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The mission of the Milwaukee County Department of Health & Human Services is to enhance the quality of life for individuals who need support living healthy, independent, and safe lives within our community.

VALUES

- We respect the dignity and worth of all individuals
- We act with honestly and integrity, adhering to the highest standards of moral and ethical principles through our professional and personal behavior
- We strive for excellence, implementing best practices and measuring performance toward optimal outcomes
- We work collaboratively, fostering partnerships with others in our service networks and with the community
- We are good stewards of the resources entrusted to us, using them efficiently and effectively, to fulfill our mission
- We strive to be culturally intelligent in our practices and services

VISION

Recognized as the public model of excellence and leadership in human services driving superior outcomes for our community.
Over the last three years we have made great progress in realizing our mission of enhancing the quality of life for individuals who need support living healthy, independent, and safe lives in the community. We are using technology to help us make informed decisions, enhancing our quality assurance efforts to ensure we have good outcomes for the people we serve, and are changing our service delivery models to be more person-centered and sustainable. Each of our divisions has also made major accomplishments over this past year.

Since 2010, Behavioral Health Division (BHD) has invested more than $9 million in new or enhanced community based services, reduced psychiatric inpatient admissions by 48% and reduced ER visits by 20%. This year we were able to complete the major goal of transitioning more than 60 individuals who have co-occurring mental illness and intellectual disabilities out of BHD's Hilltop unit and into the community. This transition is providing individuals with the supports they need to be successfully integrated into the community.

The Disabilities Services Division (DSD) worked for several years and was able to eliminate a 30 year old wait list for individuals in need of long term care benefits. This played a major role in our ability to close our Long Term Care facility for persons with co-occurring intellectual disabilities and mental illness. In 2014 the division collaborated with BHD in the creation of the Community Consultation Team which is designed to help the individuals we serve successfully transition into the community. DSD also put forward the design and framework for a Community Resource Center that will support individuals with intellectual disabilities if they are in need short-term stabilization.

The Delinquency & Court Services Division (DCSD) has made substantial improvements in our service delivery model for the youth we serve. DCSD has implemented risk assessment tools to help make informed decisions regarding appropriate placement and services, developed more evidence-based programs and they are evaluating these programs to ensure they are meeting the evidence-based fidelity of the program and intended outcomes. As a result of this approach we are sending fewer youth to our detention facility and the department of corrections, resulting in cost savings. We are using these savings to invest in community-based alternatives that provide better outcomes for youth while not compromising public safety.

Our Housing Division has achieved a 90% success rate on their permanent housing best practice model. They have developed 519 supportive housing units since 2010. Those units provide quality housing with supports for individuals in need. Over the last year, Housing hired a community intervention specialist who has helped find housing for more than 100 homeless individuals who were discharged from jails, hospitals and BHD. The Housing team's hard work and success has been recognized with numerous awards.

The Emergency Medical Services (EMS) Division is regarded as one of the best operations in the nation. EMS has achieved national accreditation for its education center. Thanks in part to the work done by EMS, Milwaukee County heart attack survival outcomes are among some of the best in the country. In 2014 EMS played a key role in creating a partnership with a major Chinese medical institute, expanding the division's global reach.

On behalf of the Department of Health and Human Services, I would like to thank County Executive Chris Abele, the County Board of Supervisors, and the newly created Mental Health Board for your partnership and commitment to our department and to the most vulnerable in this community. I also would like to thank all the staff at DHHS and the numerous other partners such as the state, managed care organizations, non-profits, advocates, consumers and many more who have helped us fulfill our mission. Together we are doing big and bold things in Milwaukee County – always guided by doing the right thing for the people we serve. I am humbled and honored to be a part of this great work.
The Milwaukee County Behavioral Health Division (BHD) provides care and treatment to adults, children, and adolescents with mental illness, substance use disorders, and intellectual disabilities. Services are provided through both County-operated programs and contracts with community agencies.

BHD consists of Management & Support Services, Adult Crisis Services, Adult & Child Acute Inpatient Services, Rehab Central Nursing Facility, Community Access to Recovery Services, and Wraparound Milwaukee.

