

**Chairperson:** Duncan Shrout  
**Vice-Chairman:** Thomas Lutzow  
**Secretary:** Dr. Robert Chayer  
**Senior Executive Assistant:** Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD**

Thursday, June 23, 2016 - 8:00 A.M.  
**Zoofari Conference Center**  
**9715 West Bluemound Road**

**MINUTES**

**PRESENT:** Robert Chayer, Michael Davis, Thomas Lutzow, Mary Neubauer, Maria Perez, Duncan Shrout, \*Michael Thorson, and Brenda Wesley  
**EXCUSED:** Ronald Diamond, Jon Lehrmann, and Jeffrey Miller

\*Board Member Thorson was not present at the time the roll was called but joined the meeting shortly thereafter.

**SCHEDULED ITEMS:**

1.	<p><b>Welcome.</b></p> <p>Chairman Shrout opened the meeting by greeting Board Members and the audience. Audience members were asked to introduce themselves. Proper meeting protocol/process was addressed.</p>
2.	<p><b>Approval of the Minutes from the April 28, 2016, Milwaukee County Mental Health Board Meeting.</b></p> <p><b>MOTION BY:</b> (Thorson) Approve the Minutes from the April 28, 2016, Milwaukee County Mental Health Board Meeting. 8-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Perez)</p> <p><b>AYES:</b> Chayer, Davis, Lutzow, Neubauer, Perez, Shrout, Thorson, and Wesley - 8</p> <p><b>NOES:</b> 0</p>
3.	<p><b>Board Positions Update. (Informational)</b></p> <p>Jon Janowski, Director of Legislative Affairs, Office of the County Executive</p> <p>Mr. Janowski addressed Board vacancies indicating four names have been submitted by the County Board and are currently being vetted and interviewed for the Community Health Care Provider representative seat. Communications have begun with community-based organizations (CBO) as it relates to the Legal representative seat, which is a</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>submission that comes from the County Executive's Office. Consulting with CBOs is a statutory requirement. Names have been submitted from all the organizations except for one. The final name submission is expected soon, and a decision should be made sometime in July.</p> <p>Chairman Shroul recommended the Mental Health Board interview its own nominees and create its own nomination process. This recommendation would not change the current nomination process. Both the County Executive's Office and the County Board of Supervisors would still make nominations.</p>
4.	<p><b>The Milwaukee County Mental Health Board's Amended Bylaws. (Informational)</b></p> <p>Christine Hansen, Assistant Corporation Counsel</p> <p>Ms. Hansen explained the Bylaws were updated to reflect votes taken at previous meetings in 2014 to amend the Bylaws. These votes took place in July and October of 2014. The amendments have been in place since 2014, however, the Bylaws document had not been updated. The finalized version of the updated Bylaws will be posted on the Mental Health Board (MHB) webpage.</p> <p>Chairman Shroul indicated the Bylaws will come back before the Board at its August meeting where both the MHB Quality and Employee Engagement Committees will be addressed.</p>
5.	<p><b>Confirmation of Michael Lappen's Appointment as the Behavioral Health Division Administrator.</b></p> <p>Hector Colon, Director, Department of Health and Human Services</p> <p>Mr. Colon introduced Mike Lappen to the Board for their consideration and confirmation. Mr. Colon briefly described Mr. Lappen's background and experience and recommended approval of his appointment as the Behavioral Health Division Administrator.</p> <p>Questions and comments ensued.</p> <p>Mr. Lappen provided brief comments.</p> <p><b>MOTION BY:</b> (Lutzow) Approve the Appointment of Michael Lappen as the Behavioral Health Division Administrator. 8-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Wesley)</p> <p><b>AYES:</b> Chayer, Davis, Lutzow, Neubauer, Perez, Shroul, Thorson, and Wesley - 8</p> <p><b>NOES:</b> 0</p>

**SCHEDULED ITEMS (CONTINUED):**

6.	<p><b>Administrative Update. (Informational)</b></p> <p>Alicia Modjeska, Chief of Operations, Behavioral Health Division (BHD)</p> <p>Ms. Modjeska highlighted key activities and issues related to BHD operations. She addressed the privatization of acute services, North Side and South Side community-based operations, the new BHD organizational structure, service model redesign, an enhanced workforce internal communication process, employee recruitment and retention, an enhanced contracting strategy, the creation of a robust intensive outpatient program, timely client access and admission, enhancement and improvement of the information technology infrastructure, the development of methodology to continually evaluate costs and revenue, a services gap analysis and strategic planning, and the State Department of Health Services' triannual survey.</p> <p>Questions and comments ensued.</p>
7.	<p><b>Local Public/Private Partnership and National Entity Partnership Joint Task Force Update. (Informational)</b></p> <p>Alicia Modjeska, Chief of Operations, Behavioral Health Division (BHD)</p> <p>Chairman ShROUT indicated the Joint Task Force's last meeting was June 6, 2016, and is now being held monthly. Originally, there were three national organizations that expressed interest. The organizations were Universal Health Services, Correct Care Recovery Solutions, and Liberty Healthcare Corporation. Liberty Healthcare Corporation later informed the Joint Task Force they were no longer interested and withdrew themselves from the process. The two remaining organizations are being vetted extensively by staff and outside counsel. There have been conversations with the Milwaukee Healthcare Partnership, who advised the Joint Task Force they have no desire or intent to participate in the initiative as a partner but are very interested in the outcome and provided recommendations.</p> <p>Participation by the State was garnered, and they graciously assigned Dr. Rose Kleman, Deputy Administrator of the Department of Health Services Mental Health and Substance Abuse Services Division. Dr. Kleman will join the Joint Task Force as an ad hoc member.</p> <p>Ms. Modjeska addressed the due diligence process, which is extremely detailed.</p> <p>Questions and comments ensued.</p>

**SCHEDULED ITEMS (CONTINUED):**

8.	<p><b>Mental Health Board Finance Committee Update, Employee Agreements, and Contract Approval Recommendations.</b></p> <p>Randy Oleszak, Chief Financial Officer, Behavioral Health Division (BHD) Alicia Modjeska, Chief of Operations, BHD</p> <p>Vice-Chairman Lutzow stated at the Finance Committee meeting held on June 16, 2016, staff recommended modifications to the Budget based on community input.</p> <p>Mr. Oleszak explained the four Budget recommendations suggested for approval by the Finance Committee. The recommendations include the addition of a research analyst to support the Mental Health Board, funding for one additional Crisis Assessment and Response Team (CART) to serve the West Allis community, increasing funds for Warmline to provide peer support contingent upon performance measures, and for an Alcohol and Other Drug Abuse residential provider increase, which will occur through contract redesign.</p> <p>Vice-Chairman Lutzow informed the Board the Finance Committee unanimously recommends approval of the 2017 Budget inclusive of the recommendations.</p> <p>Ms. Modjeska reviewed contracts addressed and recommended for approval at the June 23, 2016, Finance Committee meeting. The contracts include Langer Roofing &amp; Sheet Metal, Inc., for Behavioral Health Division roofing needs, and Patina Solutions Group, Inc., for consultation services on various projects.</p> <p>Ms. Modjeska continued by stating the corresponding employment agreements are for medical staff stipulating total compensation.</p> <p><b>MOTION BY:</b> (Lutzow) Approve All Contracts and Employment Agreements as Delineated in the Corresponding Reports. 5-0-2</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Chayer)</p> <p><b>AYES:</b> Chayer, Davis, Lutzow, Shrout, and Thorson - 5</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Perez - 1</p> <p><b>ABSTENTIONS:</b> Neubauer and Wesley - 2</p>
9.	<p><b>Legal Opinion.</b></p> <p>Christine Hansen, Assistant, Corporation Counsel</p> <p>Chairman Shrout stated this agenda item comes before the Board at the request of Board Member Neubauer for a review of the Board's decision to reconsider a vote taken August 2015 regarding the Board's participation in specific Behavioral Health Division employee matters. Chairman Shrout referenced the "conclusion" paragraph reflected on the corresponding Legal Opinion.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>Concerns were raised related to what, if any, motions to reconsider were raised at the August 27, 2015, Board meeting, the validity of citing State Representative Sanfelippo's letter as a resource for determination, and statements made related to the comparison of Civil Service review as opposed to review by the Personnel Review Board.</p> <p>Ms. Hansen stated the issue of reconsideration has been clarified through the opinion as a renewal and therefore, proper according to Robert's Rules of Order. She indicated additional concerns raised will be forwarded to Ms. Foley for further clarification.</p> <p>Chairman ShROUT announced this item will come back before the Board for further clarification.</p>
10.	<p><b>Milwaukee County Behavioral Health Division 2017 Budget.</b></p> <p>Hector Colon, Director, Department of Health and Human Services Randy Oleszak, Chief Financial Officer, Behavioral Health Division (BHD)</p> <p>Mr. Colon stated the approach to develop the 2017 Budget was continued movement towards a community-based system of care that is person centered, recovery oriented, trauma informed, culturally intelligent, and less reliant on acute care. It is in line with the many recommendations put forth by the Human Services Research Institute, the Public Policy Forum, and others. It also contains items received from consumers, Community-Based Organizations, advocacy groups, the Mental Health Task Force, as well as the Mental Health Board. In addition to budgetary initiatives, Administration is adding rigor, structure, and accountability to BHD operations leading to better integration and coordination of services and systems, breaking down silos, and ultimately moving forward with the most efficient and effective service delivery approach. These changes will improve client satisfaction, outcomes, and population health. Major redesign is occurring in the areas of Quality Assurance, contracts, the intake process, and case management.</p> <p>Overall, the Budget increases by \$20.5 million. This includes a \$10.6 million increase in Wraparound services, \$5 million increase in Comprehensive Community Services, \$3.4 million increase in patient revenue, and \$11.9 million increase from reclassifying Wraparound revenue to appropriately reflect cost allocations. This Budget assumes inpatient, Child and Adolescent Inpatient Services, the observation unit, and emergency room services will continue in this current facility, along with the current staff. The Budget includes \$1.5 million for recruitment and retention for psychiatrists, \$2.7 million designated to the Electronic Medical Records system, \$3.4 million for reimbursement of inpatient claims, and \$700,000 for security and building maintenance.</p> <p>Other Budget highlights include community-based services, chronic homelessness, Targeted Case Management capacity expansion, Crisis Resource Center expansion, residential services, opiate abuse, and the Wraparound wellness clinic.</p> <p>Amendments, recommended through public and Board input, incorporated into the Budget include using a dedicated Department of Health and Human Services analyst from the</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>Department of Administrative Services to support requests coming from the Board, with no additional cost to the Behavioral Health Division; adding one additional Crisis Assessment and Response Team (CART) dedicated to West Allis to help address capacity issues; expanding Warmline, contingent upon reporting/utilization data; and using the contract redesign process currently underway to identify providers who need increases in funding.</p> <p>Questions and comments ensued.</p> <p><b>MOTION BY:</b> (Lutzow) <i>Approve the Community Advocates Items Contained within the Behavioral Health Division's 2017 Budget. 6-0-1</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Wesley)</p> <p><b>AYES:</b> Chayer, Davis, Lutzow, Shrout, Thorson, and Wesley – 6</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Perez - 1</p> <p><b>ABSTENTIONS:</b> Neubauer – 1</p> <p><b>MOTION BY:</b> (Lutzow) <i>Approve the Balance of the Behavioral Health Division's 2017 Budget AS AMENDED. 7-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Neubauer)</p> <p><b>AYES:</b> Chayer, Davis, Luzow, Neubauer, Shrout, Thorson, and Wesley – 7</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Perez - 1</p> <p><b>ABSTENTIONS:</b> 0</p> <p>The Board took a break after Item 10 at 9:52 a.m. and reconvened at approximately 10:02 a.m. The roll was taken, and all Board Members were present, with the exception of Maria Perez, who was excused.</p>
11.	<p><b>Mental Health Board Quality Committee Update and Environment of Care 2015 Annual Report and 2016 Goals Recommendation.</b></p> <p>Lynn Gram, Safety Officer, Behavioral Health Division</p> <p>Board Member Chayer, Chairman of the Quality Committee, discussed the compensation claims and liabilities analysis done by Risk Management, dashboard, Wraparound Milwaukee's annual report, and how sentinel events are handled by the Behavioral Health Division.</p> <p>Ms. Gram explained written plans for managing environmental risk, which include safety, security, clinical and non-clinical equipment, handling of hazardous materials, fire prevention, and utility systems, together make up the Behavioral Health Division Environment of Care Program. In 2015, major improvements were made in the area of building security and installing an emergency back-up generator.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p><b>MOTION BY:</b> (Chayer) Approve the Environment of Care 2015 Annual Report and 2016 Goals and Plans Recommendation. 8-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Neubauer)</p> <p><b>AYES:</b> Chayer, Davis, Lutzow, Neubauer, Perez, Shrout, Thorson, and Wesley - 8</p> <p><b>NOES:</b> 0</p>
12.	<p><b>Milwaukee County Board of Supervisors' Requested Behavioral Health Division Patient and Staff Safety Audit.</b></p> <p>Dr. John Schneider, Chief Medical Officer, Behavioral Health Division</p> <p>Dr. Schneider stated Behavioral Health Division Administration met with Corporation Counsel and Milwaukee County's Audit Division to engage an external consultant. Third-party healthcare consultants are currently being interviewed. A specific scope of service document has been drafted for the analysis.</p>
13.	<p><b>State Department of Health Services Forensic and Civil Bed Capacity.</b></p> <p>Dr. John Schneider, Chief Medical Officer, Behavioral Health Division</p> <p>Up until about two years ago, the State had two facilities that catered to mental health and basically provided the same services. Those institutions are Winnebago and Mendota. Now, due to increased volume, there has been a struggle with the timeliness of handling requests, so a reorganization was done. Mendota Mental Health Institution is currently set up as a forensic holding facility. They have a small geriatric unit of about fifteen beds. There was an attempt to move this unit to the Winnebago campus but could not find adequate geriatric services to support the program. The other 260 beds are all forensic beds.</p> <p>Winnebago has become the primary Chapter 51 Civil Commitment site for the entire state. They have ninety forensic beds, sixty adult beds, and approximately thirty-five child and adolescent beds. Winnebago is supposed to have approximately 185 beds. Because of the increased capacity for civil commitments statewide, their capacity is now approximately 220 beds.</p> <p>Questions and comments ensued.</p>
14.	<p><b>Pharmacy Systems, Inc., Annual Summary.</b></p> <p>Dr. John Schneider, Chief Medical Officer, Behavioral Health Division</p> <p>Pharmacy Systems' mission is to provide high quality, cost-effective pharmacy management services that exceeds the clients' expectations. Dr. Schneider stated the pharmacy model switched last year along with the vendor. Accomplishments associated with the change include full computerized physician order entry and closed loop</p>

