

**REVISED**

**2**

BEHAVIORAL HEALTH DIVISION

DASHBOARD REPORT

3rd Quarter 2016

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# BHD COMBINED DASHBOARD

3rd Quarter 2016

## 2016 Budget Initiatives

Initiative	Status	
Northside Hub	→	2017 Initiative
CCS Expansion	→	On Track
Develop two additional CBRFs	↓	Strategic
Ending Chronic Homelessness	↑	Completed
Implementation of Pyxis	↑	Completed
Consolidate space from 9201	↑	Completed
Crisis Mobile Prevention	→	In Progress
Additional CART team	→	In Progress
Increased CRC coverage	↑	Completed

Complete ↑    Not Done ↓    Progressing →

	Sept YTD	2016 Full Year		
		Projection	Budget	Variance
<b>Revenue</b>	89,495,841	132,815,415	129,392,374	3,423,041
<b>Expense</b>				
Personnel	39,994,275	58,375,143	61,159,771	2,784,628
Svcs/Commodities	9,493,478	16,151,862	16,038,823	(113,039)
Other Chgs/Vendor	69,743,788	110,522,987	111,372,545	849,558
Capital	270,099	1,185,448	1,290,630	105,182
Cross Charges	27,839,630	43,788,830	42,728,116	(1,060,714)
Abatements	(26,635,490)	(40,893,599)	(42,381,760)	(1,488,161)
<b>Total Expense</b>	120,705,780	189,130,671	190,208,125	1,077,454
Tax Levy	31,209,939	56,315,256	60,815,751	4,500,495

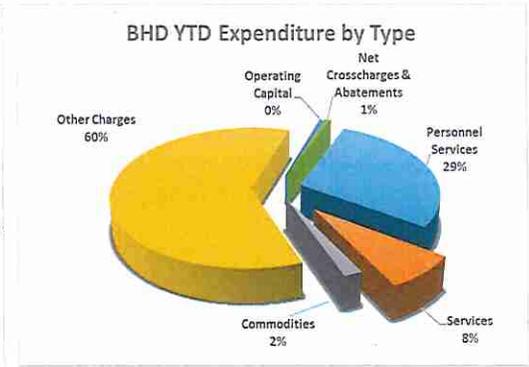
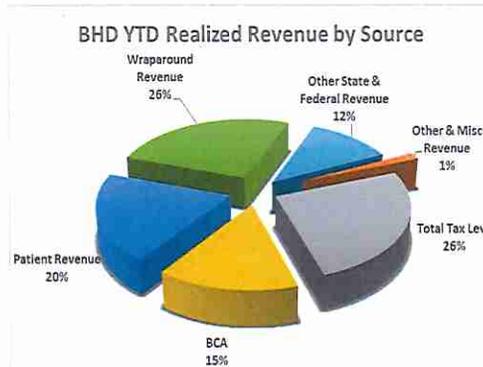
Percentage Spent 63%

Percentage Yr Elapsed 75%

## 3rd Quarter Financial Highlights

- State Plan Amendment
- WIMCR
- Capital Improvement Reserve Fund
- Inpatient Census
- Staffing
- Payer Mix

## 2016 YTD Revenues & Expenses by Percentage



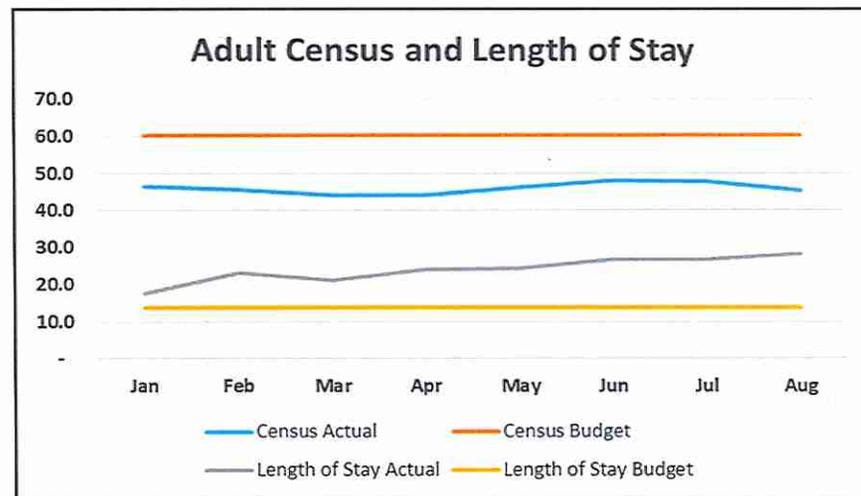
Note: "Other Charges" in Expenditures include all Provider Payments - Fee For Service, Purchase of Service and other contracted services.

# ACUTE ADULT INPATIENT DASHBOARD

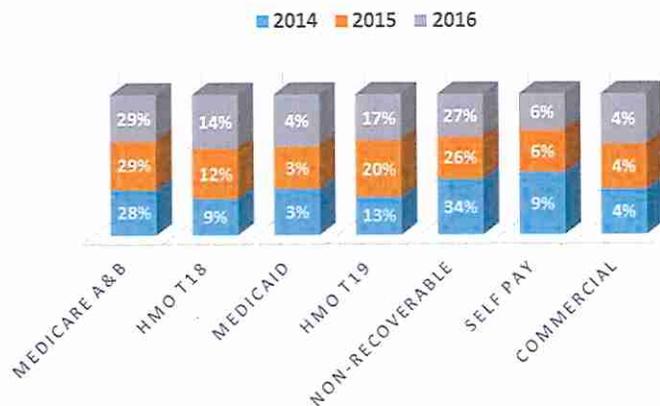
3rd Quarter 2016

	2016 Full Year			
	Sept YTD	Projection	Budget	Variance
<b>Revenue</b>	7,868,791	10,888,144	11,591,848	(703,704)
<b>Expense</b>				
Personnel	10,528,383	15,432,330	16,562,311	1,129,981
Svcs/Commodities	2,011,291	3,076,327	2,976,412	(99,915)
Other Chgs/Vendor	1,027,541	1,548,976	1,009,187	(539,789)
Capital	-	17,500	17,500	-
Cross Charges	6,534,206	10,334,467	13,150,395	2,815,928
Abatements	-	-	-	-
<b>Total Expense</b>	20,101,421	30,409,600	33,715,805	3,306,205
Tax Levy	12,232,630	19,521,456	22,123,957	2,602,501

Percentage Spent 60%  
 Percentage Yr Elapsed 75%



## ADULT INPATIENT PAYER SOURCES



## Adult Inpatient Hours Worked by Pay Period

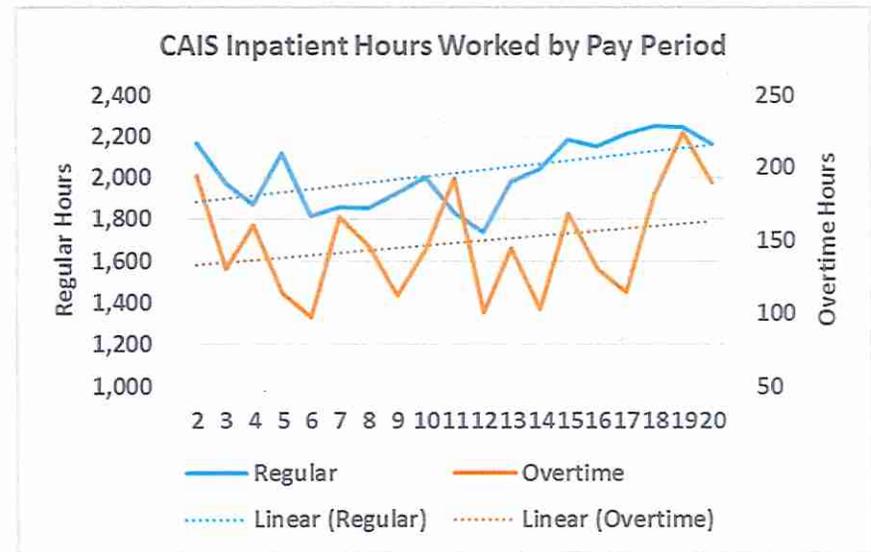
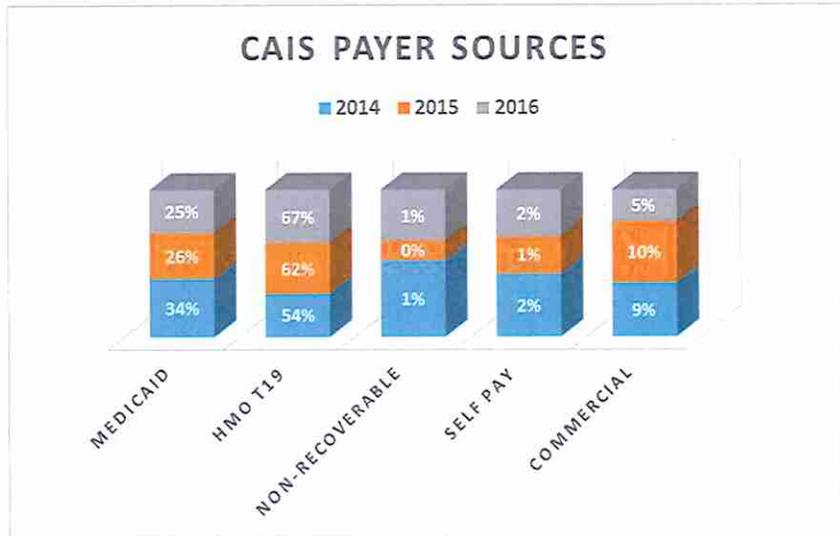
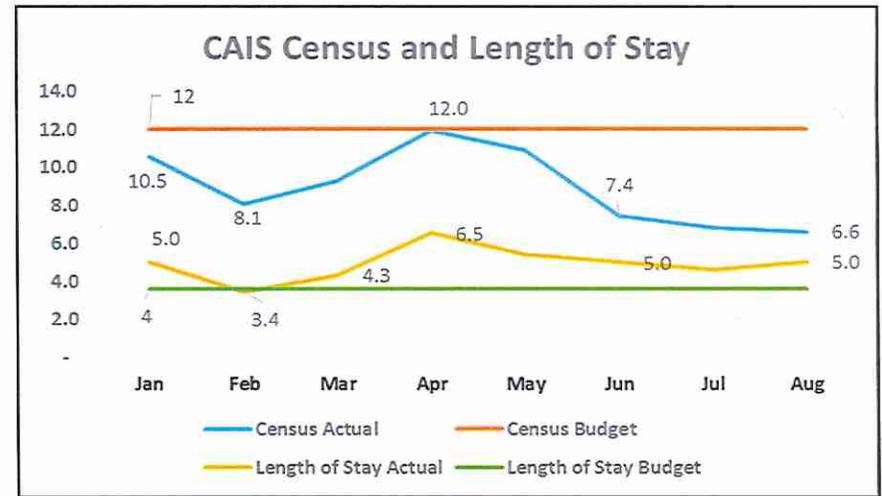