**2014 BEHAVIORAL HEALTH DIVISION BUDGET**

- **Expenditures**: $179,793,649
- **Revenues**: $122,319,526
- **Tax Levy**: $57,474,123
BHD by the Numbers*

More than $9,000,000
Invested in New or Enhanced Community-Based Services

Acute Inpatient Admissions
48% REDUCTION

Emergency Detentions
30% REDUCTION

Emergency Room (PCS) Admissions
20% REDUCTION

Consumers Served by BHD Community Services
14% INCREASE

Recovery-Oriented Supportive Housing
109% INCREASE

*Since 2010
Mental Health Redesign SMART Goals Completed
The Mental Health Redesign & Implementation Task Force was chartered in 2011. The group’s purpose was to develop and implement a data-driven plan for the effective and sustainable redesign of Milwaukee County’s mental health system. The group created a series of sixteen SMART (specific, measurable, attainable, realistic, and time-bound) goals to help guide their work. The Task Force, Action Teams, and numerous public and private sector partners worked to complete the SMART goals throughout 2013 and 2014. The overarching aims of the goals were achieved in 2014, but work continues to improve mental health care services.

1. Improve consumer satisfaction & recovery outcomes.
2. Promote stigma reduction in Milwaukee County.
3. Improve the quality of the mental health workforce.
4. Expand the network of Certified Peer Specialists.
5. Improve the coordination & flexibility of public & private mental health funding.
6. Establish a mechanism to publicly chart system quality indicators that reflect progress on SMART Goals.
7. Develop a structure for ongoing system improvement & oversight of the mental health redesign process.
8. Improve crisis access & response to reduce Emergency Detentions.
9. Improve the flexible availability & continuity of community-based supports.
10. Improve the success of community transitions after psychiatric hospital admission.
11. Improve the economic security of persons with mental illness by increasing utilization of benefits.
12. Increase the number of individuals with mental illness who are engaged in vocational-related activities.
13. Improve access to & retention in recovery-oriented supportive housing.
15. Reduce the number of acute hospital admissions by improving crisis interventions & diversions.
16. Improve the level of cultural intelligence operating in all components of the behavioral health system.

Details on goal achievements and activities can be found on the Mental Health Redesign website at: http://county.milwaukee.gov/MHRedesign.htm

Mental Health Board Created
The Milwaukee County Mental Health Board (MHB) was established in 2014. The board was created under Wisconsin Act 203. The board is made up of 13 members and includes mental health professionals, consumers and advocates. The MHB is responsible for setting policy for the Behavioral Health Division.

Hilltop Closure
BHD worked closely with the Disabilities Services Division (DSD) to meet the goal of transitioning patients with co-occurring mental illness and intellectual disabilities out of one of the long-term care units and into community placements. The relocations provided 65 individuals with the opportunity to live more independently with the supports they need to have more person-centered and recovery oriented options. Significant progress was also made in transitioning residents out of Rehab Central. That unit is scheduled to be closed by the end of 2015.
Crisis Mobile Team Expansion
In December of 2014 an expansion of the Crisis Mobile Team occurred through the efforts of La Causa, Inc. and BHD. This expansion occurred to create on-call crisis mobile capabilities during third shift (midnight to 7:00am), enabling Milwaukee County to respond to the community emergency departments and in conjunction with law enforcement officers.

New Crisis Resource Center Opened
The TLS Behavioral Health Crisis Resource Center North opened in August of 2014. The center provides a safe, welcoming place for adults experiencing a psychiatric crisis to receive intervention services. Crisis Resource Centers are community based alternatives to emergency room and inpatient admissions.

Access to Recovery Grant
The Behavioral Health Division’s Community Access to Recovery Services (CARS) Division developed a long-term funding strategy to ensure the continuation WISer Choice voucher network. In the past, Milwaukee County received a federal discretionary grant that served as the financial structural support for treatment and recovery support services for individuals with substance use disorder. The grant funding was scheduled to end in September of 2014.