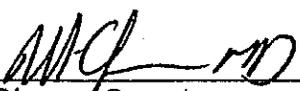
**SCHEDULED ITEMS (CONTINUED):**

	<p>technology implementation, automated dispensing cabinets implementation, a successful Wisconsin Board of Pharmacy inspection, and identifying the pharmacist as a member of the patient treatment team. Challenges include medication shortages, technology implementation, and medication bar code scanning.</p> <p>Dr. Schneider reviewed the goals and results' key drivers and the huge improvement in the decrease of drug expenses/finances.</p>
<p><b><i>Pursuant to Wisconsin Statutes Section 19.85(1)(c) for the purpose of considering employment or performance evaluation data for public employees over which the Board has jurisdiction and exercises responsibility. Some or all of the information discussed may also be subject to confidentiality under Section 146.38, Stats. as they relate to the following matter(s):</i></b></p>	
15.	<p><b>Medical Executive Report and Credentialing and Privileging Recommendations.</b></p> <p>Dr. Clarence Chou, President, Medical Staff Organization, Behavioral Health Division</p> <p><b>MOTION BY:</b> (Lutzow) <i>Adjourn into Closed Session under the provisions of Wisconsin Statutes Section 19.85(1)(c) for the purpose of considering employment or performance evaluation data for public employees over which the Board has jurisdiction and exercises responsibility. Some or all of the information discussed may also be subject to confidentiality under Section 146.38, Stats. as it relates to Item #15. At the conclusion of the Closed Session, the Board may reconvene in Open Session to take whatever action(s) it may deem necessary on the aforesaid item. 7-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Chayer)</p> <p><b>AYES:</b> Chayer, Davis, Lutzow, Neubauer, Shrout, Thorson, and Wesley - 7</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Perez - 1</p> <p>The Committee convened into Closed Session at 10:04 a.m. and reconvened back into Open Session at approximately 10:10 a.m. The roll was taken, and all Board Members were present, with the exception of Maria Perez, who was excused.</p> <p><b>MOTION BY:</b> (Neubauer) <i>Approve the Medical Staff Credentialing Report and Medical Executive Committee Recommendations. 7-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Chayer)</p> <p><b>AYES:</b> Chayer, Davis, Lutzow, Neubauer, Shrout, Thorson, and Wesley - 7</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Perez - 1</p>

**SCHEDULED ITEMS (CONTINUED):**

16.	Adjournment.  <b>MOTION BY:</b> (Perez) Adjourn. 8-0 <b>MOTION 2<sup>ND</sup> BY:</b> (Thorson) <b>AYES:</b> Chayer, Davis, Lutzow, Neubauer, Perez, Shrout, Thorson, and Wesley - 8 <b>NOES:</b> 0 <b>ABSTENTIONS:</b> 0 <b>EXCUSED:</b> 0
<p>This meeting was recorded. The aforementioned agenda items were not necessarily considered in agenda order. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 8:00 a.m. to 10:42 a.m.</p> <p>Adjourned,</p> <p><b>Jodi Mapp</b> Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p><b>The next meeting for the Milwaukee County Mental Health Board will be on Thursday, August 25, 2016, @ 8:00 a.m. at the Washington Park Senior Center 4420 West Vliet Street</b></p>	

The June 23, 2016, meeting minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled meeting of the Milwaukee County Mental Health Board.

  
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Dr. Robert Chayer, Secretary  
Milwaukee County Mental Health Board

COLLEEN FOLEY  
Interim Corporation Counsel

PAUL D. KUGLITSCH  
Deputy Corporation Counsel

TIMOTHY R. KARASKIEWICZ  
MOLLY J. ZILLIG  
ALAN M. POLAN  
JENNIFER K. RHODES  
DEWEY B. MARTIN  
JAMES M. CARROLL  
KATHRYN M. WEST  
JULIE P. WILSON  
CHRISTINE L. HANSEN  
CARRIE THEIS  
Assistant Corporation Counsel



## OFFICE OF CORPORATION COUNSEL

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To: Chairman Duncan Shrout  
Milwaukee County Mental Health Board

From: Colleen Foley   
Interim Corporation Counsel

Cc: Milwaukee County Mental Health Board

Re: Voting Protocol

Date: July 25, 2016

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You asked for additional analysis regarding proper voting protocol for issues before the Milwaukee County Mental Health Board (MHB) in April and August of 2015.<sup>1</sup> The motions and votes were whether the MHB should elect not to review salary and personnel matters. The query now is whether the use of an inaccurate term for the motion (“reconsideration”) invalidates the August vote and trumps the will of the majority. It does not.

“Reconsideration” occurs at the same meeting or session that a motion is made and by a member who voted on the prevailing side. “Renewal” occurs where a motion is made again after it has failed, but at a different meeting or session. Any member who believes that the assembly has made the wrong decision may move for renewal at another meeting. *See Robert’s Rules of Order Newly Revised*, (11<sup>th</sup> ed.), pp. 336-37.

The April 2015 motion and vote ended in a tie. There is no prevailing side in a tie. Nor was there a motion to reconsider at the April 2015 meeting.<sup>2</sup> So, the motion for the MHB to elect not to review salary and personnel issues failed at the April 2015 meeting with the tie vote. *See Robert’s Rules of Order Newly Revised* (11<sup>th</sup> ed.) pp.315-32.

The August 2015 motion and vote occurred four (4) months after the April 2015 motion and tie vote with two intervening sessions (the June 2015 regular and July 2015 special meeting). So, though denominated a “reconsideration”, it was in fact a timely and appropriate motion and vote

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<sup>1</sup>This office previously provided a June 15, 2016 opinion on this matter.

<sup>2</sup> There was a re-tally of the vote based on a clerical error.

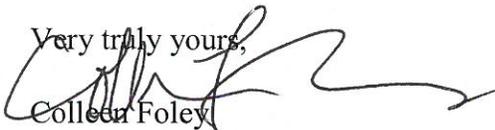
for renewal. As evidenced by the meeting's audio, the body engaged in a robust debate on whether it should weigh in on salary and personnel matters. Indeed, nine (9) of the thirteen (13) MHB members participated in that discussion: Chayer, Diamond, Landingham, Lehrman, Lutzow, Miller, Neubauer, Perez, Walker. Ultimately, member Shroul moved and member Miller seconded for the MHB to elect not to review salary and personnel policies of the County Department of Community Programs. That motion carried by a 7-4 vote (Carlson, Chayer, Lutzow, Miller, Perez, Shroul and Walker voting aye; Landingham, Malofsky, Neubauer, and Wesley voting no).

The fact that the body mistakenly referred to the motion as one for "reconsideration" instead of "renewal" does not change the outcome or substance and plain intent of the motion and vote. The August 2015 motion and vote carried by a majority and were valid. As a result, the MHB elected not to review salary and personnel issues going forward.

Nonetheless, if a MHB member believes that adoption of the motion was a mistake, the issue could be revisited by a motion to rescind. That motion can be made by any member regardless of how he or she voted on the original motion. There is no time limit involved. The proper motion would be as follows: "I move to rescind the August 2015 motion wherein the MHB elected not to review salary and personnel matters." Unless previous notice is given of the intent to make this motion, adoption requires a two-thirds vote. If prior notice is given, then a majority vote is required. Prior notice occurs by inclusion of the notice of that intent in the written agenda/notice of the time and place of the next meeting. *See Robert's Rules of Order Newly Revised* (11<sup>th</sup> ed.), pp. 305-10. If the motion to rescind prevails, then the effect is to strike out an entire motion made at a previous time. *Id.*

In other words, should the motion to rescind prevail, the MHB would return to its pre-August 2015 policy of reviewing salary and personnel matters. Should it fail, then the MHB policy of electing not to review salary and personnel matters remains in place.

Very truly yours,



Colleen Foley  
Interim Corporation Counsel

**BY-LAWS OF THE MILWAUKEE COUNTY MENTAL HEALTH BOARD****ARTICLE I.****NAME**

The name of this board shall be the Milwaukee County Mental Health Board.