# CAIS (Child & Adolescent Inpatient) DASHBOARD

3rd Quarter 2016

	Sept YTD	2016 Full Year		
		Projection	Budget	Variance
<b>Revenue</b>	3,317,798	4,423,731	5,497,575	(1,073,844)
<b>Expense</b>				
Personnel	2,662,234	3,807,731	3,648,282	(159,449)
Svcs/Commodities	196,364	280,298	379,620	99,322
Other Chgs/Vendor				-
Capital				-
Cross Charges	2,062,888	3,210,337	4,011,906	801,569
Abatements				-
<b>Total Expense</b>	4,921,486	7,298,366	8,039,808	741,442
Tax Levy	1,603,688	2,874,635	2,542,233	(332,402)

Percentage Spent 61%  
 Percentage Yr Elapsed 75%

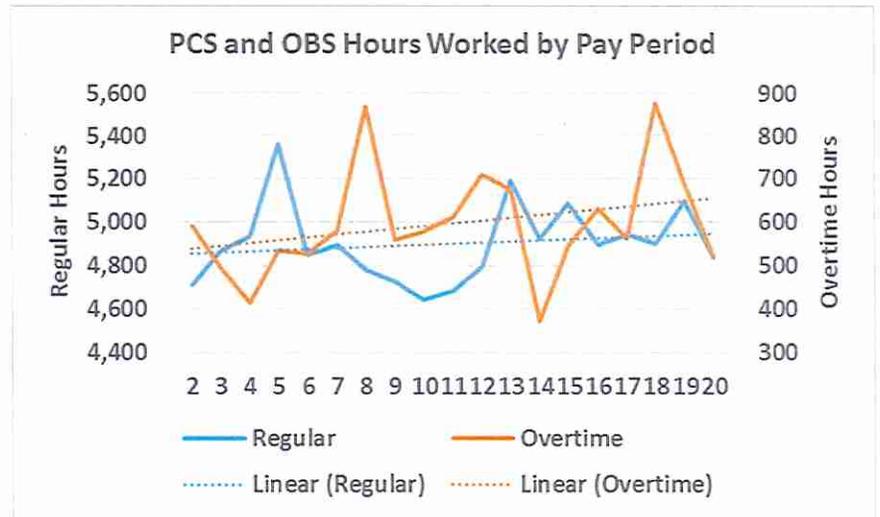
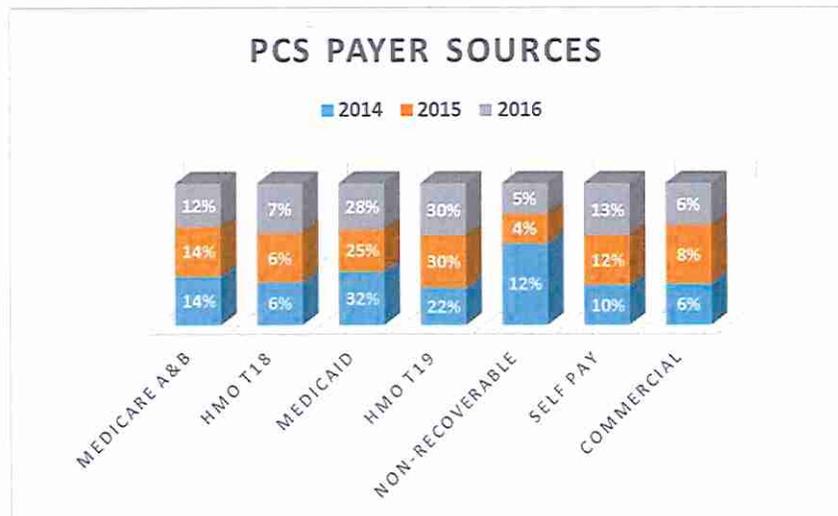
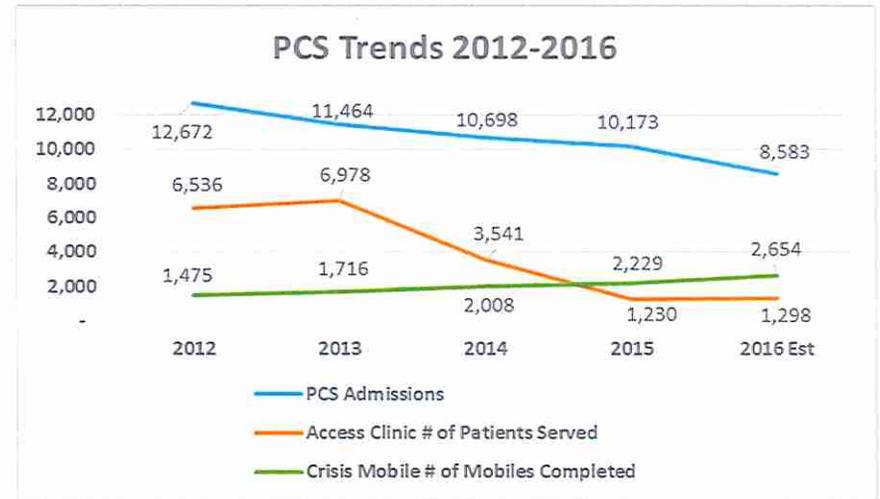


# PCS (ER/Obs + Access/Mobile in 2016) DASHBOARD

3rd Quarter 2016

	Sept YTD	2016 Full Year		
		Projection	Budget	Variance
<b>Revenue</b>	8,180,451	11,942,232	11,911,882	30,350
<b>Expense</b>				
Personnel	9,898,137	14,250,656	14,208,722	(41,934)
Svcs/Commodities	1,052,376	1,578,972	2,241,764	662,792
Other Chgs/Vendor	300,523	445,066	783,738	338,672
Capital				-
Cross Charges	4,208,667	6,539,908	8,714,340	2,174,432
Abatements				-
<b>Total Expense</b>	15,459,703	22,814,602	25,948,564	3,133,962
Tax Levy	7,279,252	10,872,370	14,036,682	3,164,312

Percentage Spent 60%  
 Percentage Yr Elapsed 75%

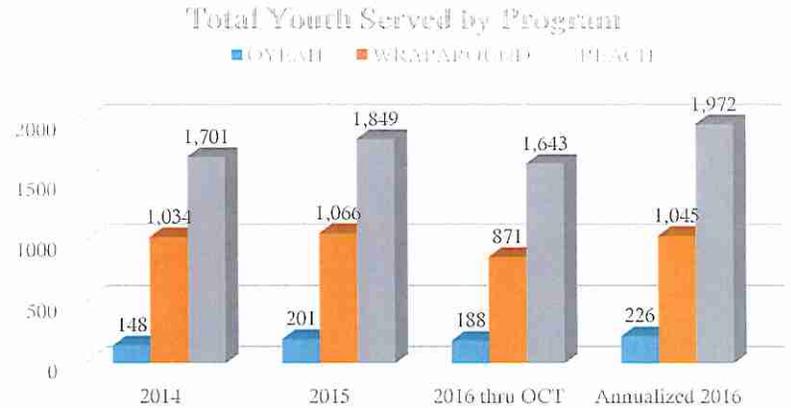


## WRAPAROUND DASHBOARD

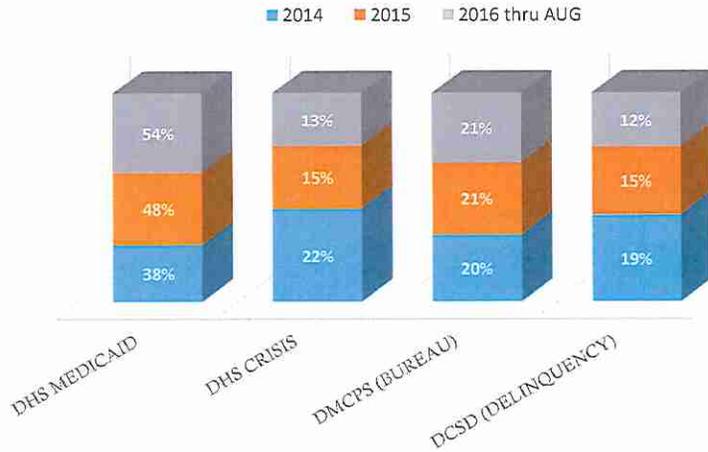
3rd Quarter 2016

	Sept YTD	2016 Full Year		
		Projection	Budget	Variance
<b>Revenue</b>	32,211,259	52,531,572	46,666,491	5,865,081
<b>Expense</b>				
Personnel	2,913,332	4,163,412	4,555,888	392,476
Svcs/Commodities	58,013	77,351	219,793	142,442
Other Chgs/Vendor	32,942,838	51,891,920	50,131,690	(1,760,230)
Capital				-
Cross Charges	3,031,274	4,675,778	2,796,333	(1,879,445)
Abatements	(5,505,842)	(7,931,349)	(11,081,950)	(3,150,601)
<b>Total Expense</b>	33,439,615	52,877,112	46,621,754	(6,255,358)
Tax Levy	1,228,356	345,540	(44,737)	(390,277)