Comprehensive Community Services & Community Recovery Services
Milwaukee County expanded its psychosocial rehabilitation benefits for the first time in 28 years with the introduction of Comprehensive Community Services (CCS) and Community Recovery Services (CRS), strengthening the continuum of care for individuals with mental health or substance use disorders.

CCS provides a flexible array of individualized community-based psychosocial rehabilitation services to individuals with either a mental health or substance use disorder. The purpose of the CCS benefit is:

- To provide for a maximum reduction of the effects of the individual’s mental health and/or substance use disorder;
- To restore consumers to the best possible level of functioning; and
- To facilitate the individual’s recovery.

In 2014, 75 referrals into CCS were received for enrollment into this new benefit.
Assertive Community Treatment & Integrated Dual Disorder Treatment
CARS took major strides in 2014 to restructure and enhance four Community Support Programs (CSP) to provide the evidence-based practices of Integrated Dual Disorder Treatment (IDDT) and Assertive Community Treatment (ACT). The CSPs at Project Access, Inc., Wisconsin Community Services, TLS Behavioral Health, and Milwaukee Mental Health Associates are all demonstrating fidelity to both models. ACT is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness. Integrated Dual Disorder Treatment combines substance abuse services with mental health services to improve the quality of life for people with co-occurring disorders. ACT/IDDT helps people address both disorders at the same time in the same service organization by the same team of treatment providers.

Behavioral Health Prevention Coordinator & Heroin Summit
Milwaukee County broke new ground in 2014 with the development and hiring of a Behavioral Health Prevention Coordinator position. Milwaukee is the only county in Wisconsin with this type of full-time role. The coordinator began having an impact right away by working with city of Milwaukee officials to organize a five-county summit to unite efforts combating the ongoing heroin epidemic. More than 300 stakeholders attended the summit that was held in June of 2014.

Individual Placement and Support
CARS seeks to maximize employment opportunities for our consumers. Equipped with an understanding that employment can be a vital therapeutic tool for people in recovery, CARS began implementation of Individual Placement and Support (IPS) in 2014 in partnership with Milwaukee Mental Health Associates. IPS is an evidence-based approach developed by Dartmouth University to promote the recovery of people with serious mental illness through competitive jobs based on individual employment preferences. IPS services have been shown to be three times more effective than other types of vocational services at achieving competitive employment for people with mental illness.

Peer-Run Recovery Center
CARS partnered with La Causa to establish a peer-run recovery center in southern Milwaukee County in 2014. The center is open on evenings and weekends and provides a low-pressure environment for education, recreation, socialization, pre-vocational activities, and occupational therapy opportunities for individuals experiencing severe and persistent mental illness or co-occurring disorders. A key element of the peer-run concept is engagement of members in the center’s planning, direction, and evaluation.
Mental Health Court Pilot
The Mental Health Court is the newest court pilot in Milwaukee, having begun in early 2014 and currently engaging five participants. A mental health court is a problem-solving court that combines judicial supervision with community mental health treatment and other support services in order to reduce criminal activity and improve the quality of life for its participants. The court works with providers including Wisconsin Community Services, Bell Therapy, and Alternatives in Psychological Consultation.

Music Therapy Program Celebrates 60 Years
BHD’s music therapy program is celebrated six decades of service in 2014. The program was approved by the National Music Therapy Association (now the American Music Therapy Association or AMTA) in 1954, making it the second music therapy internship site established in the United States.

Wraparound
In 2014 the Wraparound Milwaukee system of care and special managed care entity continued to effectively provide behavioral health services to 1,654 children with serious emotional/mental health needs and their families.

2014 saw the development and certification of 10 young adult peer specialists, further programming and services for their population at our community resource center, Owen’s Place, and collaboration with Justice Point to begin to assess and serve young adults coming out of jail with mental health needs.

In 2014, the County Executive and Milwaukee Mayor announced a collaboration with Journey House and Wraparound Milwaukee to initiate development of a transitional apartment project on the south side of Milwaukee and funded, in part, through a $200,000 County Housing grant.