**ARTICLE II.****OBJECT**

The object of this board is to fulfill the duties placed on it by Wisconsin Statutes with a commitment to all of the following: Community-based, person-centered, recovery-oriented, mental health systems; Maximizing comprehensive community-based services; Prioritizing access to community-based services and reducing reliance on institutional and inpatient care; Protecting the personal liberty of individuals experiencing mental illness so that they may be treated in the least restrictive environment to the greatest extent possible; Providing early intervention to minimize the length and depth of psychotic and other mental health episodes; Diverting people experiencing mental illness from the corrections system when appropriate; Maximizing use of mobile crisis units and crisis intervention training; and Attempting to achieve cost savings in the provision of mental health programs and services in Milwaukee County. In addition, the board will assure the quality, safety and effectiveness of acute inpatient services in compliance with Joint Commission Standards and the safety, quality and effectiveness of long term inpatient services in compliance with State and Federal regulations.

**ARTICLE III.****MEMBERS**

The members of this board shall be appointed to and removed from office under the express authority of Wisconsin State Statutes 15.195(9) and 51.41(1d) as applicable. Members shall be subject to the Code of Ethics for Public Officials and Employees and the Code of Ethics for Local Government Officials as stated in Wisconsin Statutes, Chapter 19, as applicable. Effective January 1, 2015, this board declares all members shall be subject to the provisions of Wisconsin Statutes 19.59(3)(a) & (e), and 19.59(5) requiring submission of statement of economic interests, disclosure of conflicts, and authority for the soliciting of advisory opinions, public and private, on ethics matters.

**ARTICLE IV.****OFFICERS**

From among its voting members, at the first regular meeting of the board in each calendar year, the board shall elect by majority vote a chair, a vice-chair, and a secretary. The chair shall preside at the meetings of the board. The vice-chair shall preside in the absence of the chair. The secretary shall keep an accurate account of actions of the board and may employ the assistance of staff of the Behavioral Health Division ("BHD") to assist in note-taking and transcription. The term of office for each officer shall expire upon election of a successor. Election shall be at the first regular meeting of the board in each calendar year.

In the event of the vacancy of the member elected as chair or incapacity to discharge the office of chair as determined by a 2/3 vote of the board, the vice-chair shall assume the office of chair and serve in that role for the balance of the term for that office.

In the event of the vacancy of the members elected as vice-chair or secretary or incapacity to discharge the office of vice-chair or secretary as determined by a 2/3 vote of the board, the chair shall appoint a voting member to serve in that office for the balance of the term for that office.

#### **ARTICLE V. MEETINGS**

Regular meetings of the board are those which are called by the chair. Special meetings are those which are called for by the chair or a majority of the voting members of the board. Special meetings may take action only on items which are expressly noted in the petition of the voting members calling for the meeting. In the matter of regular and special meetings, the chair shall prepare an agenda for the meeting in consultation with the BHD administrator and, if serving, the transition liaison, and provide for distribution to the members and public in accordance with Wisconsin statutes.

Meetings of the board shall be conducted in accordance with Wisconsin Open Meetings Law.

#### **ARTICLE VI. QUORUM & VOTING**

A quorum of the board shall be a majority of the voting members appointed to the board. A majority of those members present and voting shall be sufficient to adopt or approve actions, unless a different number is expressly required by statute or these by-laws. The method of voting shall be determined by the chair. Voting members may abstain from any vote, and the chair shall include a call for any members to abstain during the conduct of voting.

#### **ARTICLE VII. COMMITTEES**

There is created an Executive Committee of the board consisting of the chair, vice-chair, and secretary of the board. The Executive Committee shall exercise the power of the board between meetings of the board, but such action by the Executive Committee is provisional only and expires at the next meeting of the board, at which time, however, the board may choose to ratify the action of the Executive Committee and may, if the board desires, make the action retroactive to the time of the Executive Committee action. Ratification by the board is subject to any limitation placed on said powers by statute or these by-laws. The chair of the board shall chair the Executive Committee and the secretary shall provide for written minutes to be prepared.

~~There is created a Finance Committee within the board for the purpose of addressing the BHD budget in addition to any other pertinent financials. The Finance Committee shall report findings or recommendations to the board.~~

~~There is created a Finance Committee appointed by the Chairperson. The Committee shall consist of five (5) members who have exposure to the areas of budgets and finance. The purpose of the Committee is to review quarterly financial statements and the divisional budget to make sure resources are spent in accordance with budget targets and the mission of the Division. The Finance Committee shall report on the results of their analysis and any recommendations to the full board. The Committee shall meet quarterly but may meet more often during budget preparation time.~~

~~The Finance Committee shall report findings or recommendations to the board.~~

~~There is created a Quality Committee appointed by the Chairperson. The Committee shall consist of five (5) members for the purpose of assessing or measuring quality of care and implementation of any necessary changes to maintain or improve the quality of care rendered by BHD and its contractors. The~~

Quality Committee shall report on the results of their analysis and any recommendations to the full board. The Committee shall meet quarterly.

The board may create ad-hoc committees to prepare recommendations on matters for the board's consideration. Ad-hoc committees will be charged with specific issues or tasks to address and confine their work to those issues or tasks and shall be discharged upon the final report of the committee to the board. The board chair shall appoint an odd number of voting members of the board to the ad-hoc committee and name the chair and secretary for the committee. Non-voting members of the board may be appointed as non-voting members of the committee. The committee chair shall be responsible for convening and operating the committee as well as delivering the report of the committee to the board. The committee secretary shall prepare minutes of the committee's action and prepare the report of the committee as approved for the board's consideration. No action of an ad-hoc committee shall become the action of the board without an affirmative vote of the board.

#### **ARTICLE VIII.**

##### **DECLARATIONS OF POLICY**

All declarations of policy adopted by the board shall be codified in these by-laws and derive their function and power from and remain subservient to the authority of Wisconsin Statutes and the by-laws of this organization.

##### **1) EMPLOYEE RELATIONS**

It is the policy of the board that employment within BHD be subject to administrative procedures developed by the administration, which comply with federal and state laws, including Wisconsin's statutory Civil Service system, and that BHD recruit, employ, and retain high-quality professionals delivering quality service for the clients of the county. The administration of BHD is charged with creating a safe and accountable work place.

##### **2) PROCUREMENT**

It is the policy of the board that all procurement operations be conducted through an administrative procedure developed by the administration which shall conform to the American Bar Association's Model Procurement Code (2000).

#### **ARTICLE IX.**

##### **PARLIAMENTARY AUTHORITY**

The board may adopt procedural rules to govern the conduct of its meetings and committees. Any procedural rule so adopted may be suspended or modified at any time by a majority vote of the board. The rules contained in the current edition of Robert's Rules of Order shall govern the board ~~meetings and its committees where~~ the board's procedural rules, these bylaws or the statutes of the State of Wisconsin do not apply or provide guidance. Committee meetings shall be governed by an informal process wherein committee members shall report findings or recommendations to the board for its consideration.

#### **ARTICLE X.**

##### **AMENDMENT OF BYLAWS**

An amendment to these bylaws may be adopted by a majority vote at any regular meeting of the board providing the amendment has been submitted in writing seven (7) calendar days prior to the next regular meeting.

**COUNTY OF MILWAUKEE  
Behavioral Health Division Administration  
Inter-Office Communication**

**DATE:** July 28, 2016

**TO:** Duncan Shrout, Chairperson – Milwaukee County Mental Health Board

**FROM:** Michael Lappen, Administrator, Behavioral Health Division

**SUBJECT:** **Report from the Administrator, Behavioral Health Division, providing an Administrative Update**

**Background**

The purpose of this standing report is to highlight key activities or issues related to the Milwaukee County Behavioral Health Division (BHD) since the previous Board meeting and provide ongoing perspectives to the Milwaukee County Mental Health Board regarding the work of the organization and its leadership.

**Discussion**

**High Quality and Accountable Service Delivery**

1. **Explore Opportunities to Privatize Facility-Based, Acute Behavioral Health Services (Plan By Q1-2017) – Mike Lappen**

Performance Measures:

- Due diligence and site visits completed by December 2016
- Contract negotiated Q2 2016
- Implementation plan developed and carried out Q3 2016-2018 (the timeline may be adjusted based on project complexity)

Mr. Larri Broomfield from the Reinhart legal firm continues the due diligence process. Phase 1 has almost been completed, and a report summarizing the findings is expected soon. Phase 2 requests for additional information have been made. Site visits to be scheduled to facilities operated by both providers. Reinhart recommends visits to sites with significant legal/regulatory issues, and sites that serve a population most similar to ours.

A meeting was held with representatives from Children's Hospital to explore potential local options to serve children and adolescents. This was a very high level initial

discussion, and included a mutual interest to develop a network of services—potentially reimbursed under the CCS benefit-- to provide early intervention and comprehensive services to children and adolescents in addition to inpatient services. Children's indicated they would explore potential partnerships to meet this need.

**2. Implement Enhanced Community-Based Services into Two Community Settings—Northside and Southside and Create Administrative Location to House the Infrastructure for Support (Northside Implementation Plan by Q4 2016) – Amy Lorenz**

Performance Measures:

- Gain community feedback and support for services to be included
- Identify Northside location for potential renovation
- Concurrently explore development options for new build as appropriate available space in the target zip codes has been difficult to find
- Identify and negotiate with providers to be co-located with BHD staff
- Hire Director for Community Hubs

Tim Klunk from Patina Solutions has worked closely with community stakeholders and BHD staff to develop a list of key services.

Vision: Promote individual and community wellness by creating convenient access to an array of integrated behavioral health, medical and social services through an embedded community based center.

Services to include: primary medical/wellness care, pharmacy, and outpatient mental health (access clinic, psychiatry, therapy, IOP, Day Treatment, AODA, emergency mental health, peer support, and social services like basic needs, transportation, income maintenance assistance).

Interviews for Program Director are ongoing.

**3. Create and Implement New BHD Organizational Structure that Fits with the Future Services Offered by BHD Integrating Quality, Safety, the Patient/Client Experience, and a Culture of Accountability (By Q4-2016) – Mike Lappen**

Performance Measures:

- Consider Accountable Care Organization or Managed Care Organization model

A functional organizational structure to sustain the new BHD is in the process of development. Several administrative services are being redesigned and consolidated to improve performance, efficiency and ensure best practices are hardwired into the organization. Vision 2020 is the guidepost for the redesign activities. Administrative redesign activities include, contract management/network development, credentialing, grievance and appeals, case management, authorization processes, and intake/assessment/enrollment.

An organizational reporting structure is forthcoming.

**4. Redesign Entire Service Model Using a Care Coordination Model to Continuously Assess, Treat, Evaluate Progress, and Facilitate Transition of Clients Through Various Levels of Programing in Order to Promote Highest Level of Autonomy, Independence, and Least Restrictive Environment (By Q4-2016) - Alicia Modjeska and Dr. Schneider**

Performance Measures:

- Eliminate waitlists for community-based services
- Reduce time to admission to services from 67 days to 7 days
- Implement enhanced UM and case management model
- Reduce denials of payment
- Implement enhanced utilization management strategies including community-based services
- Case management charter and "single treatment plan" to be implemented Q4 2016

DHHS Case Management Team meeting on a regular basis.