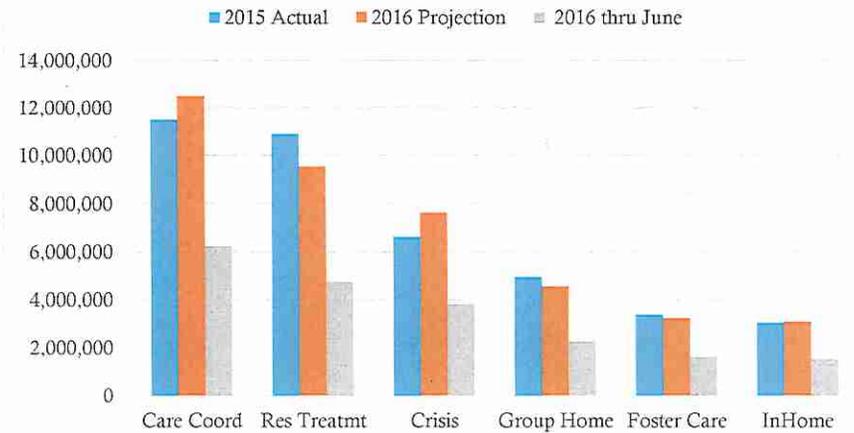
Percentage Spent 72%



### WRAP PAYOR SOURCES

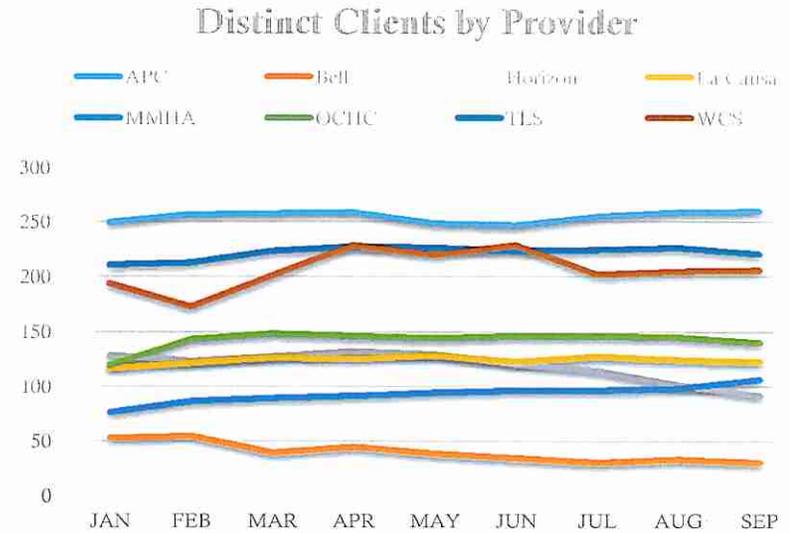


### Top 6 Service Groups by Expenditure



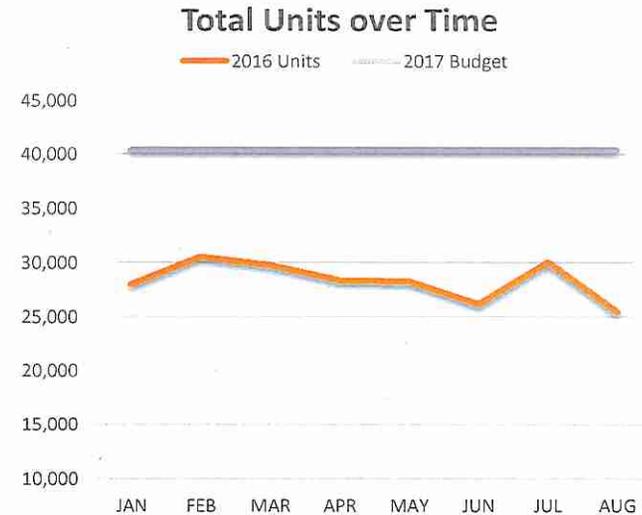
**TCM (Targeted Case Management) DASHBOARD**  
3rd Quarter 2016

	Sept YTD	2016 Full Year		
		Projection	Budget	Variance
<b>Revenue</b>	1,190,101	1,586,801	1,597,405	(10,604)
<b>Expense</b>				
Personnel	41,211	54,948	-	(54,948)
Svcs/Commodities	343	457	-	(457)
Other Chgs/Vendor	3,952,293	5,485,616	5,325,560	(160,056)
Capital	-	-	-	-
Cross Charges	413,697	644,705	127,697	(517,008)
Abatements				
<b>Total Expense</b>	4,407,544	6,185,726	5,453,257	(732,469)
Tax Levy	3,217,443	4,598,925	3,855,852	(743,073)
 Average Enrollment	 1,341	 1,422	 1,443	



### Units by Provider - September 2016

	Current Month			YTD		
	Billable	Nonbillable	% unbilled	Billable	Nonbillable	% unbilled
APC	5,373	1,164	18%	52,375	13,811	21%
Bell Therapy	453	173	28%	5,109	2,539	33%
Horizon	944	238	20%	12,639	3,277	21%
La Causa	2,370	959	29%	24,854	8,614	26%
MMHA	1,789	544	23%	15,303	4,814	24%
OCHC	1,785	399	18%	17,916	6,606	27%
TLS	2,715	1,707	39%	26,803	17,975	40%
WCS	1,638	3,181	66%	14,444	26,234	64%
<b>TOTAL</b>	<b>17,067</b>	<b>8,365</b>	<b>33%</b>	<b>169,443</b>	<b>83,870</b>	<b>33%</b>

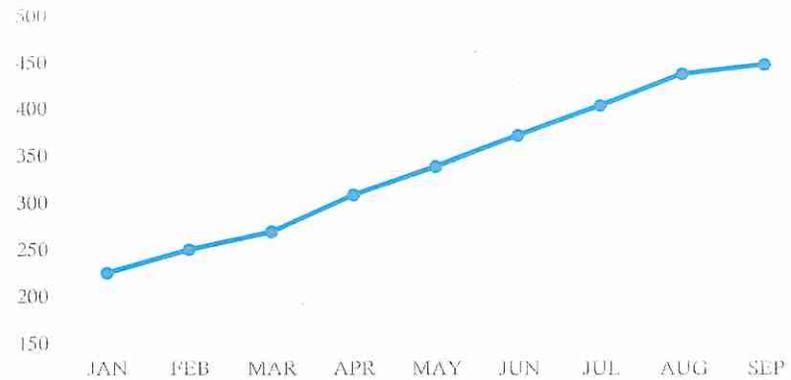


# CCS (Comprehensive Community Services) DASHBOARD

3rd Quarter 2016

	Sept YTD	2016 Full Year		
		Projection	Budget	Variance
<b>Revenue</b>	3,959,418	6,596,098	6,617,250	(21,152)
<b>Expense</b>				
Personnel	135,605	180,806	-	(180,806)
Svcs/Commodities	-	-	-	-
Other Chgs/Vendor	3,833,596	6,943,261	7,785,000	841,739
Capital				
Cross Charges	580,288	905,249	90,007	(815,242)
Abatements	-	-	-	-
<b>Total Expense</b>	4,549,489	8,029,316	7,875,007	(154,309)
Tax Levy	590,071	1,433,218	1,257,757	(175,461)
Average Enrollment	347	560	560	

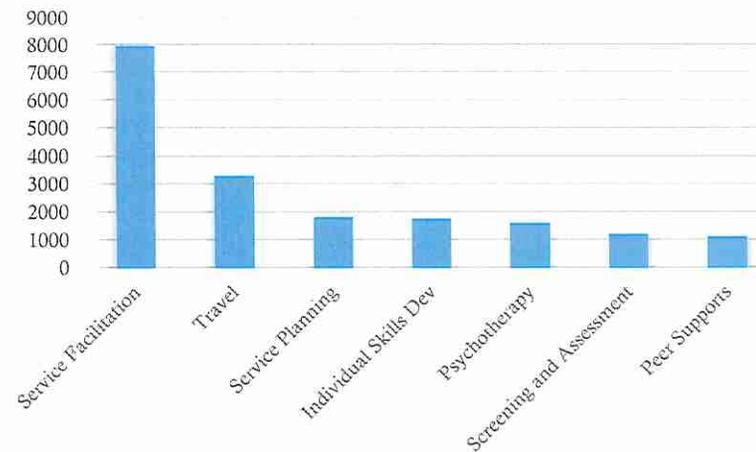
Distinct Clients Served 2016



## Units by Provider - September 2016

	Current Month			YTD		
	Billable	Non-Billable	% Non-Billable	Billable	Non-Billable	% Non-Billable
APC	4,964	115	2.3%	38,845	917	2.3%
ARMHS	154		0.0%	180	-	0.0%
Ascent	768		0.0%	2,450	-	0.0%
Bell Therapy	1,235	17	1.4%	11,332	344	2.9%
Column	120		0.0%	409	-	0.0%
Day Treatment	76		0.0%	701	-	0.0%
Easter Seals	344		0.0%	1,834	-	0.0%
Goodwill	109		0.0%	508	-	0.0%
Guest House	2,774	56	2.0%	16,450	476	2.8%
Hancock	16		0.0%	93	-	0.0%
JusticePoint	417	27	6.1%	1,941	139	6.7%
La Causa	5,552	94	1.7%	42,123	1,255	2.9%
Lockett Ent	15		0.0%	32	-	0.0%
Meta House	204		0.0%	569	-	0.0%
MHA	74		0.0%	164	-	0.0%
OCHC	458	12	2.6%	5,813	124	2.1%
PSG	80		0.0%	193	-	0.0%
St Charles	1,044	20	1.9%	9,543	282	2.9%
TLS	2,958	12	0.4%	26,417	902	3.3%
WCS	122	39	24.2%	137	54	28.3%
<b>TOTAL</b>	<b>21,484</b>	<b>392</b>	<b>1.8%</b>	<b>159,734</b>	<b>4,493</b>	<b>2.7%</b>

