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 22, 2017 - 8:00 A.M.
Zoofari Conference Center
9715 West Bluemound Road

MINUTES

PRESENT: Robert Chayer, Michael Davis, Rachel Forman, Walter Lanier, Jon Lehrmann, Thomas Lutzow, Mary Neubauer, Maria Perez, Duncan Shrout, and Brenda Wesley
EXCUSED: Ronald Diamond

SCHEDULED ITEMS:

NOTE: All Informational Items are Informational Only Unless Otherwise Directed by the Board.

1. Welcome.
   Chairman Shrout opened the meeting by greeting Board Members and the audience. Audience members were asked to introduce themselves.

2. Approval of the Minutes from the April 27, 2017, Milwaukee County Mental Health Board Meeting.

   MOTION BY: (Lutzow) Approve the Minutes from the April 27, 2017, Milwaukee County Mental Health Board Meeting. 9-0
   MOTION 2ND BY: (Neubauer)
   AYES: Chayer, Davis, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, and Wesley – 9
   NOES: 0
   ABSTENTIONS: 0
   EXCUSED: 0

   Paul Schwegel, Claims and Safety Manager, Risk Management Division, Department of Administrative Services
Mr. Schwege explained the basic principles of risk management consist of identifying all organizational exposures, analyzing these risks, controlling liabilities through a risk management plan, and continually monitoring the plan for effectiveness.

Mr. Schwege presented a high-level five-year analysis and recommendations for the Behavioral Health Division’s workers’ compensation claims. He reviewed claim frequency, the claim financial summary, claim severity, top claim accident types, monthly claim distribution by occurrence, loss control initiatives, and the transitional duty bank and its impact on Family Medical Leave (FML) usage.

Questions and comments ensued.

4. Administrative Update.

Michael Lappen, Administrator, Behavioral Health Division (BHD)

Mr. Lappen highlighted key activities and issues related to BHD operations. He provided updates on the Legislative Audit Bureau’s recommendations, community transportation concerns, nurse recruitment campaign efforts, and BHD’s physicians elected to leadership roles.

Questions and comments ensued.


Jennifer Wittwer, Operations Coordinator, CARS, Behavioral Health Division (BHD)
Janet Fleege, Assistant Program Administrator, CARS, BHD
Davide Donaldson, Integrated Services Manager, CARS, BHD

Ms. Wittwer explained CARS is the BHD entity that manages the public-sector, community-based mental health and substance abuse system for adults in Milwaukee County. It has four focus areas, including prevention, access to services, treatment and rehabilitation, and recovery. She discussed positive outcomes, rehabilitation and its services (traditional and non-traditional), and the components of recovery.

Ms. Fleege described the phases of illness and recovery, with Ms. Donaldson focusing on the areas of Comprehensive Community Services (CCS), Targeted Case Management (TCM), and Community Support Programs (CSP). Ms. Fleege reviewed a step-by-step journey/path clients follow through recovery, residential treatment and the expansion of its service array, bridging the housing gap, CARS’ providers, and referenced the link provided that presents a recovery story.
6. **Mental Health Board Finance Committee Update and Contract Approval Recommendations.**

Dennis Buesing, Contract Administrator, Department of Health and Human Services
Randy Oleszak, Chief Financial Officer, Behavioral Health Division

- Professional Services Contracts
  - 2016 Professional Services Contract Amendment
  - 2017 Professional Services Contracts
- 2017 Purchase-of-Service Contracts
- 2017 Fee-for-Service Agreements

Professional Services Contracts focus on facility-based programming, supports functions that are critical to patient care and are necessary to maintain hospital and crisis services licensure. Background information was provided on services the contracted agencies provide, which include psychiatry, security, grant writing and coordination, and legal services.

Purchase-of-Service Contracts and Fee-for-Service Agreements for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were also reviewed. An overview was provided detailing the various program contracts and agreements. Discussion ensued related to provider contract performance, outcome quality measures, and how indicators are being incorporated.