Patina Solutions has led a Case Management initiative to establish uniform expectations for staff competencies and to improve the customer experience. Representatives from all DHHS service areas have collaborated to develop a charter, service delivery model, and staff development model to support a "single treatment plan" that is mindful of individual program requirements.

The implementation of the Northside Facility will provide opportunities to implement service model changes.

## **Workforce Investment and Engagement**

### **5. Implement an Enhanced Workforce Internal Communication Process to Address the 2015 Employee Feedback Results, and Develop a Plan to Positively Rebrand the Behavioral Health Division to Enhance Communication Venues. (By Q1 2016) - Mike Lappen and Kane Communications**

#### Performance Measures:

- Improve results on employee engagement survey, specifically related to “communication between senior leaders and employees is good” to include monthly forum, monthly newsletter, Executive attends small group staff meetings at least annually, and other strategies as defined by survey tool
- Develop a new brand and logo for the BHD organization
- Redesign MCBHD’s website

Cake and Conversation monthly with small groups of employees and the Administrator.

Implementation of the Administrator rounding Program.

Development and launch of an employee engagement committee to recognize employees for living the values. The committee is employee led and employee driven, enabling employees to recognize each other for doing the right thing.

Monthly newsletter ongoing.

### **6. Improve Employee Recruitment and Retention to Ensure Successful Operations and Safe Patient Care During Acute Services Transition Period and Beyond. Specific Focus on Roles with Critical Shortage Including Psychiatrists, RNs, and Other Key Positions (By Q4-2016) – Alicia Modjeska, Kane Communications, and Dr. Schneider**

#### Performance Measures:

- Improved results on staffing and filled positions
- Improved results on employee engagement survey
- Monitoring staffing levels on a daily and monthly basis
- Identifying and implementing retention plans
- Adjusting bed levels based on staffing needs

Development of employee recruiting plan is in progress that emphasizes engagement, retention and development of current employees, recruitment of new employees,

positions BHD as a leader in mental health nursing and connects BHD with Milwaukee area nursing schools to build a talent pipeline.

Two full time psychiatrists hired and scheduled to start Sept. 1, 2016

Have contracted with Elite Medical Scribes to provide onsite scribes for the psychiatric staff in order to enhance efficiency and productivity.

Currently staffing 50 acute beds (full capacity is 60) due to staff vacancies. Wait lists across the county continues to be high.

### **Community and Partner Engagement**

#### **7. Implement an Enhanced Contracting Strategy for all BHD Vendors (Ongoing for 3 years) – Alicia Modjeska and Randy Oleszak**

Performance Measures:

- 30% of all contracts have performance measures by Q4 2016
- 30% more of all contracts have performance measures by Q4 2017
- All contracts revised by 2018
- The process will consist of: Expanding patient outcome measures within menu of performance measures; changing from service agreements to fee-for-service reimbursement, including performance measures in all contracts linked to financial incentives and disincentives; developing a robust mechanism to ensure contract compliance and monitoring of performance indicators and quality is completed systematically, and develop a web-based provider directory reflecting MCBHD's broad network of providers

Changes to TCM contracts from purchase of service to fee for service effective date for all contracts changed to October 1, 2016. The first TCM contracts have already gone to Finance for approval.

Meetings continue with TCM providers in preparation for contract changes. Currently scheduling one on one meetings to discuss new rate and impact on the individual organizations.

A comprehensive plan is being developed with timelines to change the remaining purchase of service contracts to fee for service.

AODA Residential contracts were prioritized for review based on public comment. Finance team is evaluating rates, and meetings with providers have been scheduled. Performance measures and compliance indicators are being established. On track to be completed in 2016.

**8. Create or Contract for a Robust Intensive Outpatient Program (By Q-4 2016) – Dr. Schneider and Amy Lorenz**

Performance Measures:

- The process will improve pre-hospital diversion and pre-crisis preventive strategies
- Bridge the gap between acute stay and ongoing care as a mechanism to minimized re-hospitalization
- Improve outcomes
- Improve the patient experience
- Continue to expand community advocates, stakeholder communication, and participation with program development/improvement

The IOP clinical model has been completed.

The Director position has been posted.

IOP will open at Northside facility.

**9. Assure Timely Access and Admission of Clients Served in the Community (By Q4-2016) - Amy Lorenz**

Performance Measures:

- Increase the number of total patients served by 15%
- Expand CCS enrollment and progressive growth
- Dramatically reduce time to admission in community from current 67 days to 3-7 days
- Actions to include targeting outreach efforts to underserved populations, providing services that are culturally intelligent, changing contracts with vendors to a fee-for-service model, and developing community sites located in the north and south sides of Milwaukee County to ensure easy access

While the number of referrals to CARS over the last 3-4 years has climbed by around 65% , the amount of staff and capacity in the CSP/TCM agencies have not increased in a commensurate way therefore staffing for the 2017 fiscal year has been adjusted to create more capacity.

Wait times for community services are at 54 days for Q 2 (from 67 in Q1).

Q2 Data on numbers served for all CARS programs will be ready for the Quality Committee in September and the full Board in October.

### **Optimal Operations and Administrative Efficiencies**

#### **10. Enhance and Improve the IT Infrastructure Including and Beyond the Electronic Record (By Q4 2016) – Alicia Modjeska**

Performance Measures:

- Implementation of internal IT support infrastructure
- Evaluation of Net Smart Avatar and Synthesis completed with an optimized or updated product(s) in place that match the BHD vision for the future

Dan Abdul from Patina Solutions has been engaged to evaluate Avatar and Synthesis and develop a recommendation, or validate the current solutions. The scope of work for Mr. Abdul has been established:

- Understanding BHD's future state vision
- Documenting the high-level business requirements
- Reviewing the HER software marketplace for the emergence of a 'gold standard' in the Mental Health/AODA EHR industry
- Recommendation to meet the future state need

A review of the Synthesis system to include:

- Stability, security and the tool's ability to meet all the future business requirements
- A high-level cost/benefit analysis on the options to integrate or replace the aging technology

## **Financial Health Sustainability**

### **11. Develop a Methodology to Continually Evaluate Costs, Revenue Optimization, and Revenue Cycle Management to Enhance Financial Sustainability (By Q2-2016) – Randy Oleszak**

#### Performance Measures:

- Fee-for-service contracting implemented with all new contracts and contract renewals
- Denials reviewed quarterly for improvement
- Optimize utilization management/case management model

A preliminary three year revenue maximization strategy has been developed based on recommendations from the Deloitte report. Initiatives include reducing IMD exclusion, reviewing MCO contracts and DSH and other supplemental funding.

## **Other Topics of Interest**

### **12. Behavioral Health Services Gap Analysis and Strategic Planning**

Jeanette May, PhD, MPH has completed her preliminary work, interviewing Board members and stakeholders, and has delivered an initial draft report.

The goal is to conduct a meta-analysis of existing research and new data to offer options and recommendations for a long-term strategy for the Milwaukee County Behavioral Health Division (BHD).

The process includes the collection and analyzation of primary and secondary data regarding internal and external factors that may influence strategy decisions by BHD and the Mental Health Board (MHB). Primary data included interviews with MHB members, subject matter experts, and BHD leadership. Secondary data included past research reports, community assessments and caregiver interviews. Data was analyzed for themes and commonalities that could be options/recommendations for a long-term strategy for BHD.

Regarding next steps, the primary and secondary data provided was necessary but insufficient for guiding BHD strategy. Accordingly, it is recommended that additional quantitative data be collected and assessed including:

- Outpatient volume/use of community services by diagnosis and other key variables to determine current need
- Inpatient volume by diagnosis to understand current and future need

- Relevant research specific to behavioral health research to understand unmet need
- Current community service offerings
- Community services capacity and new opportunities
- Identifying process, quality and outcome metrics for the BHD management *dashboard*

Dr. May is in the process of collecting quantitative data to support her findings and assist with future services planning and elimination of service gaps. She will present the results of the comprehensive analysis to the Mental Health Board at the October 2016 meeting with the goal of moving into a strategic planning process to be completed by December 2016.

### **13. DHS Triannual Survey**

On June 16, 2016, State Surveyors from DHS completed an unannounced recertification survey for the hospital. The purpose of this survey was to review our compliance with State and Federal regulations for hospitals and the Life Safety Codes. The survey included a review of hospital systems, processes and policies, medical record documentation, a comprehensive review of the physical plant and patient and staff interviews. The survey team reviewed the hospital for compliance with not only State DHS requirements but Federal CMS requirements as well. While both State and Federal citations were issued and the hospital was found to be out of compliance with one condition of participation related to the physical environment, no citations were high level or systemic in nature. A number of citations were given related to the physical plant, many of which require long range repairs and had improvement plans underway at the time of the survey. Of particular note, surveyors commented on the "tremendous progress" which has been made since their last survey of the hospital three years ago.

### **14. Complaint Regarding Contracting Policies and Procedures**

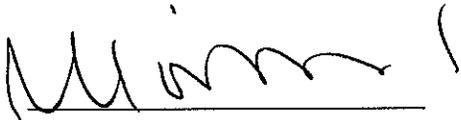
A compliant was submitted via letter concerning the Mental Health Board's process for contract review and approval. Chairman Shout directed the BHD administrator to review the process that led to the approval of the two contracts that were referenced (Patina Solutions and Kane Communications), and to explore the policies utilized by the Milwaukee County Board in order to ensure fairness and transparency in the bidding process for future contracts. The administrative review of this issue is ongoing, and some draft policy and procedures are being developed for Board review and approval at the October meeting.

Administrative Update

07/27/2016

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Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Mike Lappen", written over a horizontal line.

Mike Lappen, Administrator  
Milwaukee County Behavioral Health Division  
Department of Health and Human Services

## DUE DILIGENCE SUMMARY

A. Phase I.

1. Detailed questionnaire provided to: [COMPLETE.]
  - (a) Correct Care Recovery Solutions ("CCRS").
  - (b) Universal Health Services, Inc. ("UHS").
2. County entered into Confidentiality Agreements with CCRS and UHS requiring County to: [COMPLETE.]
  - (a) Keep diligence responses confidential.
  - (b) Share responses only with those individuals with a need to know.
3. CCRS and UHS provided responses in the following categories: [COMPLETE.]
  - (a) Quality.
  - (b) Staffing/HR.
  - (c) Financial.
  - (d) Organization/structure.
  - (e) Litigation.
  - (f) Regulatory matters.
4. Reinhart initial review. [COMPLETE.]
  - (a) Reinhart prepared diligence report.
  - (b) Report identified areas for further review.

B. Phase II.

1. County review. [COMPLETE.]
  - (a) Individuals with appropriate experience reviewed key areas based on preliminary due diligence.
  - (b) Additional diligence requests refined.
2. Additional requests to vendors. [COMPLETE.]
  - (a) Second diligence request delivered to CCRS based on preliminary review.

- (b) Second diligence request delivered to UHS based on preliminary review.
- 3. Review of existing vendor relationships.
  - (a) County identifying partners (ideally in same position as County would be in) to interview (with respect to similar facilities and problem facilities).
    - (i) For CCRS.
    - (ii) For UHS.
  - (b) Formal Questionnaire has been developed.
- 4. Contact with Advocacy Groups.
  - (a) County identifying advocacy groups to interview (with respect to similar facilities and problem facilities).
    - (i) For CCRS.
    - (ii) For UHS.
  - (b) Formal Questionnaire has been developed.
- 5. Site visits by County personnel.
  - (a) County has developed team to conduct site visits.
    - (i) For CCRS.
    - (ii) For UHS.
  - (b) Seeking to visit:
    - (i) Comparable facilities.
    - (ii) "Problem" facilities.
  - (c) Timing.