Wraparound Milwaukee continued to be highlighted by the Center for Medicaid Services (CMS) and Substance Abuse and Mental Health Services Administration (SAMHSA) as a national model in children’s mental health. Site visitors to the program included delegations from Illinois, Colorado, Minnesota, Oklahoma, and even Australia.
The Delinquency and Court Services Division (DCSD) consists of four major functional areas and services:

1. **Administration/Support**
   Administration and support functions provide policy direction, programmatic and fiscal management, staff supervision, research and analysis of data, budget development, procurement services, development of cooperative alliances with outside agencies and adherence to state and federal laws. Included is development and implementation of non-judicial operational procedures of intake, detention, probation supervision and direct community-based services.

2. **Detention Facility**
   The Detention Center provides secure custodial care of detained youth. In addition to providing a safe and secure environment, the center provides initial intake screening, education, sanctions, short-term mental health services, dental care, basic health screens and medical follow-up, an after school educational program, the Milwaukee County Accountability Program (MCAP) and other short-term services as necessary.

3. **Intake & Probation Services**
   The Division provides statutorily required screening, assessment, and supervision of youth referred for delinquency and juveniles in need of protection and service matters. While not inclusive, these functions coordinate the provision of direct services, monitor and respond to court compliance, and provide other services for the court incorporating research-based and data-driven strategies to guide our work and services.

4. **Purchase Services/Partnerships**
   The Division oversees and contracts for a variety of direct and support services purchased through various contracts and a network of service providers. Target areas include prevention, diversion, supervision support services, alternative education settings, out-of-home placements, targeted supervision (intensive), and reentry support.
DCSD by the Numbers

Juvenile Justice Referrals (2010-2014)

- 2010: 2472
- 2011: 2514
- 2012: 2486
- 2013: 2175
- 2014: 1976

20.1% Decrease

Total Admissions to Detention (2010-2014)

- 2010: 2753
- 2011: 2773
- 2012: 2855
- 2013: 2502
- 2014: 2138

22.3% Decrease
Community-Based Alternative Programming
In 2014 DCSD expanded new community alternatives to safely reduce the incarcerated population and out of home placements. This effort is related to Milwaukee County’s participation as a demonstration site in the Annie E. Casey Foundation’s Juvenile Detention Alternatives Initiative (JDAI). In addition, DCSD invested in increased support for the availability of pre-dispositional monitoring programs for youth pending court and GPS monitoring technology. DCSD funded an expanded Alternative Sanction Program to serve as an alternative to detention for youth who violate the conditions of their probation.

Inspection
The Delinquency & Court Services Division continued its track record of success by passing the 2014 Annual Inspection. Inspections are performed by the State of Wisconsin Department of Corrections. The inspections evaluate facilities on records & reporting, health screening & care, nutrition, security & fire safety, recreation, exercise, hygiene, clothing, visitation, programming, and other areas. In addition to passing there were no violations cited.
The mission of the Disabilities Services Division (DSD) is to enhance the quality of life for individuals ages birth - 60 with physical, sensory and developmental disabilities and their support networks living in Milwaukee County by addressing their needs and providing individualized opportunities for persons to participate in the community with dignity and respect, while acknowledging their cultural differences and values.

**2014 DISABILITIES SERVICES DIVISION BUDGET**

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**2014 Highlights**

**Crisis Response Team & New Crisis Resource Center**
A new Crisis Response Team for individuals with co-occurring Intellectual/Developmental Disabilities (ID/DD) clients began working in 2014. The team is part of a Disabilities Services Division initiative that also includes opening a new Crisis Resource Center for individuals with ID/DD in 2015. The program’s primary goal is to provide intensive support to assist individuals in acquiring the necessary skills to maintain or return to community living following behavioral or symptom changes leading to crisis destabilization. The CRC will help individuals relocating from BHD long-term care units succeed in the community and reduce reliance on the Psychiatric Crisis Services Emergency room.

