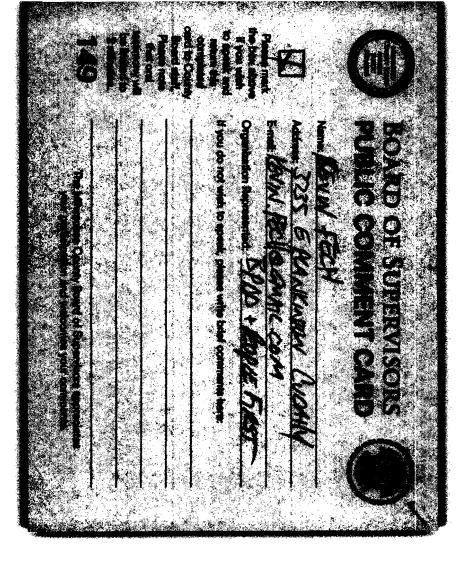


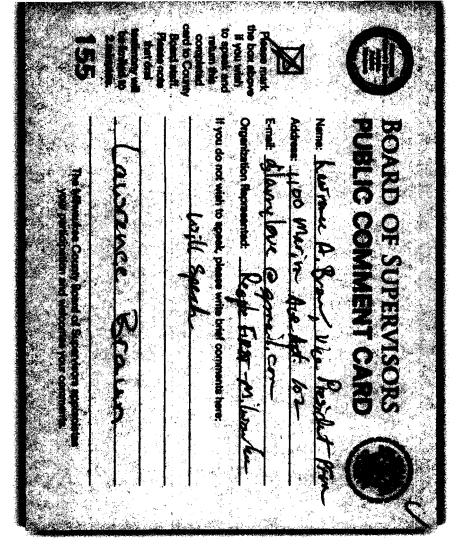


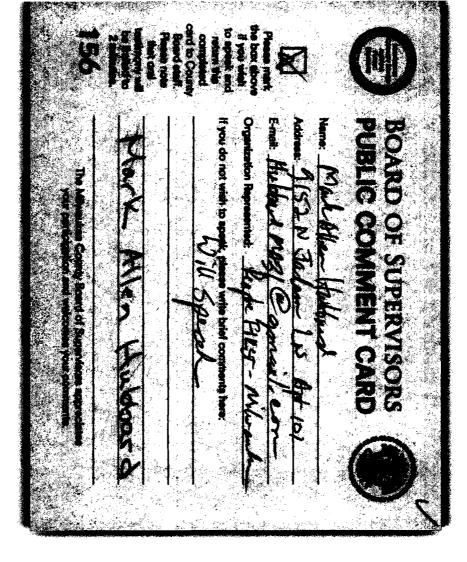


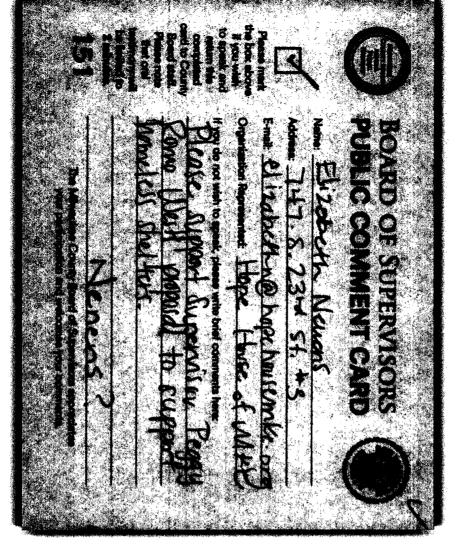


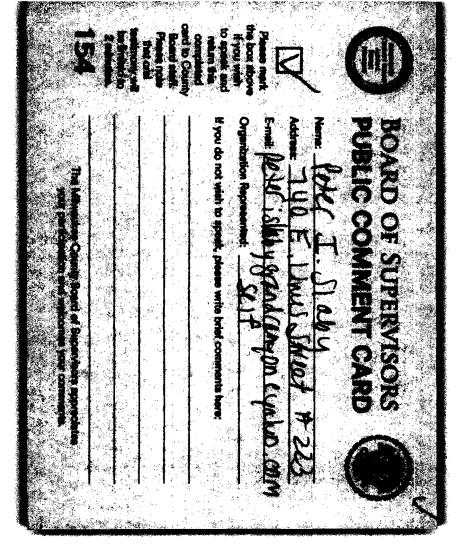


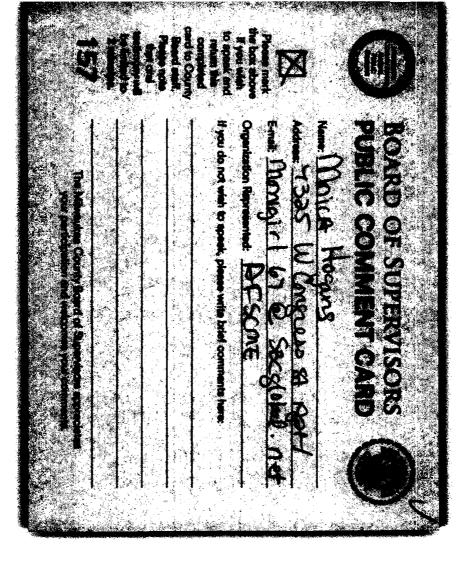