**COUNTY OF MILWAUKEE**  
**Behavioral Health Division Administration**  
**Inter-Office Communication**

**DATE:** August 16, 2016

**TO:** Thomas Lutzow, Chairperson  
Finance Committee  
Milwaukee County Mental Health Board

**FROM:** Alicia Modjeska, Chief of Operations, Behavioral Health Division

**SUBJECT:** BHD Contract Approval Requests

**REQUEST:** *Authorization to Amend the 2016 Contract with Dungarvin for Community Consultation Team Services*

**Issue**

The Community Consultation Team (CCT) provides services to adults with an intellectual or developmental disability and mental illness. The team provides crisis response in an emergency and, if needed, ongoing consultation services to maintain stability in the community. In 2015, the cost and oversight of this contract was equally divided between the Behavioral Health Division and the Disabilities Services Division (DSD) of DHHS. In 2016, the BHD has assumed full oversight and cost of this contract.

To increase efficiency and access to CCT services one staff member will be available to answer crisis calls on nights and weekends with another staff member on-call. The on-call staff member will be utilized if the team is needed in the community.

**Fiscal Impact**

The BHD contract with Dungarvin Wisconsin, LLC for CCT services is increasing by \$82,000, from \$154,544 to \$236,544.

This expense will be absorbed into BHD's operating budget and will not have an impact on tax levy.

**REQUEST: Authorization to Enter into a Contract with ProElectric in the Amount of \$314,075 for Electrical and Wiring Services at the Behavioral Health Division Main Building, 9455 W. Watertown Plank Road, Milwaukee**

**Issue**

**Phase I**

In early 2015, WE Energies decided to no longer maintain the 4160 volt electrical service feed from the power plant across Watertown Plank Rd, which ran BHD's emergency power. Therefore, it became necessary for BHD to purchase a new electrical service line from WE Energies. A new 24,900 volt electrical service line was subsequently connected to Building 4's emergency substation.

**Phase II**

The project requires the separation of the essential electrical service into three code required branches for hospitals: Critical, Life Safety, and Mechanical. This separation will bring the new service from the emergency substation to branch panels located in Mental Health Complex Buildings 3, 4 and 5. ProElectric has been selected to provide work in these areas at a cost of \$314,075. This cost includes the purchase of all major electrical equipment through the installation of raceways, feeders and equipment to serve Buildings 3, 4 and 5.

**Phase III**

Phase III of this project is to extend the service in building 3, 4 and 5 to the individual units (all electrical outlets; investigation underway). It is expected phase III cost will exceed \$100,000 at which time an additional request will be advanced to the Finance Committee and the Board.

This project, including the completion of Phase II and III, must be completed by June 16, 2017 per the Plan of Correction conditionally approved by healthcare surveyor.

**Fiscal Impact**

BHD is requesting approval of a \$314,075 contract with ProElectric. This will be absorbed within BHD's budget and will have no impact on tax levy.

**REQUEST: Authorization to Enter into Fee-for-Service Agreements with Horizon Healthcare, Inc., and Alternatives in Psychological Consultation for Targeted Case Management and Crisis Case Management Services**

**Issue**

BHD is in the process of switching Targeted Case Management (TCM) and Crisis Case Management services from purchase-of-service to fee-for-service (FFS) agreements. The FFS agreements contain performance measures and compliance indicators which improve BHD's ability to track and monitor the quality of services provided to clients. Additionally, the FFS format improves and enhances utilization review at the service code level, and ability to analyze network adequacy. Starting October 1<sup>st</sup>, the TCM purchase of service agreements with Horizon Healthcare and Alternatives in Psychological Consultation will be terminated and the fee for service agreements will take effect. The Term of the contracts for

TCM and Crisis TCM services with Horizon Healthcare Inc. and Alternatives in Psychological Consultation is for three (3) years from the date of execution and will automatically renew every year (1) thereafter, unless either party provides notice to the other of its intent to terminate this agreement not less than ninety (90) days before the end of the then current term.

**Fiscal Impact – Horizon Healthcare, Inc.**

Fiscal impact for 2016 was calculated by assuming current capacity at Horizon TCM continues under the fee-for-service model for the last quarter of the year.

- The total amount of spending related to this agreement for 2016 shall not exceed \$175,392.

Fiscal impact for 2017 and 2018 was calculated by assuming that the TCM capacity increase of approximately 10% included in the 2017 Budget is equally distributed to all providers, and no increase in rate or capacity occurs in 2018.

- Total amount of spending related to this agreement for 2017 and 2018 shall not exceed \$771,725 annually.

**Fiscal Impact – Alternatives in Psychological Consultation**

Fiscal impact for 2016 was calculated by assuming current capacity at APC TCM continues under the fee-for-service model for the last quarter of the year.

- The total amount of spending related to this agreement for 2016 shall not exceed \$344,938.

Fiscal impact for 2017 and 2018 was calculated by assuming that the TCM capacity increase of approximately 10% included in the 2017 budget is equally distributed to all providers and that no increase in rate or capacity occurs in 2018.

- Total amount of spending related to this agreement for 2017 and 2018 shall not exceed \$1,517,725 annually.

***REQUEST: Authorization to Amend the 2016 AMN Healthcare, Inc., DBA Merritt Hawkins, Contract to Conduct Searches for Three Additional Adult Psychiatrists and One Child Psychiatrist***

**Issue:**

The Behavioral Health Division is seeking an amendment to the current Agreement with AMN Healthcare Inc., dba Merritt Hawkins. Contractor was retained in February 2016 to recruit three full-time psychiatrists for the Acute Inpatient Service. Two of the three searches are complete with accepted offers in place, with two candidates currently in the interview process for the third search. In the last month, two additional inpatient psychiatrists have resigned from BHD necessitating continued use of locum tenens staffing to fulfill the essential psychiatry needed. At this time, BHD is seeking to engage the services of Merritt Hawkins for four (4) additional psychiatrist searches to fill the

recent vacancies as well as two new positions that were added during the 2017 budget preparation process.

Services by Merritt Hawkins include provision of full-service recruitment of Board eligible psychiatrists for permanent employment and include on-site consultation, advertising campaign(s), sourcing, screening and prescreening qualified candidates, coordination of candidate travel and interviews, assistance with candidate relocation upon acceptance and other usual and customary matters. Contractor possesses the necessary skill, expertise, and capability, including sufficient personnel with essential qualifications, to perform the recruitment services required by this Contract.

We are seeking to amend the current agreement of \$99,950 by \$135,000 for a new not to exceed amount of \$234,950.

***REQUEST: Authorization to Amend 2016 Community Support Program Contracts with Bell Therapy, Wisconsin Community Services, and Milwaukee Mental Health Associates***

**Issue**

As a result of a number of quality issues identified in 2015, which Bell Therapies has not been able to correct, 140 Bell Therapy CSP slots are being redistributed to Wisconsin Community Services and Milwaukee Mental Health Associates. Milwaukee County believes Bell Therapy's CSP program will be more successful serving fewer individuals.

A case-by-case review will be performed by the treatment team and in collaboration with the client, including the identification of client strengths and need for services. Each client will be referred to either Family Care, TCM, or CCS while others will have the option to remain with Bell Therapy or choose one of the other CSPs with expanding capacity.

**Fiscal Impact**

The Wisconsin Community Services CSP contract will increase from \$986,758 to an amount not to exceed \$1,123,808. The Milwaukee Mental Health Associates' CSP contract will increase from \$949,122 to an amount not to exceed \$1,127,720. The Bell Therapy CSP contract will be reduced by \$221,736 to an annual amount of \$1,545,746. The difference of \$93,922 will be absorbed in BHD's budget. This will have no impact on tax levy.

Additionally, anticipated Medicaid payments for CSP services will increase from \$1,286,974 to \$1,529,147 for Milwaukee Mental Health Associates and from \$1,413,827 to \$1,610,192.

These changes are effective September 1, 2016.

**REQUEST: Authorization to Amend 2016 Contract with LocumTenens.com, LLC, to Provide Temporary Psychiatrist Staffing**

**Issue**

LocumTenens.com provides temporary psychiatrist staffing on the acute adult inpatient units. Since amending the agreement in April, two additional resignations have occurred requiring further need for temporary staffing, while BHD continues to recruit for permanent psychiatrist replacements. BHD is requesting a \$500,000 increase to the contract for a new total of \$1,071,750 and to extend the agreement term through 12/31/2017.

**Fiscal Impact**

The \$500,000 increase is offset by staffing vacancies at BHD. There is no impact on tax levy.

**REQUEST: Authorization to Amend 2016 Contract with Netsmart Technologies, Inc., for Electronic Medical Record Services**

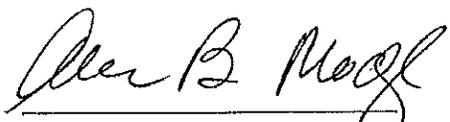
**Issue**

Netsmart provides health information technology and was selected in 2011 to be BHD's electronic medical record vendor. Netsmart is in their last year of a five-year hosting and maintenance service agreement with Milwaukee County for \$827,729 per year. Due to the loss of an IMSD resource, BHD is requesting an increase of \$28,800 to the Netsmart contract for a new total amount of \$856,529.

**Fiscal Impact**

The \$28,800 increased contract with Netsmart is offset by a decrease in crosscharges from IMSD. There is no tax levy impact.

Respectfully Submitted,



Alicia Modjeska, Chief of Operations  
Milwaukee County Behavioral Health Division, Department of Health and Human Services

cc: Hector Colon, Director, Department of Health and Human Services  
Michael Lappen, Administrator, Behavioral Health Division

# Finance Committee Item 2

## BEHAVIORAL HEALTH DIVISION

2<sup>nd</sup> QUARTER JUNE 2016

FISCAL REPORT

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# 2016 Financial Highlights

## **Behavioral Health Division – Inpatient**

- Census Trends Adult and Child/Adolescent Inpatient
- Patient Claim Collections
- Payor Mix
- Staffing Vacancies
- Facility Improvements
- State Plan Amendment Revenue
- WIMCR Revenue
- IMD Rebalancing Initiative

## **CARSD – Community Access to Recovery Services Division**

- CBRF Expansion
- TCM FFS Implementation
- Guarantor Issues in AODA network
- Comprehensive Community Services (CCS) Expansion
- Value Based Contracting
- Northside Hub Development

**Milwaukee County Behavioral Health  
2016 Budget Initiatives Status**

Initiative	Status
Northside Hub	Array of services to be offered at site has been finalized. Currently evaluating site location and conducting cost/benefit analysis of remodel vs. new build. Determining licensing requirements for various services. Conducting due diligence with potential partner to provide primary care services at site.
CCS Expansion	396 individuals currently enrolled in CCS and have enrolled approximately 31 individuals per month in 2016. On track to meet goal of 560 individuals by the end of 2016
Develop two additional CBRFs	Assessed need for CBRF vs. sub-acute residential facility. Determined need is for more individualized housing and support plans.
Ending Chronic Homelessness	Initiative has served 145 chronically homeless individuals as of June 2016
Implementation of Pyxis Pharmacy Technology	Implementaion completed
Consolidate space from 9201	Completed, BHD on track to realize budgeted savings of \$462K by year end
Crisis Mobile Prevention Initiatives	Positions have been posted for recruitment. Implementation in process
Additional CART team	Positions posted for recruitment. Implemenation in process
Increased CRC coverage	Coverage increased to 24 hours a day, 5 days a week in 2016.