**Service Gap Analysis**
DSD collaborated with the Public Policy Forum and the Human Services Research Institute to produce a report that assessed the system of services for adults with intellectual and developmental disabilities and identifies gaps in the system. The goal of the project is to improve the system of supports offered through DSD. Phase 2 of this project includes creating a 5-year plan for the system of services.

**Caregiver Appreciation**
The Disabilities Services Division partnered with the Milwaukee Area Developmental Disabilities Service Association (MADDSA) to help put on the 9th annual Caregiver Appreciation Event. The 2014 theme was “Celebrating our MVPs.” The day-long event honored those who go above and beyond to
provide critical services like respite, in-home care, and personal services. Speakers for the event were former Green Bay Packer LeRoy Butler and wheelchair marathoner and motivational speaker Bob Bardwell. The event also included an awards presentation for the 2014 Caregivers of the Year.

Maximizing Revenue
DSD was able to creatively leverage several sources of revenue in 2014. These sources included:

- Adult Protective Services/Family Support Program (T-19) - $99,057
- Birth to Three (T-19) - $808,953
- Money Follows The Person - $210,000
- Disability Resource Center - Medicaid Adm. Revenue - $136,306
- Crisis Respite Home (DHS 34) - $102,033
- Crisis Respite Home - Managed Care Organizations - $242,429
- Children's Long Term Support Capacity Grant - $264,428

$1,863,000
Approx. Total
The Children's Long Term Support Waiver is a Medicaid home and community based waiver program that provides services for children with severe disabilities and children diagnosed with autism.

The Milwaukee County Birth to 3 Program is an early intervention program for children with developmental delays and disabilities ages birth to 3 and their families.

The Family Support Service is a funding source to purchase services and/or equipment for severely disabled children residing with their biological parent, adoptive parent or legal guardian.

Community Living Support Services provides vital daily living skills training and community assistance to individuals with disabilities to help them maintain maximum independence.

Work, Day & Employment Services provides employment opportunities for individuals with disabilities.

The Disability Resource Center of Milwaukee County is the primary access point for providing information, referrals, disability benefits specialist services, and access to long term support services for adults age 18-59.

The Interim Disability Assistance Program (IDAP) provides payments to eligible adults who are unable to work due to a disability and have a high probability of receiving federal Supplemental Security Income (SSI).

The Burial Assistance program provides financial resources to indigent Milwaukee County residents.
The Housing Division strives to provide Milwaukee County residents with decent and safe affordable housing, and a connection to opportunities to improve their quality of life.

### 2014 Housing Division Budget

- **Expenditures**: $23,175,726
- **Revenues**: $18,962,585
- **Tax Levy**: $4,213,141

### 2014 Highlights

**Additional Case Managers for Veterans**
One of the requirements for the federally-subsidized Shelter Plus Care program is that individuals who are enrolled must have permanent case management. This is a major barrier for many homeless and disabled veterans in Milwaukee County. To address the issue, the Housing Division funded two contracted case managers to provide services to approximately 50 veterans who are disabled and homeless.

**Intervention Specialist Added to Staff**
As part of the County’s goal of reforming and redesigning the mental health system the Housing Division added an Intervention Specialist to its staff in 2014. The intervention specialist helps identify housing resources for individuals being discharged from hospitals, shelters and correctional institutions. More than 150 individuals were placed in 2014 and a second community intervention specialist position was included in the 2015 budget.

**Harm Reduction Housing**
The Housing Division partnered with the Behavioral Health Division to develop a program to offer a new housing pilot program specifically aimed at clients being treated for Alcohol and other Drug Abuse (AODA) issues. This program will provide a safe living environment coupled with Targeted Case Management for individuals who are in the early stages of recovery from a substance use disorder.
Keys to Independence
The Housing Division started the Keys to Independence program in 2014. This initiative is Milwaukee County’s first scattered site supportive housing program that is 100% locally funded. There are 40 apartments throughout Milwaukee County currently being used.