At the Finance Committee meeting held prior to the Board meeting, Committee Member Lehrmann abstained from recommending the Medical College of Wisconsin contract amendment for approval.

Remaining Committee Members unanimously recommended approval of the Medical College of Wisconsin contract amendment to the full Board.

The Finance Committee, as a whole, unanimously recommended approval of the balance of contracts contained in the report to the full Board.

*MOTION BY: (Perez) Approve the Medical College of Wisconsin 2017 Professional Services Contract Amendment. 8-0-1
MOTION 2ND BY: (Lanier)
AYES: Davis, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, and Wesley - 8
NOES: 0
ABSTENTIONS: Chayer – 1
EXCUSED: 0
SCHEDULED ITEMS (CONTINUED):

**MOTION BY:** (Lutzow) Approve the Balance of Professional Services and Purchase-of-Service Contracts and Fee-for-Service Agreements as Delineated in the Corresponding Report. 9-0

**MOTION 2ND BY:** (Perez)

**AYES:** Chayer, Davis, Forman, Lanier, Lutzow, Neubauer, Perez, Shroult, and Wesley - 9

**NOES:** 0

**ABSTENTIONS:** 0

**EXCUSED:** 0

Mr. Oleszak summarized the 2018 Budget Preliminary Overview indicating a balanced budget would be presented in spite of a $3 million tax levy decrease. Final allocations from the County are still outstanding. With strategic planning for the 2018 Budget beginning in February, a timeline through completion of the budget process was reviewed.

Highlights of the Budget Overview include 2018 Budget general assumptions, closing the budget gap as a result of the structural deficit, and 2017 Budget initiative assumptions that carryover to 2018. A breakdown was provided of Operating Budget and reserve funded programmatic assumptions, revenue and full-time equivalent (FTE) assumptions, and risks and opportunities not included in the Budget assumptions. An analysis of the reserves fund was provided and the amendment process was explained. The June 29, 2017, Finance Committee meeting will include public testimony.

7. **2017 State of Wisconsin Contracts for Social Services and Community Programs Amendment.**

Dennis Buesing, Contract Administrator, Department of Health and Human Services

State Contracts for Social Services and Community Programs, also referred to as Community Aids, provide State and Federal funding for County services to persons with mental illness, disabilities, and substance abuse problems and to juvenile delinquents and their families as mandated by State and/or Federal law.

The Finance Committee unanimously recommended approval of the 2017 Social Services and Community Programs contract amendment to the full Board.

**MOTION BY:** (Perez) Approve the 2017 State of Wisconsin Contracts for Social Services and Community Programs Amendment. 9-0

**MOTION 2ND BY:** (Forman)

**AYES:** Chayer, Davis, Forman, Lanier, Lutzow, Neubauer, Perez, Shroult, and Wesley - 9

**NOES:** 0

**ABSTENTIONS:** 0

**EXCUSED:** 0
8. Mental Health Board Quality Committee Update.

Dr. John Schneider, Chief Medical Officer, Behavioral Health Division (BHD)

Dr. Schneider summarized the Incident Assessment Report presented at the Quality meeting by providing a brief description and review of approaches to incident report analysis. The project purpose, key observations, staff survey process, best practice research, and related findings/opportunities for improvement were shared.

Currently, BHD is in the testing phase of a new electronic incident report product, which includes a policy revision, as well as additional education and training of staff and public safety.

Board Member Neubauer, Chairwoman of the Quality Committee, reviewed additional topics addressed at the Quality Committee's quarterly meeting. She discussed the analysis of the key performance indicators, Wraparound’s Quality Assurance/Quality Improvement annual report, prevention outcomes, customer satisfaction data, the Sentinel Event Committee’s year-end report, seclusion and restraint progress, policies and procedures protocol, contract review timeline, and the hospital transfer waitlist.