Behavioral Health Division

**Combined Reporting**

**Q2 2016 - Annual 2016 Projection**

	2016 Budget			2016 Projection			Budget Variance		
	Hospital	Community Services	Total BHD	Hospital	Community Services	Total BHD	Hospital	Community Services	Total BHD
<b>Revenue</b>									
BCA	7,700,026	14,636,560	22,336,586	7,700,030	14,636,561	22,336,591	4	1	5
State & Federal	-	30,155,345	30,155,345	-	17,658,067	17,658,067	-	(12,497,278)	(12,497,278)
Patient Revenue	21,983,279	52,385,528	74,368,807	24,249,010	65,943,184	90,192,193	2,265,731	13,557,656	15,823,386
Other	729,187	1,802,449	2,531,636	435,076	1,740,153	2,175,229	(294,111)	(62,296)	(356,407)
Sub-Total Revenue	30,412,492	98,979,882	129,392,374	32,384,116	99,977,965	132,362,081	1,971,624	998,083	2,969,707
<b>Expense</b>									
Salary	23,482,118	8,421,975	31,904,093	21,992,840	7,538,492	29,531,332	1,489,278	883,483	2,372,761
Overtime	1,048,320	3,312	1,051,632	1,324,162	174,363	1,498,525	(275,842)	(171,051)	(446,893)
Fringe	21,192,472	7,011,574	28,204,046	21,051,317	7,014,547	28,065,863	141,155	(2,973)	138,183
Services/Commodities	14,182,566	1,856,257	16,038,823	15,066,178	1,796,209	16,862,387	(883,612)	60,048	(823,564)
Other Charges/Vendor	1,414,187	109,958,358	111,372,545	1,959,819	108,234,718	110,194,537	(545,632)	1,723,640	1,178,008
Capital	392,130	898,500	1,290,630	861,911	426,750	1,288,661	(469,781)	471,750	1,969
Cross Charges	33,819,099	8,909,017	42,728,116	33,968,998	8,858,825	42,827,823	(149,899)	50,192	(99,707)
Abatements	(31,299,810)	(11,081,950)	(42,381,760)	(31,299,810)	(9,518,824)	(40,818,634)	-	(1,563,126)	(1,563,126)
Total Expense	64,231,082	125,977,043	190,208,125	64,925,415	124,525,079	189,450,494	(694,333)	1,451,964	757,631
<b>Tax Levy</b>	<b>33,818,590</b>	<b>26,997,161</b>	<b>60,815,751</b>	<b>32,541,299</b>	<b>24,547,114</b>	<b>57,088,414</b>	<b>1,277,291</b>	<b>2,450,047</b>	<b>3,727,337</b>

Behavioral Health Division  
**Inpatient - Hospital**  
 Q2 2016 - Annual 2016 Projection

	2016 Budget					2016 Projection					2016 Projected Surplus/(Deficit)				
	Adult	CAIS	Crisis ER/Obs	Mgmt/ Ops/Fiscal	Total Inpatient	Adult	CAIS	Crisis ER/Obs	Mgmt/ Ops/Fiscal	Total Inpatient	Adult	CAIS	Crisis ER/Obs	Mgmt/ Ops/Fiscal	Total Inpatient
<b>Revenue</b>															
BCA	-	-	7,700,026	-	7,700,026	-	-	7,700,030	-	7,700,030	-	-	4	-	4
State & Federal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Patient Revenue	11,591,848	5,497,575	4,211,856	682,000	21,983,279	14,517,198	5,211,048	3,994,003	526,761	24,249,010	2,925,350	(286,527)	(217,853)	(155,239)	2,265,731
Other	-	-	-	729,187	729,187	1,695	67,000	600	365,781	435,076	1,695	67,000	600	(363,406)	(294,111)
Sub-Total Revenue	11,591,848	5,497,575	11,911,882	1,411,187	30,412,492	14,518,893	5,278,048	11,694,633	892,542	32,384,116	2,927,045	(219,527)	(217,249)	(518,645)	1,971,624
<b>Expense</b>															
Salary	8,279,103	1,866,670	5,854,814	7,481,531	23,482,118	7,629,908	1,820,461	5,433,629	7,108,842	21,992,840	649,195	46,209	421,185	372,689	1,489,278
Overtime	757,104	35,916	87,312	167,988	1,048,320	529,838	125,615	459,264	209,445	1,324,162	227,266	(89,699)	(371,952)	(41,457)	(275,842)
Fringe	7,526,104	1,745,696	4,493,079	7,427,593	21,192,472	7,217,453	1,787,955	4,645,228	7,400,682	21,051,317	308,651	(42,259)	(152,149)	26,911	141,155
Services/Commodities	2,976,412	379,620	1,803,510	9,023,024	14,182,566	3,024,630	345,277	1,510,379	10,185,892	15,066,178	(48,218)	34,343	293,131	(1,162,868)	(883,612)
Other Charges/Vendor	1,009,187	-	-	405,000	1,414,187	1,537,932	-	21,887	400,000	1,959,819	(528,745)	-	(21,887)	5,000	(545,632)
Capital	17,500	-	-	374,630	392,130	17,500	-	-	844,411	861,911	-	-	-	(469,781)	(469,781)
Cross Charges	13,150,395	4,011,906	7,088,086	9,568,712	33,819,099	13,150,395	4,011,906	7,088,086	9,718,611	33,968,998	-	0	0	(149,899)	(149,899)
Abatements	-	-	-	(31,299,810)	(31,299,810)	-	-	-	(31,299,810)	(31,299,810)	-	-	-	-	-
Total Expense	33,715,805	8,039,808	19,326,801	3,148,668	64,231,082	33,107,655	8,091,214	19,158,473	4,568,073	64,925,415	608,150	(51,406)	168,328	(1,419,405)	(694,333)
<b>Tax Levy</b>															
	22,123,957	2,542,233	7,414,919	1,737,481	33,818,590	18,588,762	2,813,166	7,463,840	3,675,531	32,541,299	3,535,195	(270,933)	(48,921)	(1,938,050)	1,277,291

Behavioral Health Division  
**Inpatient Adult**  
 2016 - Year to Date June

**Revenue**

	2015 Actual Full Year	% of Total	2016 Budget June YTD	2016 Actual June YTD <sup>1</sup>	% of Total	Surplus/Deficit
<b>Gross Revenue by Payor :</b>						
Medicare A&B	8,739,979	29.4%		4,740,712	31.6%	
HMO T18 (Medicare)	3,719,406	12.5%		2,197,145	14.7%	
Medicaid	872,326	2.9%		492,271	3.3%	
HMO T19 (Medicaid)	5,907,978	19.8%		2,324,837	15.5%	
Self Pay/Non Recov/Collections	9,446,261	31.7%		3,923,483	26.2%	
Commercial/HMO	994,728	3.3%		1,302,062	8.7%	
Military	94,402	0.3%		-	0.0%	
Family Care	204	0.0%		-	0.0%	
<b>Total Gross Revenue</b>	<b>29,775,283</b>		<b>17,224,215</b>	<b>14,980,510</b>	<b>100%</b>	<b>(2,243,705)</b>
Less: Write Offs	(18,180,788)	-61%	(11,915,791)	(8,217,710)	-55%	3,698,081
<b>Net Revenue</b>	<b>11,594,495</b>		<b>5,308,424</b>	<b>6,762,800</b>		<b>1,454,376</b>
Other Patient Revenue	1,103,421		387,500	707,698		320,198
	151,412		100,000	198,566		98,566
<b>Total Revenue</b>	<b>12,849,328</b>		<b>5,795,924</b>	<b>7,669,064</b>		<b>1,873,140</b>

Medicare = 46.3%  
 Medicaid = 18.8%  
 65.1%

Net Revenue is above budget in spite of the lower census due to bed restrictions. Write off is 55% versus budget of 69%.

DSH Payments  
 T18 Settlements

Rate per Day      \$    1,537      \$    1,537      \$    1,694

FTE's Nursing Staff :

	Budget	Actual
RN's	60.5	36.7
CNA's	62.5	72.7

Sum of FTE's employed June 2016, does not include OT and Pool Hrs  
 New staffing pattern uses fewer nurses and more CNA's

Average Daily Census  
 Admissions (1/2 year)  
 Patient Days (1/2 year)  
 Average Length of Stay

60	45.7
638	369
10,074	8,325
14	22.7

1st Qtr = 45.4, 2nd Qtr=46  
 1st Qtr = 193, 2nd Qtr=176  
 1st Qtr = 4,136, 2nd Qtr=4,189  
 1st Qtr = 20.6, 2nd Qtr=25

<sup>1</sup> Year to Date Actual Revenue through May from Avatar report 6/23/16 + one month estimate for June. Will not tie directly to financials because it does not include an adjustment of (\$500,000) gross revenue reduction, \$200,000 write off which needs to be allocated to payer sources.

Behavioral Health Division  
**CAIS - Child and Adolescent Inpatient Services**  
**2016 - Year to Date JUNE**

**Revenue**

Gross Revenue by Payor :	2015 Actual		2016 Budget	2016 Actual <sup>1</sup>	% of Total	Surplus/Deficit
	Full Year	% of Total				
Medicare A&B	-	0.0%		-	0.0%	
HMO T18 (Medicare)	-	0.0%		-	0.0%	
Medicaid	2,709,607	26.1%		1,335,804	26.8%	Medicaid = 89.5%
HMO T19 (Medicaid)	6,491,301	62.5%		3,126,362	62.7%	
Self Pay/Non Recov/Collections	184,444	1.8%		107,332	2.2%	
Commercial/HMO	982,551	9.5%		417,110	8.4%	
Military	18,317	0.2%		-	0.0%	
Family Care	-	0.0%		-	0.0%	
<b>Total Gross Revenue</b>	<b>10,386,220</b>		<b>5,076,517</b>	<b>4,986,608</b>	<b>100%</b>	<b>(89,909)</b>
Less: Write Offs	(4,344,597)		(2,327,730)	(2,381,086)		(53,357)
	-42%		-46%	-48%		
<b>Net Revenue</b>	<b>6,041,623</b>		<b>2,748,788</b>	<b>2,605,522</b>		<b>(143,265)</b> Census below budget
Other Patient Revenue			-	-		-
	85,838					-
<b>Total Revenue</b>	<b>6,127,461</b>		<b>2,748,788</b>	<b>2,605,522</b>		<b>(143,265)</b>

Rate per Day                   \$   2,672                   \$   2,672   \$   2,400

FTE's Nursing Staff :

	Budget	Actual
RN's	13.5	9.5
CNA's	11.0	7.5

Sum of FTE's employed June 2016, does not include OT and Pool Hrs

Average Daily Census  
 Admissions (1/2 year)  
 Patient Days (1/2 year)  
 Average Length of Stay

	12	9.7
	445	360
	2,015	1,770
	3.6	4.9

1st Qtr = 9.3, 2nd Qtr=10.1  
 1st Qtr = 194, 2nd Qtr=166  
 1st Qtr = 849, 2nd Qtr=921  
 1st Qtr = 4.2, 2nd Qtr=5.6

<sup>1</sup> Year to Date Actual Revenue through May from Avatar report 6/23/16 + one month estimate for June.