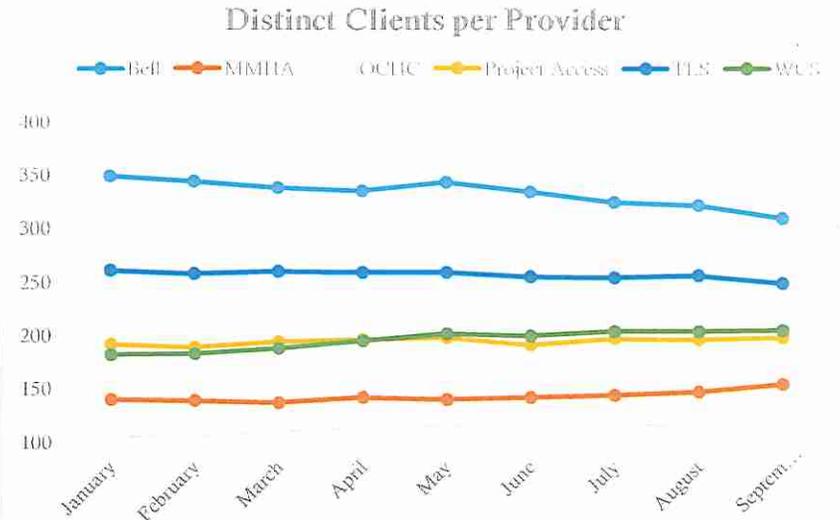
TOP 7 CCS SERVICES BY UNITS



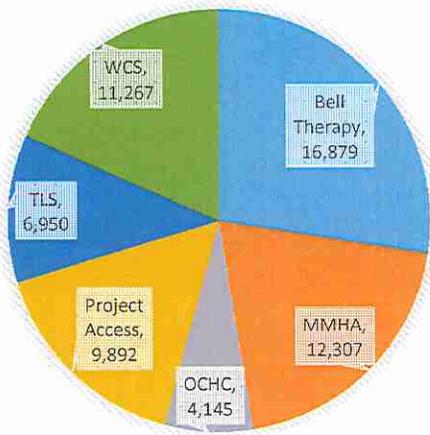
## CSP (Community Support Program) DASHBOARD

### 3rd Quarter 2016

	2016 Full Year			
	Sept YTD	Projection	Budget	Variance
<b>Revenue</b>	5,696,737	7,595,649	7,926,639	(330,990)
<b>Expense</b>				
Personnel	43,148	57,531	-	(57,531)
Svcs/Commodities	158	211	-	(211)
Other Chgs/Vendor	8,932,063	13,960,893	14,356,017	395,124
Capital			-	-
Cross Charges	1,117,139	1,742,737	125,398	(1,617,339)
Abatements			-	-
<b>Total Expense</b>	10,092,508	15,761,372	14,481,415	(1,279,957)
Tax Levy	4,395,771	8,165,723	6,554,776	(1,610,947)
Average Enrollment	1,249	1,267	1,267	



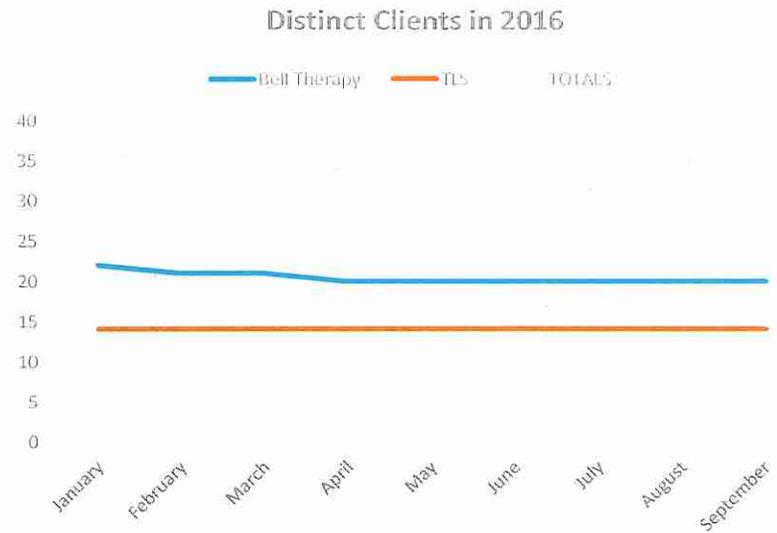
### Units of Service per Provider - Sept 2016



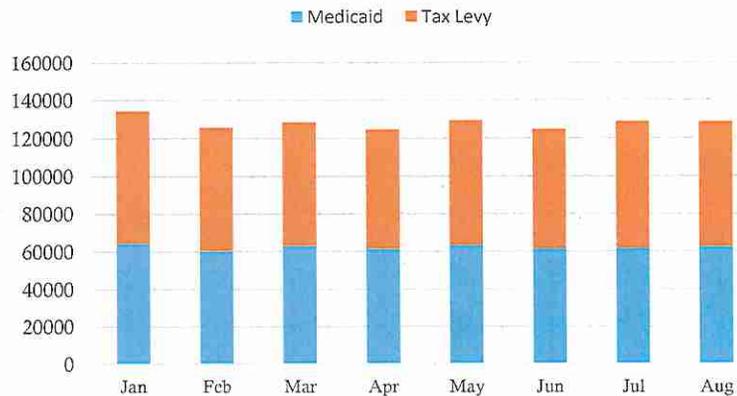
<u>Agency</u>	<u>September</u>	<u>YTD Total</u>
Bell Therapy	16,879	161,380
MMHA	12,307	105,988
OCHC	4,145	46,097
Project Access	9,892	91,900
TLS	6,950	88,820
WCS	11,267	101,108
<b>Grand Total</b>	<b>61,440</b>	<b>595,293</b>

## CRS (Community Recovery Services) DASHBOARD 3rd Quarter 2016

	2016 Full Year			
	Sept YTD	Projection	Budget	Variance
<b>Revenue</b>	550,682	734,243	469,755	264,488
<b>Expense</b>				
Personnel	91,351	167,650	399,484	231,834
Svcs/Commodities	-	-	507	507
Other Chgs/Vendor	1,032,749	1,579,660	1,154,100	(425,560)
Capital				-
Cross Charges	153,051	236,821	180,615	(56,206)
Abatements				-
<b>Total Expense</b>	1,277,151	1,984,131	1,734,706	(249,425)
Tax Levy	726,469	1,249,888	1,264,951	15,063
Average Enrollment	35	35	35	



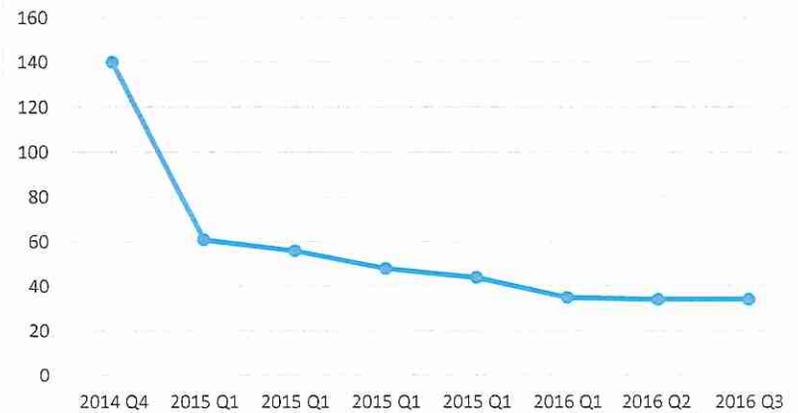
### Cost by Medicaid vs Tax Levy



Medicaid pays 50% of approved costs, 2016 average is 48.6%

*\* These costs include the reimbursements to community agencies only.*

### Individuals Served over Life of Program



**BEHAVIORAL HEALTH DIVISION  
2017 BUDGET INITIATIVES**

Initiative	Status
Electronic Medical Records Enhancements	Feasibility study being completed in 2016. Results of study will determine strategic direction
Enhanced Security Protocol	RFP Responses currently being reviewed.
Expand Comprehensive Community Services Enrollment	CCS enrollment is growing at a pace of 80 per quarter and is on target to meet 2017 enrollment goals.
Expand TCM Enrollment	The plan to increase capacity in TCM by 110 individuals is currently on track. Several case agencies have hired additional case managers and plan to hire into the 1st quarter of 2017.
Expand Crisis Resource Center	Provider agreed to expansion, currently reviewing utilization to plan for best way to achieve 7 day coverage at both CRC locations.
Expand Crisis Assessment Response Team	The first team of the expansion is anticipated to begin in January. A clinician has been identified and planning is being completed with the DA's Office.
Enhance Opioid Epidemic Strategies	On Track.

**2017 Budget Financial Risks**

Item	Description
Adult Inpatient Census	The 2017 budget has an adult inpatient census of 60 compared to an average of 46 in 2016. The decrease is due to imposed caps resulting from a shortage in clinical staffing. The impact is a revenue deficit of \$1.5M
Adult Inpatient Payor Mix	As a result of needing to cap census, patients who are able to be transferred are often transferred to other area hospitals to free up bed capacity at BHD. T19 HMO and commercially insured clients are often easier to transfer. This is resulting in an increasing number of self pay clients and increased write offs (\$2.4M)
Medicaid Inpatient Rates	The adult inpatient Medicaid rates decreased from \$1,603.86 to \$1,486.69 a decrease of 7.3%. In comparison, 2015 & 2016 saw increases of 17% & 4%, respectively over previous year rates. BHD is working with the State to understand the calculation of the rate and appeal if appropriate. The estimated impact is a \$.8M revenue deficit
Children and Adolescent Inpatient Census	The 2017 budget has a census of 12 compared to an average census of 8.5 in 2016. The decrease. The impact is a revenue deficit of \$.7M.
Wisconsin Interim Medicaid Cost Report (WIMCR)	State excluded \$17M of legacy fringe expenses historically reported. The impact to the latest will not be known until the end of 2016, however a negative revenue impact is anticipated.
TANF	The 2017 budget includes \$4.3M in TANF funding. However, in 2016 BHD was notified that Dane County census had surpassed 500K and that Dane County was now also eligible for TANF funding, which could result in less TANF funding to BHD