*Item #s 9 and 10 were considered together.*

**Pursuant to Wisconsin Statutes Section 19.85(1)(e), the Board may adjourn into Closed Session for the purpose of deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session as it relates to the following matter(s):**


**MOTION BY:** (Lutzow) Adjourn into Closed Session under the provisions of Wisconsin Statutes Section 19.85(1)(e) for the purpose of deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive bargaining reasons require a closed session as it relates to Item 9. 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. 8-0

**MOTION 2ND BY:** (Lanier)

**AYES:** Chayer, Davis, Forman, Lanier, Lutzow, Neubauer, Shroot, and Wesley - 8

**NOES:** 0

**ABSTENTIONS:** 0

**EXCUSED:** Perez - 1
The Board convened into Closed Session at 11:50 a.m. to discuss Item #s 9 and 10 and reconvened back into Open Session at approximately 1:08 p.m. The roll was taken, and all Board Members, except for Perez, were present.

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):


Dr. Clarence Chou, President, Medical Staff Organization, Behavioral Health Division

MOTION BY: (Lutzow) 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 #10. 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. 8-0

MOTION 2ND BY: (Lanier)
AYES: Chayer, Davis, Forman, Lanier, Lutzow Neubauer, Shrouth, and Wesley - 8
NOES: 0
ABSTENTIONS: 0
EXCUSED: Perez - 1

The Board convened into Closed Session at 11:50 a.m. to discuss Item #s 9 and 10 and reconvened back into Open Session at approximately 1:08 p.m. The roll was taken, and all Board Members, except for Perez, were present.

MOTION BY: (Chayer) Approve the Medical Staff Credentialing Report and Medical Executive Committee Recommendations. 8-0

MOTION 2ND BY: (Forman)
AYES: Chayer, Davis, Forman, Lanier, Lutzow, Neubauer, Shrouth, and Wesley – 8
NOES: 0
ABSTENTIONS: 0
EXCUSED: Perez – 1
SCHEDULED ITEMS (CONTINUED):


Chairman Shrout provided background information and an update regarding progress made related to the position. Creation would require a review by Human Resources and the Compensation Division. He stated the intent would be to establish and recruit for a full-time position. The other option would be to contract for the services.

Board Member Neubauer conveyed the need for a full-time staff person to provide support to Board Members for research and a variety of other duties. The position is included in the 2018 Budget, however, Board Member Neubauer explained the immediate need for this position. It is Board Member Neubauer’s intent to submit a budget amendment for a full-time Policy and Support Analyst so preparation of a job description, Job Evaluation Questionnaire (JEQ), and a compensation review can begin. The initiation of this process will ensure creation by January 2018. A Professional Services Contract is being recommended for the balance of 2017 to address the immediate need. Proposed responsibilities were reviewed, and Board Member Neubauer indicated the authority to hire and terminate this individual would be vested solely with the Board.

MOTION BY: (Lanier) Proceed with the Process to Create a Policy and Support Analyst Position Effective in 2017 by Allocating $45,000 for a Professional Services Contract to Fund Said Position. 6-0-2

MOTION 2ND BY: (Wesley)

AYES: Chayer, Davis, Lanier, Neubauer, Shrout, and Wesley - 6
NOES: 0
ABSTENTIONS: Forman and Lutzow - 2
EXCUSED: Perez - 1


Chairman Shrout ordered the meeting adjourned.

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.

Length of meeting: 8:12 a.m. to 1:10 p.m.

Adjourned,

Jodi Mapp
Senior Executive Assistant
Milwaukee County Mental Health Board
The next meeting for the Milwaukee County Mental Health Board will be on
Thursday, July 6, 2017, @ 8:00 a.m. at the
American Serb Hall
5101 West Oklahoma Avenue

The June 22, 2017, 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.