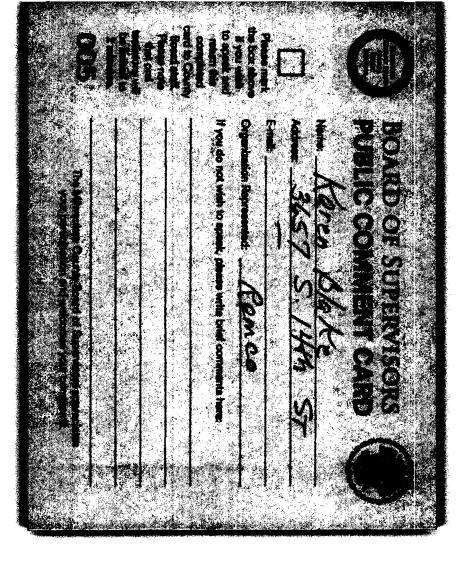


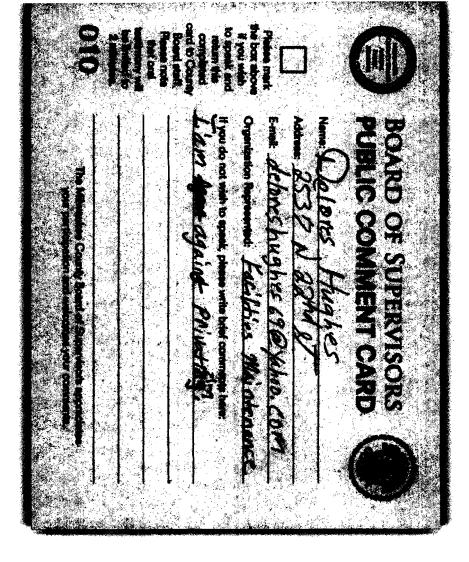


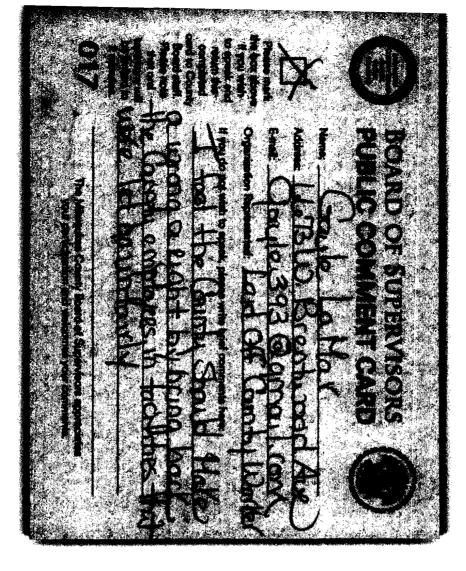


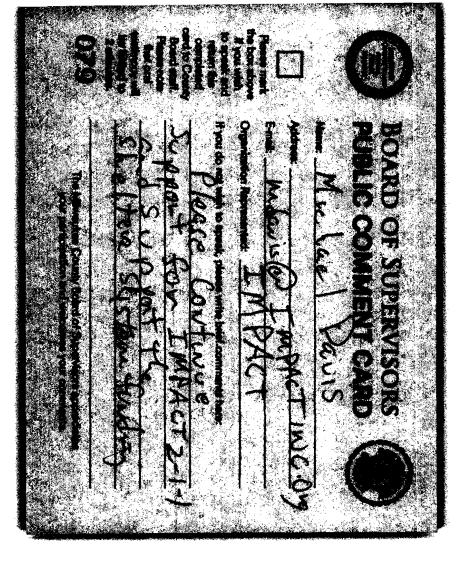












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