## 2017 Budget Financial Opportunities

Item	Description
Personnel Expense	Increased vacancy over budget will result in salary and fringe surplus of \$2M
Southside Access Clinic	Transition service to BHD due to low utilization (\$.2M)
CBRF	Strategic decision not to expand CBRFs (\$1.2M)
Targeted Case Management	Increased focus on billable units (\$.5M)
State Plan Amendment	2014 & 2015 payments expected to be realized in 2017 (\$.7M)
CCS Billable Units	Improved write offs of 2 basis points (\$.2M)
Northside Hub Facility Operations	Budgeted projected Northside Hub to be established on January 1, 2017 with \$.4M in costs in facility operations
PCS	Decrease in admissions resulting in lower drug and food expense (\$.3M)

**Behavioral Health Division  
2018 Budget  
Board/Committee Dates & Deliverables**

Date	Mental Health Board	Finance Committee	Other Deliverables
March 23 <sup>rd</sup>	<b>Public Comments – Budget</b>		
March 30 <sup>th</sup>		2018 Budget Assumptions	
April 27 <sup>th</sup>	<ul style="list-style-type: none"> <li>➤ CFO/Finance Chair to present preliminary budget assumptions</li> <li>➤ MH board members discuss budget assumptions</li> </ul>		
June 7 <sup>th</sup>		<ul style="list-style-type: none"> <li>➤ <b>Public Comments - Budget</b></li> <li>➤ BHD CFO presents preliminary 2018 budget</li> </ul>	
June 15 <sup>th</sup>			Budget request narrative posted for public review
June 22 <sup>nd</sup>			MH Board members submit budget recommendations to finance chair
June 29 <sup>th</sup>		<ul style="list-style-type: none"> <li>➤ DHHS Director presents requested 2017 budget</li> <li>➤ <b>Public Comments - Budget</b></li> <li>➤ Committee votes on recommendations and budget</li> </ul>	
July 6 <sup>th</sup>	<ul style="list-style-type: none"> <li>➤ DHHS Director presents final budget request</li> <li>➤ Finance committee chair presents recommendations to board</li> <li>➤ Board votes on 2018 budget</li> </ul>		
July 14 <sup>th</sup>			Formal Budget Submission

## **Report from the Director, Department of Health and Human Services Requesting Authorization to Execute 2017 Purchase-of-Service Contracts**

Approval of the recommended contract allocations will allow the Milwaukee County Behavioral Health Division (BHD), Community Access to Recovery Services (CARS), and Wraparound Milwaukee to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

### **CARS Program and Service Descriptions**

#### ***Adult Mental Health and Alcohol and Other Drug Abuse (AODA) Overview***

In 2016, significant focus was placed on expanding the Comprehensive Community Services (CCS) benefit, and CCS will become the largest most populous level of care within the County serving Medicaid beneficiaries of all ages experiencing either a mental health or substance use disorder. During 2017, emphasis will be on enrolling youth into the CCS Program. This expansion is aligned with CARS continued emphasis on strengthening our welcoming, co-occurring capability and moving the service model to a recovery oriented system of care.

Continued partnerships with the Bureau of Milwaukee Child Welfare and court diversion programs remain a priority and include access to treatment, housing resources, and evidence based employment approaches coordinated through the Housing Division and employment agencies using a supported employment model. CARS has developed a preferred provider network for the Adult Drug Treatment Court and received a federal grant to increase diversion and treatment services for veterans involved in Adult Drug Treatment Court. Additionally, CARS received a grant from the State of Wisconsin to develop an evidence-based first episode psychosis program which will build upon the C.O.R.E. program implemented in Wraparound.

#### **Community Based Crisis Services**

##### ***Community Linkages and Stabilization Program (CLASP)***

CLASP provides post-hospitalization extended support and treatment designed to support an individual's recovery, increase ability to function independently in the community, and reduce incidents of emergency room contacts and re-hospitalizations through individual support from Certified Peer Specialists under the supervision of a clinical coordinator. CLASP provides a safe, welcoming, and recovery-oriented environment, and all services are delivered in a person-centered, trauma-informed, culturally competent, and recovery oriented focus. The cost of this contract with La Causa, Inc., is for \$500,000. Additionally, BHD anticipates up to \$150,000 in Medicaid payments to La Causa for CLASP services.

### *Crisis Mobile Team*

Recommend a \$200,000 contract with La Causa, Inc., to continue for third-shift mobile crisis response services.

### *Crisis Stabilization*

The crisis stabilization homes serve adults who live with a mental illness or co-occurring disorder in need of further stabilization after an inpatient hospitalization. This service is also warranted for individuals awaiting residential placement and require structure and support to ensure a smooth transition into the residential placement. Crisis stabilization is also used to provide temporary accommodation for people with mental health needs during a crisis (or when they need longer term stabilization from living at home). Recommend Bell Therapy continue operating two crisis stabilization homes for \$279,135 and \$298,000 annually. Recommend a contract with Milwaukee Center for Independence (d.b.a. Whole Health Clinical Group) to continue operating one crisis stabilization home for \$250,000 annually.

### *Crisis Resource Center (CRC)*

CRC serves adults with mental illness and may include individuals with a co-occurring substance use disorder who are experiencing psychiatric crises and is an alternative to hospitalization. CRCs provide a recovery-oriented environment for people in need of stabilization and peer support. Whole Health Clinical Group operates two CRCs; a north side location with an annual contract of \$740,000 and a south side location with an annual contract of \$490,000.

### *Community Consultation Team (CCT)*

The CCT is a crisis mobile team specializing in community-based interventions for individuals with both intellectual developmental disabilities and mental illness. The goal of the CCT is to provide services in the community to support their community placements and thereby reduce the need for admissions to higher levels of care. Dungarvin receives \$236,544 on an annual basis for the CCT.

## **Mental Health Purchase of Service**

### *Community Support Programs*

Community Support Programs (CSP) serve individuals with severe and persistent mental illness or co-occurring substance use disorder. CSP is the most comprehensive and intensive community treatment model providing coordinated care and treatment including rehabilitation and support services through identified treatment programs. Staff ensure ongoing therapeutic involvement and person-centered treatment where participants live, work and socialize. Services are individually tailored through relationship building, individualized assessment and planning, and active involvement to achieve individual goals. All CSP agencies are currently utilizing the Assertive Community Treatment/Integrated Dual Disorder Treatment (ACT/IDDT) model. CARS has begun to evaluate CSP agencies' fidelity to the ACT model, an evidence-based program.

### *Outpatient Mental Health Clinics*

Outreach Community Health Center provides outpatient mental health counseling services to uninsured individuals who are referred from BHD's Access Clinic and require immediate short term mental health counseling and prescribing services. The number of individuals served under this contract has decreased significantly due to the number of individuals who now have health insurance coverage. Recommend this contract be awarded at half the amount awarded in 2016 to Outreach Community Health Center at an amount of \$298,866.

### *Clubhouse Model*

The Grand Avenue Club is a model of rehabilitation for individuals living with a mental illness and/or co-occurring disorders; the clubhouse operates with participants as members, who engage in partnership with staff in the running of the clubhouse. This includes involvement in the planning processes and all other operations of the club. Grand Avenue Club receives \$200,000 annually.

### *Drop-in Center*

Psychosocial drop-in centers provide a casual environment for education, recreation, socialization, pre-vocational activities, and occupational therapy opportunities for individuals with severe and persistent mental illness and/or co-occurring disorders. The drop-in center model is based on a concept of membership and utilizes peer support as a central tenet. Our Space, Inc., provides individuals with a mechanism of social connectedness so that they may further their own recovery. Our Space receives \$250,962 annually for this purpose.

### *Office of Consumer Affairs*

Horizon Healthcare supports the operation of the Office of Consumer Affairs. This includes a dedicated Certified Peer Specialist (CPS) in a supervisory capacity, as well as the hiring and supervision of 12 CPS who are employed in the four adult acute inpatient units, day treatment program, the BHD Observation Unit, and/or the crisis stabilization homes of BHD. Office of Consumer Affairs also provides a mechanism for the reimbursement for consumer participation in accordance with the BHD Consumer Reimbursement Policy. This is solely for the reimbursement of BHD sponsored activities with prior authorization. Horizon Healthcare receives \$240,000 annually for these activities.

### *Peer Run Recovery Center*

The peer run recovery center – similar to the Drop-In Center – provides a low-pressure environment for education, recreation, socialization, pre-vocational activities, and occupational therapy opportunities for individuals experiencing severe and persistent mental illness and/or co-occurring disorders. A key element of the peer-run concept is the active engagement of members in the planning, direction, and evaluation of recovery center activities. Membership is voluntary, and members decide upon their own level of participation but are strongly encouraged to take initiative and exercise leadership in the management and day-to-day operations. LaCausa Inc. receives \$278,000 annually for this activity.

### *Consumer Satisfaction Evaluation and Advocacy*

Vital Voices is the evaluation entity for the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey. This survey was developed for use in the public mental hygiene system and is now widely used by state and local governments in both substance abuse and mental health programs. The MHSIP survey assesses four areas of consumer perceptions: overall satisfaction; access to services; quality and appropriateness of services; and consumer reported outcomes. MHSIP is used to evaluate both mental health and substance abuse services in the CARS and for the Comprehensive Community Services benefit and assists in determining continuous quality improvement efforts for the upcoming year. Vital Voices also administers the Recovery Oriented System Indicator (ROSI). The ROSI assesses the recovery orientation of community mental health system for adults with serious and prolonged psychiatric disorders. Vital Voices receives \$175,961 annually for these services.

### *Benefits Advocacy*

The Winged Victory Program of Whole Health Clinical Group (formerly d.b.a. TLS) assists individuals in accessing, applying for, and maintaining disability benefits. Winged Victory helps eligible consumers navigate the Medicaid and Social Security application process, submits medical documentation to the Disability Determination Bureau and accesses benefit programs in a timely manner. Whole Health Clinical Group receives \$331,984 annually for this activity.

### *Information and Referral*

Mental Health America of Wisconsin receives \$44,000 annually to provide Information and Referral services that are designed to assist individuals and their families in obtaining information and linking them with appropriate public and private resources.