Behavioral Health Division

**Psychiatric Crisis Services**

2016 - Year to Date JUNE

Revenue

	2015 Actual Full Year	% of Total	2016 Budget	2016 Actual <sup>1</sup>	% of Total	Surplus/Deficit
<b>Gross Revenue by Payor :</b>						
Medicare A&B	1,627,109	15.1%		779,624	14.6%	
HMO T18 (Medicare)	742,864	6.9%		361,248	6.8%	Medicare = 21.4%
Medicaid	2,383,871	22.1%		1,128,299	21.1%	
HMO T19 (Medicaid)	3,517,615	32.7%		1,790,290	33.5%	Medicaid = 54.6%
Self Pay/Non Recov/Collections	1,598,144	14.8%		785,542	14.7%	
Commercial/HMO	846,484	7.9%		462,304	8.7%	Total Medicaid and Medicare = 76.0%
Military	46,987	0.4%		12,408	0.2%	
Family Care	4,007	0.0%		19,343	0.4%	
<b>Total Gross Revenue</b>	<b>10,767,081</b>		<b>5,815,255</b>	<b>5,339,057</b>	<b>100%</b>	<b>(476,199)</b>
Less: Write Offs	(8,341,912)		(4,483,562)	(4,116,290)		367,272
	-77%		-77%	-77%		
<b>Net Revenue</b>	<b>2,425,169</b>		<b>1,331,694</b>	<b>1,222,767</b>		<b>(108,927)</b>
						PCS ER/Obs admissions down
Other Patient Revenue	1,061,782		1,548,469	124		(1,548,345)
						WIMCR will be received at year end
<b>Total Revenue</b>	<b>3,486,951</b>		<b>2,880,163</b>	<b>1,222,891</b>		<b>(1,657,272)</b>

FTE's Nursing Staff :

	Budget
RN's	27.0
CNA's	24.0

	Actual
	17.0
	16.5

Sum of FTE's employed June 2016, does not include OT and Pool Hrs, Crisis ER/Obs over budget for overtime \$370K

Admissions (1/2 year)

2015	2016 Budget
5,087	4,750

2016 Actual
4,307

1st Qtr = 2138, 2nd Qtr=2169

<sup>1</sup> Year to Date Actual Revenue through May from Avatar report 6/23/16 + one month estimate for June.

Behavioral Health Division

CARSD

Q2 2016 - Annual 2016 Projection

	2016 Budget				2016 Projection				2016 Projected Surplus/Deficit			
	AODA	Mental Health	WRAP	Total CARSD	AODA	Mental Health	WRAP	Total CARSD	AODA	Mental Health	WRAP	Total CARSD
<b>Revenue</b>												
BCA	2,333,731	12,302,829	-	14,636,560	2,333,731	12,302,830	-	14,636,561	-	1	-	1
State & Federal	8,191,616	8,458,343	13,505,386	30,155,345	8,191,615	8,421,227	1,045,225	17,658,067	(1)	(37,116)	(12,460,161)	(12,497,278)
Patient Revenue	250,000	19,174,423	32,961,105	52,385,528	0	19,056,475	46,886,709	65,943,184	(250,000)	(117,948)	13,925,604	13,557,656
Other	1,265,246	337,203	200,000	1,802,449	1,127,746	186,405	426,002	1,740,153	(137,500)	(150,798)	226,002	(62,296)
Sub-Total Revenue	12,040,593	40,272,798	46,666,491	98,979,882	11,653,092	39,966,937	48,357,936	99,977,965	(387,501)	(305,861)	1,691,445	998,083
<b>Expense</b>												
Salary	665,157	5,735,522	2,681,614	9,082,293	400,907	5,376,744	2,442,187	8,219,838	264,250	358,778	239,427	862,455
Overtime	-	552	2,760	3,312	0	149,273	25,090	174,363	-	(148,721)	(22,330)	(171,051)
Fringe	498,083	3,981,659	1,871,514	6,351,256	478,220	4,023,040	1,831,941	6,333,201	19,863	(41,381)	39,573	18,055
Services/Commodities	85,644	1,550,820	219,793	1,856,257	92,498	1,622,333	81,377	1,796,209	(6,854)	(71,513)	138,416	60,048
Other Charges/Vendor	12,187,215	47,639,453	50,131,690	109,958,358	12,223,235	44,676,527	51,334,956	108,234,718	(36,020)	2,962,926	(1,203,266)	1,723,640
Capital	-	898,500	-	898,500	0	426,750	-	426,750	-	471,750	-	471,750
Cross Charges	391,298	5,721,386	2,796,333	8,909,017	391,298	5,721,386	2,746,141	8,858,825	-	-	50,192	50,192
Abatements	-	-	(11,081,950)	(11,081,950)	-	-	(9,518,824)	(9,518,824)	-	-	(1,563,126)	(1,563,126)
Total Expense	13,827,397	65,527,892	46,621,754	125,977,043	13,586,158	61,996,053	48,942,868	124,525,079	241,239	3,531,839	(2,321,114)	1,451,964
Tax Levy	1,786,804	25,255,094	(44,737)	26,997,161	1,933,066	22,029,116	584,932	24,547,114	(146,262)	3,225,978	(629,669)	2,450,047

## CARSD Mental Health

### Major Programs

		2015 Actual	2016 Budget	Projected	Surplus/(Deficit)
<b>TCM</b>	Rev	\$ 323,370	\$ 1,597,405	\$ 1,634,124	\$ 36,719
	Exp	\$ 3,564,226	\$ 5,453,257	\$ 5,709,483	\$ (256,226)
	Tax Levy	\$ 3,240,856	\$ 3,855,852	\$ 4,075,359	\$ (219,507)
	Average Enrollment	1,443	1,443	1,422	
<b>CSP</b>	Rev	\$ 1,823,850	\$ 7,926,639	\$ 8,580,109	\$ 653,470
	Exp	\$ 8,166,378	\$ 14,481,415	\$ 15,188,386	\$ (706,971)
	Tax Levy	\$ 6,342,528	\$ 6,554,776	\$ 6,608,277	\$ (53,501)
	Average Enrollment	1,267	1,267	1,267	
<b>CRS</b>	Rev	\$ 1,016,279	\$ 469,755	\$ 877,854	\$ 408,099
	Exp	\$ 2,903,323	\$ 1,734,706	\$ 1,961,484	\$ (226,778)
	Tax Levy	\$ 1,887,044	\$ 1,264,951	\$ 1,083,630	\$ 181,321
	Average Enrollment	42	35	35	
<b>CCS</b>	Rev	\$ 1,871,023	\$ 6,617,250	\$ 5,420,592	\$ (1,196,658)
	Exp	\$ 2,131,360	\$ 7,875,007	\$ 6,635,036	\$ 1,239,971
	Tax Levy	\$ 260,337	\$ 1,257,757	\$ 1,214,444	\$ 43,313
	Capacity (At year end)	233	560	530	
<b>Day Treatment</b>	Rev	\$ 1,872,799	\$ 1,887,069	\$ 1,739,549	\$ (147,520)
	Exp	\$ 2,609,360	\$ 2,993,676	\$ 2,896,437	\$ 97,239
	Tax Levy	\$ 736,561	\$ 1,106,607	\$ 1,156,888	\$ (50,281)
	Capacity	24	24	24	

## CARSD AODA

### Major Services

#### Financials

Service Description	2015 Actual	2016 Budget	2016 Projection	Variance
Detoxification	\$ 2,577,775	\$ 2,572,145	\$ 2,572,145	\$ -
AODA Residential	\$ 3,189,009	\$ 3,042,032	\$ 3,273,315	\$ (231,283)
Recovery House	\$ 137,258	\$ 142,625	\$ 101,890	\$ 40,735
Outpatient – Substance Abuse	\$ 481,819	\$ 432,888	\$ 414,373	\$ 18,515
Recovery Support Coordination	\$ 1,433,274	\$ 1,423,960	\$ 1,405,170	\$ 18,790
Prevention	\$ 2,392,061	\$ 2,518,091	\$ 2,406,809	\$ 111,282
RSS	\$ 1,104,547	\$ 1,339,699	\$ 1,091,548	\$ 248,152
Other (Training, etc)	\$ 669,451	\$ 715,775	\$ 750,339	\$ (34,564)

#### Utilization Data

Service Description	2015 Actual	2016 Budget	2016 Projection	Variance
Detoxification - Admits	5,091	5,400	6,020	620
AODA Residential - Capacity	96	96	96	-
Recovery House - Average Enrollment	33	33	25	(8)
Outpatient – Substance Abuse - Admits	853	850	834	(16)
Recovery Support Coordination - Average Enrollment	227	230	260	30
Recovery Support Services - Average Enrollment	1,007	1,000	718	(282)

## WRAPAROUND MILWAUKEE

### Wraparound Spending by Service Group

### Percent of Total Spending

Service Group	2015 Actual	2016 Projection	Variance	2015	2016
AODA Svcs	66,032 \$	48,784 \$	(17,248)	0%	0%
Care Coordination	11,480,102 \$	12,469,590 \$	989,488	25%	27%
Child Care/Recreation	57,806 \$	109,384 \$	51,578	0%	0%
Crisis	6,628,117 \$	7,609,160 \$	981,043	15%	17%
Day Treatment	62,944 \$	43,984 \$	(18,960)	0%	0%
Discretion/Flex Fund	187,226 \$	201,782 \$	14,556	0%	0%
Fam/Parent Support Svcs	533,088 \$	681,452 \$	148,364	1%	1%
Foster Care	3,368,783 \$	3,215,144 \$	(153,639)	7%	7%
Group Home	4,948,707 \$	4,537,062 \$	(411,645)	11%	10%
Independent Living	318,080 \$	338,480 \$	20,400	1%	1%
In-Home	3,020,447 \$	3,061,252 \$	40,805	7%	7%
Inpatient	1,498,855 \$	1,492,826 \$	(6,029)	3%	3%
Life Skills	413,300 \$	350,620 \$	(62,680)	1%	1%
Med. Mgmt/Nursing	53,480 \$	51,100 \$	(2,380)	0%	0%
Occupational Therapy (new)	39,100 \$	28,220 \$	(10,880)	0%	0%
Outpatient	777,155 \$	746,342 \$	(30,813)	2%	2%
Psychological Assmts	188,890 \$	195,050 \$	6,160	0%	0%
Residential Treatmt	10,886,860 \$	9,514,912 \$	(1,371,948)	24%	21%
Respite	77,908 \$	34,952 \$	(42,956)	0%	0%
Shelter	\$	27,880 \$	27,880	0%	0%
Transportation	342,811 \$	555,732 \$	212,921	1%	1%
Youth Support Svcs	247,850 \$	401,824 \$	153,974	1%	1%
	45,197,541	45,715,532	517,991	100%	100%
	<b>2015 Actual</b>	<b>2016 Projection</b>	<b>Variance</b>		
<b>Member Months</b>	<b>14,582</b>	<b>18,178</b>	<b>3,596</b>		

**COUNTY OF MILWAUKEE**  
**Behavioral Health Division Administration**  
**Inter-Office Communication**

**DATE:** July 29, 2016

**TO:** Thomas Lutzow, Chairperson  
Finance Committee  
Milwaukee County Mental Health Board

**FROM:** Alicia Modjeska, Chief of Operations, Behavioral Health Division

**SUBJECT:** Recruitment Reimbursement

**REQUEST:** *Authorization to Spend BHD Funds on Food and Restaurant Events Related to Physician Recruitment*

**Issue**

Due to numerous open psychiatry positions, and a nationwide shortage, BHD has enhanced retention and recruitment efforts for physicians. BHD is requesting authorization to use a portion of BHD employee food and event budget for physician recruiting events. Recruitment of physicians requires an analysis of both qualifications, cultural fit, and convincing physicians to move to the Milwaukee area. This type of comprehensive recruitment strategy is the industry norm, and an important step in ensuring the candidate and potentially his family make an informed decision.