Housing for Individuals Aging Out of Foster Care
Housing partnered with BHD’s Wraparound Program to start the County’s first supportive housing project for individuals aging out of foster care. This program is expected to result in a reduction in hospitalization days, incarceration days, and a decrease in the use of crisis services.

Foreclosure Program
In 2014 Milwaukee County’s first foreclosure initiative granting zero-percent interest loans for buyers was started. More than $700,000 has been fully committed towards the sale of foreclosures for homeownership and supportive housing.

HUD Awards
The Housing Division received HUD’s 2014 awards for Furthering Fair Housing and Standout Performance in the HOME program.

519 Supportive Units were placed into service as of 2014
1,760 Families received Rent Assistance in 2014
The Milwaukee County Emergency Medical Services (MC EMS) system is a county-wide system covering 241 square miles and serving approximately 956,023 people. The EMS system includes 19 municipalities that each provide their own Basic Life Support (BLS) services, while paramedic services are provided by 16 dedicated Advanced Life Support (ALS) and 23 ALS/BLS fire service ambulances and multiple paramedic first-response units.

### 2014 Highlights

**International EMS Education Leadership**

Early in 2014, MC EMS met with a delegation from the Shanghai Institutes of Health Sciences (SIHS) to share the Milwaukee County model of delivering EMS. Following this meeting, SIHS decided to send faculty staff to Milwaukee for a 10 week program to learn from MC EMS educators and use that information and training to further develop their own EMS system. MC EMS leadership and emergency medicine physicians were also invited to Shanghai, China to work with staff at SIHS on finding ways to improve their services.
In addition to hosting doctors from China, EMS also played host to a group of medical experts from Singapore. The Singapore group chose Milwaukee County as one of only a few U.S. sites they visited to learn ways to advance their own EMS system.

**Paramedics Awarded**
The Milwaukee County EMS system is one of just 10 research sites in North America that is part of the Resuscitation Outcome Consortium (ROC). In 2014 ROC presented four Milwaukee County EMT/paramedics with Service Excellence Awards. The paramedics were recognized for their work to assure that resuscitation techniques and medications research are conducted according to approved protocols.

Linda Mattrisch  
Milwaukee

Jeremy Blair  
Wauwatosa

Kurt Zellmann  
West Allis

Brian Biganski  
South Milwaukee
Cardiac Arrest Survival Rates
Milwaukee County EMS cardiac survival rate has consistently surpassed the national average.

Quality Assurance
The responsibilities of the Quality Management section outgrew the staffing resources and EMS added a new Quality Assurance Specialist in 2014. The new hire is a paramedic with extensive experience in the Milwaukee County EMS System. Along with other routine duties, his responsibility is to track and follow up on all heart attack (STEMI), stroke, and cardiac arrest patients who received CPR by EMS providers. MC EMS is participating in CPR research which has resulted in better tracking mechanisms leading to improved quality of CPR for patients in cardiac arrest.

The Quality Management section represents the EMS System on hospital Chest Pain and Stroke Committees for all the health care systems. Collaborative quality improvement initiatives have improved treatment times in the hospital as well as in the field. Working with the receiving hospitals, the system has improved notification systems, shortening 9-1-1 call to treatment times.
The additional staff enables the QA Specialists more time in the field to support the providers with better communication of system changes, equipment checks for preventive maintenance, case reviews, and positive feedback on patients with good outcomes.

### Quality Assurance 2014 Reviews

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<tr>
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<th>Heart attack (STEMI) cases reviewed:</th>
<th>CPR cases reviewed:</th>
<th>Incidents investigated and resolved:</th>
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<td></td>
<td>345</td>
<td>212</td>
<td>906</td>
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### EMS Education

In 2014 two paramedic classes totaling 34 students graduated from the Milwaukee County EMS Education Center. The Education Center also taught the following number of students in EMS classes:

- **34 Pediatric Life Support (PALS)**
- **324 Adult Advanced Cardiac Life Support (ACLS)**
- **1209 Heartsaver CPR/AED**

### Mobile Simulation Vehicle

The EMS division was able to obtain a retired ambulance from a local fire department and re-purpose it as a simulation vehicle. An initiative was started to convert the old ambulance into a mobile simulation vehicle equipped with Wi-Fi abilities which can be used with simulation manikins and other electronic devices to aid in real-time education. This vehicle can be taken to local fire stations to help educate EMS providers while they are on duty. This creates efficiencies in both use of work time and overtime costs for training.