### *IMPACT 211 Line*

IMPACT 2-1-1 is a central access point for people in need. During times of personal crisis or community disaster, the free, confidential helpline and online resource directory make it easy for residents to get connected to information and assistance. CARS contracts with IMPACT for \$100,000 annually for this service.

## **Substance Abuse Services**

### *Community Advocates*

Community Advocates provides the administration and staff support for the work of the Milwaukee Coalition of Substance Abuse Prevention (MCSAP). This 40-member coalition is comprised of Milwaukee County citizens, substance abuse service professionals and individuals who are familiar with the consequences of alcohol and other drug abuse. Utilizing the Strategic Prevention Framework (SPF) as its model, Community Advocates will also subcontract via a competitive request for proposal, with agencies and coalitions to address population level prevention strategies. Community Advocates will receive funding at \$592,649 annually to continue these prevention activities.

*AIDS Resource Center of Wisconsin (ARCW)*

ARCW provides substance abuse, fatal opiate overdose, HIV, and Hepatitis C prevention services including outreach, counseling, testing, and referral services throughout Milwaukee County. ARCW will also provide fatal opiate overdose prevention training to injection and other drug users in Milwaukee County. ARCW is recommended for prevention funding at \$96,213 annually.

*Meta House*

Delivers the Celebrating Families!™ selective prevention initiative. Celebrating Families is an evidence-based 16 week curriculum that addresses the needs of children and parents in families that have serious problems with alcohol and other drugs. The curriculum engages every member of the family, ages three (3) through adult, to foster the development of healthy and addiction-free individuals; a typical cycle serves 6 to 15 families. Meta House receives \$50,000 annually.

*Families Moving Forward*

Families Moving Forward is a community of concerned service providers that are dedicated to the empowerment of families and individuals by providing collaborative strength-based services designed to improve their quality of life. Families Moving Forward ensures that African American consumers and their families receive holistic enhanced quality care from our agencies using a collaborative network that will result in a healthier Milwaukee. M&S Clinical Services, Inc., serves as the fiscal agent for Families Moving Forward and will receive \$150,000 annually.

*United Community Center (UCC) – Familias Sanas*

United Community Center, in partnership with the Sixteenth Street Community Health Center, will strengthen their bilingual and bicultural service delivery. An annual allocation of \$45,000 will be used to implement the findings of the needs assessment.

*Mental Health America – Suicide Prevention*

Suicide remains a significant public health problem in Wisconsin. The extraordinary costs of suicide are both economic and emotional. Suicidal behavior imposes a substantial financial burden on the families of decedents and results in lost productivity in the workforce. Moreover, the pain and suffering endured by friends, families, and communities affected by suicide are immeasurable. MHA receives \$40,000 annually for this effort.

*Detoxification Services*

CARS ensures medically monitored and ambulatory detoxification services for immediate and short-term clinical support to individuals who are withdrawing from alcohol and other drugs. An assessment is conducted to determine whether a risk exists based on the individual's level of intoxication and whether a risk exists for severe withdrawal symptoms or seizures, based on the amount, frequency, chronicity, and recency of discontinuation or significant reduction in alcohol or other drug use. We recommend a contract with Matt Talbot for a maximum of

\$2,572,145 to continue providing these services in 2017. The actual amount paid will depend on allowable costs and the achievement of certain performance measures.

*Access Points (formerly Central Intake Units)*

The Access Points are the first point of contact for individuals seeking treatment or recovery support services for a substance use disorder. The Access Points determine eligibility and administer a comprehensive assessment, establish a clinical level of care for placement at a treatment facility, and gather evaluative information. When individuals are found eligible, a referral is made to the treatment provider of choice selected by the service recipient. Treatment is provided by an extensive network of agencies on a fee-for-service basis. There are four agencies that provide these services: M&S Clinical Services at \$547,700 annually, IMPACT at \$509,412 annually, Wisconsin Community Services at \$315,512 and JusticePoint at \$45,000 annually.

*Training and Technical Assistance Coordination*

St. Charles Youth and Family Services, Inc., coordinates the training and technical assistance functions for the CARS. Many of the federal and state grants received by BHD require training and technical assistance as a condition of the receipt of funding. St. Charles Youth and Family Services, in partnership with CARS, coordinates the logistics and delivery of the training and technical assistance to community-based providers and stakeholders. A dedicated staff person to coordinate these activities is needed to fulfill the training and technical assistance. The training and services includes, but is not limited to, trauma informed care, MC3 Change Agent initiatives, basics in community treatment, fetal alcohol spectrum disorders, gender specific treatment, the neuroscience of addiction, IDDT, cultural intelligence, and other required areas. St. Charles receives \$403,126 annually for these activities.

**Wraparound Milwaukee Programs and Service Descriptions**

Overall contract allocations for 2017 in BHD's Child and Adolescent Community Services Branch will vary only slightly from 2016. BHD will again contract with a number of community agencies for care coordination and other services that support the operation of the Wraparound Milwaukee Program, REACH (Reaching, Engaging and Assisting Children and Families), FISS (Family Intervention and Support Services), Project O-YEAH (Young Emerging Adult Heroes), and MUTT (Mobile Urgent Treatment Team). As a special, 1915a Managed Care program under Medicaid, all remaining services are purchased on a fee-for-service basis through agencies participating in the Wraparound Milwaukee Provider Network. Individual Purchase of Service contract allocations being recommended are listed in this report.

**Care Coordination Services**

Care Coordination is a key service in Wraparound as they are the staff who facilitate the child and family team, help the family develop and then document the individual treatment plans (Plans of Care), coordinate the provision of mental health and other services to the youth and family, and provide reports to and testify at Children's Court. AJA Counseling Center, Alternatives in Psychological Consultation, LaCausa, Inc., SaintA, St. Charles Youth and Family

Services, and Willowglen Community Care were the six agencies providing care coordination services in 2016; these agencies will remain providers of care coordination for 2017.

For the voluntary REACH program, four agencies are currently contracted to provide care coordination services: LaCausa, Inc., Alternatives in Psychological Consultation, AJA Counseling Center, and SaintA. Those agencies also remain providers of care coordination. In addition, Willowglen Community Care will begin to provide care coordination services for this program due an expansion of enrollments for the First Episode Psychosis Program, which falls under REACH.

Project O-YEAH provides care coordination services to youth and young adults, age 17-26, who have serious emotional and mental health needs and are usually transitioning out of foster care or other out-of-home care. In 2016, St. Charles Youth and Family Service and LaCausa, Inc. were awarded contracts via the RFP process, and they will continue to provide services for this population in 2017.

The total number of youth and families projected to be served in 2017 is 2,000 families with an average projected daily enrollment of 1,200 families across regular, court-ordered Wraparound, REACH and Project O-YEAH.

#### **Support Services for Wraparound Milwaukee**

For 2017, BHD recommends continuing an agreement with the Wisconsin Council on Children and Families to arrange for: program evaluation, staff training, management information and IT, and other technical support necessary to maintain the Medicaid Capitation contract with DHS. This will assure continued approval by the Center for Medicare/Medicaid Service (CMS) for Wraparound Milwaukee's 1915a status.

We also propose to contract again with Families United of Milwaukee for advocacy and educational support for families served by Wraparound Milwaukee. Families United was selected through the RFP process and was the sole bidder on this program in 2015. This minority-owned and operated agency continues to represent and advocate for families of youth with serious mental and behavioral needs. It also provides educational advocacy to help enrolled youth obtain an Individual Education Plan (IEP), achieve appropriate school placements, and reduce unnecessary residential and day treatment services. Families United staff consist of a full time Program Director, three educational advocates and utilization of stipends for additional parent involvement on committees, workgroups and training events.

Fiscal intermediary services through the Milwaukee Center for Independence (MCFI) allow the purchase of services from relatives and other natural supports for youth. Families can identify relatives or close friends who are available to provide supportive services such as transportation or respite but who would be unable to do so without financial assistance. The family 'hires' the provider, and MCFI serves as the fiscal intermediary with the provider.

### **Mobile Urgent Treatment Services**

The Mobile Urgent Treatment Team provides crisis intervention services on a 24 hour basis to families enrolled in the Wraparound Milwaukee Program. In addition, this team provides services to any family in Milwaukee County with a child who is having a mental health crisis. Team members go to where the crisis is occurring, assess the situation, and work with the youth and family to determine the safest, least restrictive options to address the crisis, as well as provide support and referrals for continued services as needed. The Mobile Urgent Treatment Team (MUTT) will serve an estimated 2,700 families in 2016.

The Bureau of Milwaukee Child Welfare will again fully fund a dedicated MUTT team to work specifically with youth in foster care and their foster parents. This team has been effective at reducing the incidence of failed foster placements through the provision of 24/7 crisis intervention services to foster families who are experiencing a mental health or behavioral crisis with a child in their care.

To support BHD's professional team of county psychologists and psychiatric social workers assigned to the MUTT program, St. Charles Youth and Family Services will provide up to ten crisis support workers for MUTT to ensure 24 hour, seven day per week coverage. St. Charles was the only agency to submit a bid to provide these services for the 2015-17 RFP period.

St. Charles is providing additional child psychiatrist coverage for the medication clinics and psychiatric consultation for Wraparound Milwaukee. It was chosen through the last RFP process to provide an eight bed crisis group home called Haven House for boys placed through the MUTT team and Wraparound Program. However, in 2017 we will no longer contract for these crisis beds, as we have capacity within our Provider Network to provide this service on a fee-for-service basis with our existing group home. Based on 2016 utilization, this change will result in a cost saving of over \$300,000.

Started under the completed Federal Healthy Transitions Grant, Wraparound Milwaukee is contracting with St. Charles Youth and Family Services for operation of the youth/young adult resource center (Owen's Place) and for the provision of the resource center manager and several young adult peer specialists. Peer Specialists are now Medicaid reimbursable under our contract with the Wisconsin Department of Health and those service costs will be incorporated in our capitation rate.