This request is for:

1. approval to use funds for these types of events, and
2. a policy change

**Fiscal Impact**

The amount is anticipated to be less than \$5,000 for 2016 and will be absorbed in the 2016 BHD budget. No tax levy funds will be used to support this budget item.

Respectfully Submitted,



Alicia Modjeska, Chief of Operations  
Milwaukee County Behavioral Health Division, Department of Health and Human Services

cc: Hector Colon, Director, Department of Health and Human Services  
Michael Lappen, Administrator, Behavioral Health Division

COUNTY OF MILWAUKEE  
Behavioral Health Division Medical Staff Organization  
Inter-Office Communication

**DATE:** August 10, 2016  
**TO:** Duncan Shrout, Chairperson, Milwaukee County Mental Health Board  
**FROM:** Clarence P. Chou, MD, President of the Medical Staff Organization  
*Prepared by Lora Dooley, Director of Medical Staff Services*  
**SUBJECT: A Report from the President of the Medical Staff Organization Requesting Approval of Adopted Changes to the Behavioral Health Division Medical Staff Organization Bylaws**

**Background**

Under Wisconsin and Federal regulatory requirements, the Medical Staff Organization must develop and adopt Bylaws. After adoption or any amendment by the Medical Staff Organization, it is required that the proposed Bylaws be presented to the Governing Authority for action. Bylaws and amendments thereto become effective only upon Governing Authority approval. In accordance with Joint Commission standard MS.01.01.03 and CMS CoP §482.12(a)(4), neither the organized medical staff or the governing body may unilaterally amend the Medical Staff Bylaws.

**Discussion**

The following proposed changes were presented to and adopted by the Behavioral Health Division Medical Staff Organization at their meeting of August 3, 2016:

<b>SCOPE &amp; REASON FOR CHANGE</b>
The following amendments were proposed to clarify the current requirement that payment of outstanding dues must be made at time of application for reappointment:
3.8 <u>Reappointment and/or reprivileging.</u> Applicants have the burden of producing accurate and adequate information for proper evaluation of professional, ethical and other qualifications for continued membership and/or clinical privileges..... Any significant misstatements in, falsifications in, or omissions from the reprivileging application <i>requirements, which shall include being current on annual dues assessments, if applicable,</i> shall constitute cause for the application to be deemed incomplete. The Chief Medical Officer or Medical Staff Services shall notify the applicant of any areas of incompleteness and/or failure of others to respond to such information collection or verification efforts. It will then be the applicant's obligation to obtain all required information prior to the Credentialing and Privileging Review Committee meeting at which the application is scheduled for

review. Applicants who do not make reasonable attempts to resolve misstatements or omissions from the application or doubts about qualifications, current abilities or credentials, or resolve dues delinquencies when requested, shall result in application being deemed incomplete and no further action shall be required.....

.....Information collection shall include the required two-year NPDB query, re-verification of current professional licensure from the appropriate State Medical Board(s), query of the OIG-LEIE and occurrences of non-adherence to these Bylaws, the Rules and Regulations and/or Medical Staff Organization policies.

#### 11.2 Assessment.

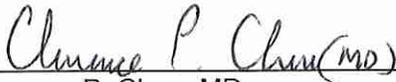
All members of the Medical Staff Organization holding appointment within the Active Staff Category (voting members) shall be required to pay dues within 45 days of receiving an assessment.

3. If a Medical Staff member is delinquent, payment of any outstanding dues assessment(s) must be made at time of application for reappointment or application shall be deemed incomplete.

#### **Recommendation**

It is recommended that the Milwaukee County Mental Health Board approve the Bylaws, as amended and adopted by the Medical Staff Organization at their meeting of August 3, 2016.

Respectfully Submitted,



Clarence P. Chou, MD  
President, BHD Medical Staff Organization

- cc Michael Lappen, BHD Administrator  
John Schneider, BHD Chief Medical Officer  
Lora Dooley, BHD Director of Medical Staff Services  
Jodi Mapp, BHD Senior Executive Assistant

**COUNTY OF MILWAUKEE**  
**Behavioral Health Division Medical Staff Organization**  
**Inter-Office Communication**

**DATE:** August 10, 2016

**TO:** Duncan ShROUT, Chairperson, Milwaukee County Mental Health Board

**FROM:** Shane V. Moiso, MD, Vice-President of the Medical Staff Organization  
*Prepared by Lora Dooley, Director of Medical Staff Services*

**SUBJECT:** **A Report from the Vice-President of the Medical Staff Organization Requesting Approval of Appointment and Privilege Recommendations Made by the Medical Staff Executive Committee**

**Background**

Under Wisconsin and Federal regulatory requirements, all physicians and all other practitioners authorized under scope of licensure and by the hospital to provide independent care to patients must be credentialed and privileged through the Medical Staff Organization. Accepting temporary privileges for an immediate or special patient care need, all appointments, reappointments and privileges for each physician and other practitioners must be approved by the Governing Body.

**Discussion**

From the Vice-President of the Medical Staff and Chair of Credentialing and Privileging Review presenting recommendations for appointments and/or privileges. Full details are attached specific to items A through C<sup>1</sup> :

- A. New Appointments
- B. Reappointments
- C. Provisional Period Reviews / Status Changes
- D. Notations Reporting (to be presented in **CLOSED SESSION** in accordance with protections afforded under Wisconsin Statute 146.38)

**Recommendation**

It is recommended that the Milwaukee County Mental Health Board approve all appointments and privilege recommendations, as submitted by the Medical Staff Executive Committee.

Respectfully Submitted,



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Shane V. Moiso, MD  
Vice-President, BHD Medical Staff Organization

cc Michael Lappen, BHD Interim Administrator  
John Schneider, BHD Chief Medical Officer  
Lora Dooley, BHD Director of Medical Staff Services  
Jodi Mapp, BHD Senior Executive Assistant

**Attachments**

1 Medical Staff Credentialing Report & Medical Executive Committee Recommendations

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  
GOVERNING BODY REPORT  
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS  
JULY / AUGUST 2016**

The following credentials files were reviewed. Privilege recommendations/actions were made based on information related to qualifications, current competence and ability to perform privileges (health status). All requisite primary source verifications or queries were obtained and reviewed regarding professional training, professional licensure(s), registrations, National Practitioner Data Bank and OIG-List of Excluded Individuals and Entities & System Award Management. Decisions were further based on Service Chief (Medical Director and Chief Psychologist, when applicable) recommendations, criminal background check results, peer recommendations when applicable, focused or ongoing (FPPE/OPPE) professional practice evaluation data, malpractice claims history and verification of good standing with other hospitals/practices. Notations reporting shall be presented at the Board Meeting in closed session.

INITIAL APPOINTMENT	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JULY 6, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE JULY 20, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Philip Berent, MD	General Psychiatry	Affiliate/ Provisional	A / M#	Dr. Schneider recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
John Pappenheim, MD	General Psychiatry	Affiliate/ Provisional	B	Dr. Schneider recommends appointment & privileges, as requested	Chair, on behalf of Committee on 7/1/16, recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JULY 6, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE JULY 20, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<b>MEDICAL STAFF</b>							
Neil Brahmhatt, DO	General Psychiatry	Affiliate/ Provisional*		Dr. Thrasher recommends reappointment & privileges, as requested <small>(Privileges amended from previous appt)</small>	Committee recommends reappointment and privileges, as requested, for 2 years.	Recommends reappointment and privileging as per C&PR Committee.	
Clarence Chou, MD	General Psychiatry; Child Psychiatry	Active/ Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Sara Coleman, PsyD	General Psychology	Active/ Full	#M	Drs. Kuehl and Thrasher recommend reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Gregory Harrington MD	General Neurology	Consulting/ Full	A	Drs. Puls and Schneider recommend reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Gunjan Khandpur, MD	General Psychiatry; Child Psychiatry	Active/ Full		Dr. Moio recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Ahmed Numaan, MD	General Psychiatry	Active/ Full	MA	Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Elaine Sorem, MD	General Psychiatry	Active/ Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Larry Sprung, MD	General Psychiatry	Active/ Full	#M / MA	Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Tony Thrasher, DO	General Psychiatry	Active/ Full	#M	Dr. Schneider recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JULY 6, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE JULY 20, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
ALLIED HEALTH NONE THIS PERIOD							
PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	NOTATIONS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JULY 6, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE JULY 20, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Anna Berg, MD	General Psychiatry	Affiliate/ Provisional		Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	
Justin Gerstner, MD	Psychiatric Officer of the Day; Medical Officer of the Day	Affiliate/ Provisional		Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	
ALLIED HEALTH							
Angelia Smith, MSN	Advanced Practice Nurse-Family Practice	Allied Health Professional / Provisional		Dr. Puls recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	REQUESTED / RECOMMENDED CHANGE	NOTATIONS	SERVICE CHIEF* RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JULY 6, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE JULY 20, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Neil Brahmhatt, DO	Psychiatric Officer of the Day; Medical Officer of the Day / Affiliate	General Psychiatry; General Medical Practice / Affiliate		Dr. Thrasher recommends amending privileges, as requested	Committee recommends amending privileges, as requested, for remainder of current biennium.	Recommends amending privileging as per C&PR Committee.	
Mohammed Rahemtulla, DO	Psychiatric Officer of the Day; Medical Officer of the Day / Affiliate	General Psychiatry; General Medical Practice / Affiliate		Dr. Thrasher recommends amending privileges, as requested	Committee recommends amending privileges, as requested, for remainder of current biennium.	Recommends amending privileging as per C&PR Committee.	

*H. Lyons*

CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE  
(OR PHYSICIAN COMMITTEE MEMBER DESIGNEE)

*7/20/2016*

DATE

*Shane Wozni*

VICE-PRESIDENT, MEDICAL STAFF ORGANIZATION  
ACTING CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

*8/11/16*

DATE

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS:

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RECOMMENDATIONS OF THE MCBHD MEDICAL STAFF CREDENTIALING & PRIVILEGING REVIEW AND MEDICAL STAFF EXECUTIVE COMMITTEES WERE REVIEWED. ALL PRIVILEGE AND APPOINTMENTS ARE HEREBY GRANTED AND APPROVED, AS RECOMMENDED BY THE MEC, UNLESS OTHERWISE INDICATED ABOVE.

GOVERNING BOARD CHAIRPERSON

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

MEDICAL STAFF CREDENTIALS & EXECUTIVE COMMITTEE REPORT TO GOVERNING BODY - AUGUST 2016

PAGE 2 of 2

DATE

BOARD ACTION DATE: AUGUST 25, 2016