### Video Conferencing

Milwaukee County EMS joined 12 local municipal fire departments in creating a video conferencing system capable of connecting all the fire stations to receive EMS continuing education and just-in-time training in the case of medical outbreaks or local disasters. The video conferencing system was partially funded through an “assist the firefighter” federal grant. The EMS Education Center shifted their delivery model from an internet based platform to the more reliable connection via fiber lines. MC EMS has video end points at EMS offices to deliver education and at the EMS medical command center to be used for medical communications to fire stations.

### Communication Center Remodeled

A major remodel and redesign of the EMS Communication Center was completed in 2014. The remodel was necessary to properly set up and store electronics used in daily mission critical operations.
The Director’s Office and Management Services Division provide administrative guidance, accounting support, and contract oversight to all DHHS program areas. Contract Administration also administers funding for IMPACT 2-1-1.

### 2014 DIRECTOR’S OFFICE & CONTRACT MANAGEMENT BUDGET

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### 2014 Highlights

**Strategic Planning**
Over the course of 2014 DHHS leadership and staff worked together to create an updated strategic plan for the department. The new plan provides strategic direction across operation and business plan implementation for the entire department. It includes goals and related strategies that were developed with input from dozens of employees from all of the divisions. Implementing strategies included in the plan will help DHHS be better positioned to accomplish increasing positive outcomes, client satisfaction, and financial sustainability of service delivery systems.

**IMPACT 2-1-1**
IMPACT 2-1-1 is a comprehensive information and referral hotline that provides a centralized access point for people in need during times of personal crisis or community disaster. This service is available 24 hours / day. In 2014 IMPACT 2-1-1 served 254,096 customers which included more than 150,000 phone calls and nearly 100,000 online contacts.
Wisconsin Home Energy Assistance Program (WHEAP)
DHHS is responsible for providing eligible households living within the jurisdiction with available WHEAP benefits and services.

Disadvantaged Business Enterprise Contracts
Disadvantaged Business Enterprises (DBEs) are for-profit small businesses where socially and economically disadvantaged individuals own at least 51% interest and also control management and daily business operations. DHHS has a goal of 17% DBE participation in professional service and purchase contracts. In 2014 the department had 31% participation. That number is projected to increase to 37.7% in 2015.
Milwaukee County
Department of Health & Human Services

“I noticed Mr. Vega helping a student off to the side with some very complex algebra... I was so very impressed to see how completely Mr. Vega answered the question and even engaged in some humor.”
- Wauwatosa School District Faculty observing staff and students in the Milwaukee County Accountability Program (MCAP)

“I just wanted to say, even amidst the angry clients, the bad press publicity, the occasional shortage of supplies, I have found that the staff at the Milwaukee Health Complex work incredibly hard, and have changed my life.... I just want to personally thank Todd, Michelle, Elnovis, Edita for their outstanding care at the Milwaukee Mental Health complex.”
- Behavioral Health Division patient

“Do the Right Thing.”

“I never felt judged by the program and I was always treated with respect and dignity.”
- Community Linkages and Stabilization Program (CLASP) participant

“We are now able to get respite care for my son whenever me and my husband need a break, or our schedules cross we have someone to come in for a few hours to care for him. I just want to say thanks again to the program.”
- Parent of a child enrolled in the Children’s Long Term Support (CLTS) Waiver Program

“I felt respected.”
-Crisis Resource Center client

“I got the help I needed.”
-Crisis Resource Center client

“I felt like I was the only person there and that she really cared about me.”
-Energy Assistance applicant

“Everyone here is so nice, caring and willing to help - Thank you!”
- Access Clinic consumer