### **Update on 2016 Initiatives**

In 2015, the City of Milwaukee Health Department contracted with BHD-Wraparound Milwaukee to fund two MUTT staff positions for a MUTT Trauma Team to work directly with Police Officers in District 7. The Police Officers identify youth who are exposed to traumatic events during the course of a police response. With the consent of the family, the Officers may refer a youth to the MUTT Trauma team, who call the family to arrange a follow up visit and provide support/services as needed. MUTT staff then communicate with the referring Officers to 'close the loop' and let the Officers know that contact has been made. This initiative has

served over 275 youth to date. Wraparound Milwaukee will expand this initiative to District 5 in 2017 using the same funding. In 2015 this initiative brought in \$131,215. We anticipate \$186,748 for 2016 services, and a similar amount for 2017.

Wraparound Milwaukee, in partnership with the Medical College of Wisconsin, also was awarded an OJJDP (Office of Juvenile Justice and Delinquency Prevention) grant of \$156,039 to enhance the provision of services to child victims of sexual exploitation and/or domestic sex trafficking. These funds were used to develop a curriculum for training specialized mentors to work with these youth on an intensive basis for up to one year. In April of 2015, the Youth Living Out Loud (YLOL) program officially began serving youth, with 15 youth currently enrolled in the service. The target over the 3 years of this grant is to serve up to 60 youth. As of November, 2016, over 100 youth have already been served.

### **Journey House**

In 2015, Wraparound Milwaukee began contracting with Journey House for six apartments to be used by young adults in the O-YEAH program. While living in this housing, young adults receive support to help ensure a successful transition to adulthood. Young adults receive peer support, mental health services, daily living support and other individualized services as needed. Wraparound Milwaukee assists young adults in this transition by subsidizing their rent payments during the first year on their own. For the first six months, Wraparound pays the full cost of rent, with the young adult covering other expenses such as utilities. In months seven through ten, the young adult pays 50% of the rent, and starting in month 11 the young adult is responsible for 100% of the rent. In 2017 we will contract for a total of 11 apartments through Journey House.

### **Family Intervention and Support Services (FISS)**

The BHD-Wraparound Program will continue to operate the entire Family Intervention Support and Services Program (FISS) for the Division of Milwaukee Child Protective Services and the Delinquency and Court Services Division.

The assessment services component of FISS is targeted to conduct about 600 assessments in 2016 as well as serve over 120 families in the case management component. FISS targets adolescents who are experiencing parent-child conflicts manifesting in school truancy, chronic running away from home, and other issues of uncontrollability. FISS is a voluntary, early intervention alternative for parents who can receive a range of mental health and support services as an alternative to filing a formal CHIPS petition. FISS is fully funded by the Division of Milwaukee Child Protective Services

St. Charles Youth and Family Services, who has been providing case management services for this program, was selected through an RFP process to operate the assessment and case management services.

**Fiscal Effect**

The total amount recommended in 2016 purchase of service contracts for the Community Access to Recovery Services (CARS) is \$39,473,993. This amount reflects a total of \$23,251,359 for the Community Services Branch and \$16,678,207 for Wraparound. Additionally, BHD anticipates paying \$9,524,044 to TCM and CSP providers related to BHD now billing Medicaid on their behalf. The total cost of these contracts are contained in BHD's 2015 Budget. There is a schedule attached detailing all contracts discussed in this report.

# 2017 Purchase of Service Contracts Summary

## CARS and Wrap

Program Description	Contract Agency	2017 Payment Amount
211 Line	IMPACT	\$100,000
3rd Shift Crisis Mobile	LaCausa	\$200,000
Advocacy	National Alliance for the Mentally Ill	\$30,000
AODA Prevention	AIDS Resource Center of WI	\$96,213
AODA Prevention	Community Advocates	\$592,649
AODA Prevention	Meta House	\$50,000
Benefits Advocacy	MCFI (dba Whole Health Clinical Group)	\$331,984
Central Intake Unit	IMPACT	\$509,412
Central Intake Unit	M&S Clinical Services	\$547,700
Central Intake Unit	Wisconsin Community Services	\$315,512
Central Intake Unit	JusticePoint	\$45,000
CLASP	LaCausa	\$650,000
Club House	Grand Avenue Club	\$200,000
Community Consultation Services	Dungarvin	\$236,544
Community Support Program	Milwaukee Mental Health Associates	\$2,484,511
Community Support Program	Outreach Community Health Center	\$1,435,479
Community Support Program	Project Access, Inc.	\$2,087,631
Community Support Program	MCFI (dba Whole Health Clinical Group)	\$2,902,967
Community Support Program	Wisconsin Community Services	\$2,537,635
Community Support Program	Bell Therapy (Phoenix)	\$3,672,929
Consumer Affairs	Horizon Healthcare	\$240,000
Crisis Resource Center (North)	MCFI (dba Whole Health Clinical Group)	\$740,000
Crisis Resource Center (South)	MCFI (dba Whole Health Clinical Group)	\$490,000
Detoxification	Matt Talbot Recovery Center	\$2,572,145
Drop-in Center	Our Space, Inc.	\$250,962
Familias Sanas	United Community Center	\$45,000
Families Moving Forward	M&S Clinical Services	\$150,000
Families United of Milwaukee	Family and Educational Advocacy	\$525,000
Fiscal Intermediary	Milwaukee Center for Independence	\$86,150
FISS Assessment and Case Management	St. Charles Youth & Family Services	\$205,898
Info/Referral	Mental Health America	\$44,000
MHSIP - MH & AODA	Vital Voices	\$175,961
Mobile Crisis and Clinical Services	St. Charles Youth & Family Services	\$1,952,908
Outpatient MH	Outreach Community Health Center	\$298,866
O-YEAH Housing Support	Journey House	\$105,600
PeerRun Recovery Center	LaCausa	\$278,000
Program Evaluation	Wisconsin Council on Children and Families	\$649,623
Resource Center/Peer Specialists	St. Charles Youth & Family Services	\$250,000
Respite Stabilization	MCFI (dba Whole Health Clinical Group)	\$250,000
Respite Stabilization (2 locations)	Bell Therapy (Phoenix)	\$577,135
Screening/Assessment	AJA Counseling	\$75,000
Screening/Assessment	Alternatives in Psychological Consultation	\$75,000
Screening/Assessment	La Causa	\$175,000
Screening/Assessment	SaintA	\$150,000
Screening/Assessment	St. Charles Youth & Family Services	\$225,000
Screening/Assessment	Willowglen	\$150,000
Suicide Prevention	Mental Health America	\$40,000
Supportive phone line	Warmline	\$50,000
Training & Consultation	St. Charles Youth & Family	\$403,126
Wrap/REACH Care Coordination	AJA Counseling	\$1,940,324
Wrap/REACH Care Coordination	Alternatives in Psychological Consultation	\$1,810,400
Wrap/REACH Care Coordination	La Causa	\$3,855,620
Wrap/REACH Care Coordination	SaintA	\$1,918,107
Wrap/REACH Care Coordination	St. Charles Youth & Family Services	\$1,265,538
Wrap/REACH Care Coordination	Willowglen	\$1,263,040
<b>Total</b>		<b>\$42,309,569</b>

**Note: See Attached Service Descriptions  
for Further Details**

**MILWAUKEE COUNTY**  
**Behavioral Health Division**  
**Finance Committee meeting**  
**December 8, 2016**  
**Requests from BHD Administration**

**SUMMARY FOR PROFESSIONAL SERVICES CONTRACTS**

Vendor Name	Description of Service	Contract Term	Annual Contract Amount
Clean Power	Cleaning Services Watertown Plank Rd. building	2017	\$1,316,136
Maxim Healthcare Services	Nursing Temp Staff	2017	\$2,000,000
Net Smart – Avatar	Electronic Health Record	2 month extension	\$277,828.92
Hochstatter, McCarthy, Rivas, and Runde	Legal Services	2017-2018	\$50,000
MobileX USA	Portable x-rays, and EKG readings	2017	\$35,000
AODA Residential Programs	Residential Treatment	3 month extension of contract	\$1,054,582
Locum Tenens	Psychiatrist Temp Staff	2017	\$1,000,000

- 1. SUBJECT: Requesting authorization to fund the 2017 contract with Clean Power for a not to exceed cost of \$1,316,136.**

Background

Clean Power provides housekeeping services to all inpatient and outpatient hospital areas as well as non-clinical areas for a total square footage of 349,471.

Fiscal Impact

Funding for this contract has been included in the 2017 MCBHD budget.

- 2. SUBJECT: Requesting Authorization to enter into a contract with Maxim Healthcare Services for an amount not to exceed \$2,000,000.**

Background

Maxim Healthcare Services provides temporary nursing professionals to supplement staffing, placing registered nurses in per diem, contract, temporary – to - hire or direct hire placement options.

Maxim will be providing MCBHD with six nurses scheduled to start in December, with 2-3 additional staff scheduled to start in January.

Other retention and recruitment programs have been implemented during the last 30 days and include a sign on bonus, referral bonus, improved shift differentials, attendance incentives, and a school loan payback program.

Fiscal Impact

Costs of this contract are offset by staffing vacancies.

***3. SUBJECT: Request for \$277,828.92 for a two month contract extension with NetSmart for the Avatar Electronic Medical Record suite of products.***

Background

Both Milwaukee County BHD and NetSmart have agreed to extend the term of the Milwaukee County Professional Services Agreement by and between Milwaukee County Department of Health and Human Services Behavioral Health Division (“BHD”) and NetSmart Technologies, Inc. (“NetSmart”) dated October 17, 2011, as amended (the “Agreement”). The Agreement and all active Addenda, Schedules and Amendments to said Agreement will be extended to February 28, 2017.

Fiscal Impact

Expenditures for the electronic health record are funded in the 2017 budget.

***5. SUBJECT: Request for \$50,000 to fund and extend the contract with Hochstatter, McCarthy, Rivas and Runde S.C. for legal services through December 31, 2018.***

Background:

Hochstatter, McCarthy, Rivas and Runde S.C. provides legal assistance to the Behavioral Health Division regarding compliance with immigration laws, applications and other essential requirements in order for BHD to secure H1B authorizations and permanent residency assistance for the employment of foreign born physicians.

The original effective date for the contract was December 1, 2010. The MCBHD Board amended and extended the original contract on February 26, 2015. Total expenditures to date amount to: \$99,453.65

BHD is recommending an additional two-year contract extension through December 31, 2018 for an additional not to exceed \$50,000.

Fiscal Impact

Funding included in the 2017 budget.

***6. SUBJECT: Request for \$35,000 to fund and extend the contract with MobileX USA through December 31, 2017***

Background:

MobileX USA provides mobile x-ray, ultrasound and EKG services to inpatients at MCBHD and provides qualified radiologists and cardiologists to interpret x-rays, ultrasounds and EKGs 24 hours a day, 7 days a week via tele-medical communications. The initial fee for service contract with Mobile X was approved on September 1, 2008. Total expenditure to date amount to \$222,095.

BHD is recommending a one-year contract extension effective from January 1, 2017 through December 31, 2017, for an amount not to exceed \$35,000.

Fiscal Impact

Funding included in the 2017 budget

***7. SUBJECT: Request for \$1,054,582 to increase Residential AODA POS rates and extend the current contract term for 3 months while further negotiations continue with contract language.***

Background:

AODA Residential contract renewals were initiated shortly after the June 2016 Finance Committee meeting. The MCBHD team has been diligently working with providers on contract language and contractual requirement issues. Due to the complexity of these negotiations MCBHD has been unable to complete the process in an expedient manner, therefore an extension of the current contract which include a 20% rate increase is requested.

Fiscal Impact

Funding for this increase will be absorbed through operations.

***8. Subject: Request for \$1,000,000 for locum tenens services to staff psychiatrist for the MCBHD inpatient units.***

Background:

LocumTenens LLC provides temporary psychiatrist staffing on the acute inpatient service. Services include sourcing, screening, and presenting psychiatrist candidates for the purpose of fulfilling essential inpatient coverage needs due to vacancies. The initial contract for Locums was executed on 11.16.2015 for \$99,950. Since amending the agreement in August, we have had one psychiatrist recruit rescind, one continues to be delayed in starting and we have a pending child psychiatrist vacancy. Additional temporary staffing is required while BHD continues to recruit for permanent psychiatrist replacements. BHD is requesting \$1,000,000 to increase the contract for a new total of \$2,071,750. This is the 4<sup>th</sup> amendment.

Fiscal Impact

Costs of this contract are offset by staffing vacancies.

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

**DATE:** November 17, 2016

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

**FROM:** Michael Lappen, BHD Administrator  
*Submitted by John Schneider, MD, FAPA, BHD Chief Medical Officer*

**SUBJECT: Report from the Behavioral Health Division Administrator, Requesting Approval to Implement "Employment Agreements" As Established Under BHD Personnel Policy for Specific Classified, Unclassified and Exempt Physician County Employees**

**Issue**

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health with a value of at least \$100,000. The contract shall take effect only if the Milwaukee County Mental Health Board votes to approve, or does not vote to reject, the contract within 28 days after the contract is signed or countersigned by the County Executive.

Per the above Statute, the BHD Administrator is requesting authorization to establish ten (10) "Employment Agreements" with five current physician employees and five physicians under recruitment with pending start dates. The salary specified within each agreement exceeds \$100,000 annually.

It has been determined that these "Employment Agreements" fall under BOTH personnel policy AND contract requirements.

**Discussion**

Due to the significant time, effort and expense associated with recruiting and retaining qualified medical staff, the Behavioral Health Division, in collaboration with the Compensation Division and Corporation Counsel, has established a personnel policy that requires employment agreements for specific classified, unclassified and exempt physician classifications within Milwaukee County employ. The purpose of these agreements is to stipulate total compensation including fringe benefits, recruitment/retention incentives and to establish a reasonable and fair "minimum resignation notice" requirement, which does not exist under Civil Service rules.

We submit the table below, which lists ten (10) personnel transactions that BHD will be requesting the Milwaukee County Chief Human Resources Officer to implement in connection with an Employment Agreement.

ITEM ID	HIGH/LOW ORG	CURRENT	RECOMMENDED	NO. POSITIONS	CURRENT		RECOMMENDED		INFORMATIONAL: Market equitable alignment based on overall job duties/responsibilities, industry competition, competencies and education/experience requirements.			EFFECTIVE DATE	
		JOB CODE / POSITION #	JOB CODE / POSITION #		PAY RANGE	ANNUAL PAY RATE	PAY RANGE	ANNUAL PAY RATE					
EA2016-12A	6300/ 6373	11012000000002	N/A	1	E012	Min	174,859	E012	Min	Market Alignment Changes Pending	X	Immediate Recruitment Need.	07/03/17
						Mid	222,945		Mid		X	Retention	
						Max	271,032		Max		X	Industry shortage / strong competition for profession	
						N/A			\$275,000		X	Other: Training/experience exceed the minimum qualifications.	
EA2016-12B	6300/ 6383	11012000000001	N/A	1	E012	Min	174,859	E012	Min	Market Alignment Changes Pending	X	Immediate Recruitment Need.	01/29/17
						Mid	222,945		Mid		X	Retention	
						Max	271,032		Max		X	Industry shortage / high competition for profession	
						\$220,210			\$275,000		X	Other: Exceptional Performance	
EA2016-12C	6300/ 6443	11012000000003	N/A	1	E012	Min	174,859	E012	Min	Market Alignment Changes Pending	X	Immediate Recruitment Need.	01/29/17
						Mid	222,945		Mid		X	Retention	
						Max	271,032		Max		X	Industry shortage / high competition for profession	
						\$220,210			\$275,000		X	Other: Exceptional Performance	
EA2016-12D	6300/ 6407	21025000000016	TBD-2017 Budget New Create	1 (0.5 FTE)*	P025	Min	163,059	E012	Min	Market Alignment Changes Pending	X	Immediate Recruitment Need.	01/29/17
						Mid	199,747		Mid		X	Retention	
						Max	236,435		Max		X	Industry shortage / high competition for profession	
						\$96,491*			\$125,000*		X	Other: Exceptional Performance	
EA2016-12E EA2016-12F	6300/ 6383	21025002000001 21025002000002	TBD TBD	2	P025	Min	163,059	P027	Min	190,192 232,985 275,778	X	Immediate Recruitment Need.	01/29/17
						Mid	199,747		Mid		X	Retention	
						Max	236,435		Max		X	Industry shortage / high competition for profession	
						\$209,726			\$250,000		X	Other:	
EA2016-12G	6300/ 6474	N/A	TBD-2017 Budget New Create	1	N/A	Min		P027	Min	190,192 232,985 275,778	X	Immediate Recruitment Need.	07/03/17
						Mid			Mid		X	Retention	
						Max			Max		X	Industry shortage / high competition for profession	
						N/A			\$250,000		X	Other:	
EA2016-12H EA2016-12I EA2016-12J	6300/ 6373	21027001000002 21027001000003 21027001000004	N/A	3	P027	Min	190,192	P027	Min	190,192 232,985 275,778	X	Immediate Recruitment Need.	2017 – SPECIFIC DATE(S) TBD
						Mid	232,985		Mid		X	Retention	
						Max	275,778		Max		X	Industry shortage / high competition for profession	
						N/A			\$250,000		X	Other: Training/experience exceed the minimum qualifications.	

The individual physicians entering into these agreements shall maintain current status as a benefit-eligible COUNTY EMPLOYEE, or if newly hired shall be established as a benefit-eligible COUNTY EMPLOYEE, including ERS enrollment, and subject to all applicable County and BHD personnel policies and Civil Service rules, where applicable.

Incumbents of above positions shall be eligible for recruitment/retention bonus. All bonuses shall be subject to conditions. Amount of bonus shall not exceed \$25,000 annually. In all cases, any funds identified through the Employment Agreement as a retention or other bonus shall not be considered eligible earnings under the Milwaukee County Pension Plan. Therefore, a retention or other bonus shall not affect in any manner any pension benefit under the Employee Retirement System (ERS), including, but not limited to, earnable compensation, final average salary, service credit, eligibility for a benefit or timing of a benefit.

### Recommendation

It is recommended that the Milwaukee County Mental Health Board approve entering into "Employment Agreements" (contracts) with the incumbent of each of the above positions for the recommended total compensation amounts.

### **References**

Wis. Stats. 46.19(4): the salaries of any superintendent of a mental health institution and the salaries of any visiting physician and necessary additional officers and employees whose duties are related to mental health shall be fixed by the county executive.

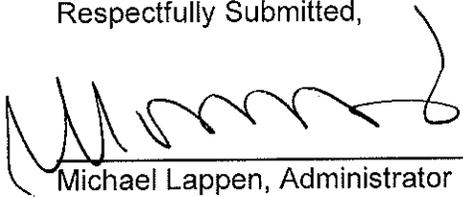
Wis. Stats. 51.41(10): MENTAL HEALTH CONTRACTS. Any contract related to mental health with a value of at least \$100,000, to which Milwaukee County is a party may take effect only if the Milwaukee County mental health board votes to approve, or does not vote to reject, the contract within 28 days after the contract is signed or countersigned by the county executive.

Wis. Stats. 51.42(6m)(i): Establish salaries and personnel policies of the programs of the county department of community programs subject to approval of the county executive or county administrator and county board of supervisors, except in Milwaukee County, or the Milwaukee County mental health board in Milwaukee County unless the county board of supervisors or the Milwaukee County mental health board elects not to review the salaries and personnel policies.

### **Fiscal Effect**

The recommended compensation contained in this report are supported by currently funded and authorized positions within the Behavioral Health Division's 2017 operating budget. There is no tax levy associated with this request.

Respectfully Submitted,



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Michael Lappen, Administrator  
Behavioral Health Division

cc Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board Finance Committee  
Héctor Colón, Director, Department of Health and Human Services  
Alicia Modjeska, BHD Chief Administrative Officer  
John Schneider, MD, BHD Chief Medical Officer  
Michael Blickhahn, Milwaukee County Director Compensation/HRIS  
Lora Dooley, BHD Director of Medical Staff Services  
Jodi Mapp, BHD Senior Executive Assistant