Dr. Robert Chayer, Secretary
Milwaukee County Mental Health Board
MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, July 6, 2017 - 8:00 A.M.
Milwaukee County Mental Health Complex
Conference Room 1045

MINUTES

PRESENT:  *Robert Chayer, Michael Davis, Ronald Diamond, Rachel Forman, *Walter Lanier, Jon Lehrmann, Thomas Lutzow, Mary Neubauer, Duncan Shrout, and Brenda Wesley

EXCUSED:  Maria Perez

*Board Members Robert Chayer and Walter Lanier were not present at the time the roll was called but joined the meeting shortly thereafter.

SCHEDULED ITEMS:

NOTE:  All Informational Items are Informational Only Unless Otherwise Directed by the Board.

1. Welcome.

Chairman Shrout apologized for the last minute venue change and the confusion it may have caused. He stated Board Members who mistakenly went to the previous location were on their way.

2. Milwaukee County Behavioral Health Division 2018 Budget Presentation and Approval.

Michael Lappen, Administrator, Behavioral Health Division

Mr. Lappen stated when planning for the 2018 Budget, it was important to incorporate more opportunities for the public to provide input than was solicited in the past. This included public comment hearings, online submissions, and a Community Conversation hosted by the Zeidler Center. The peer run respite initiative, the transportation assistance program, and funding a police officer position to support the West Allis Crisis Assessment and Response Team (CART) are all additional items that were integrated into the Budget as a result of public feedback.

2018 Budget Assumptions are based on a $4 million reduction in tax levy; assumes the current payor mix; and includes adult inpatient bed capacity and write-off percentage,
child/adolescent inpatient services (CAIS) census; a comprehensive community services (CCS) increase of $5.7 million for the adult program and $1.7 million for the children’s program, a $1 million investment for the continued partnership with the Housing Division’s initiative to end chronic homelessness, $1.3 million designated to the Electronic Medical Records system, $0.7 million to alcohol and other drug abuse (AODA) capacity, and $0.4 million to support the integrated system and practice model to transform the Behavioral Health Division’s system to identify, access, enroll, and serve participants and their families in all programs and services, which will yield better outcomes and in turn healthier communities.

The Board took a break during Item 2 at 9:30 a.m. and reconvened at approximately 9:35 a.m. The roll was taken, and all Board Members were present.

The Board was informed of the Finance Committee’s review of the Budget and Amendment #1. At the Finance Committee meeting, Finance Chairman Lutzow abstained from recommending the Support and Policy Analyst amendment (Amendment #1) for approval.

Remaining Committee Members unanimously agreed to recommend approval of the Support and Policy Analyst amendment (Amendment #1) to the full Board.

The Finance Committee unanimously agreed to recommend approval of the 2018 Recommended Budget, inclusive of Amendment #1, to the full Board.

**MOTION BY:** (Neubauer) Approve the Behavioral Health Division’s 2018 Recommended Budget Inclusive of Amendment #1. 8-0

**MOTION 2ND BY:** (Davis)

**AYES:** Chayer, Davis, Forman, Lanier, Lutzow, Neubauer, Shrowt, and Wesley – 8

**NOES:** 0

**ABSTENTIONS:** 0

3. Adjournment.

**MOTION BY:** (Neubauer) Adjourn. 8-0

**MOTION 2ND BY:** (Chayer)

**AYES:** Chayer, Davis, Forman, Lanier, Lutzow, Neubauer, Shrowt, and Wesley - 8

**NOES:** 0

**ABSTENTIONS:** 0
SCHEDULED ITEMS (CONTINUED):

This meeting was recorded. 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.

Length of meeting: 8:07 a.m. to 9:42 p.m.

Adjourned,

Jodi Mapp
Senior Executive Assistant
Milwaukee County Mental Health Board

The next regular meeting for the Milwaukee County Mental Health Board is Thursday, August 24, 2017, @ 8:00 a.m. at the Milwaukee County Mental Health Complex, 9455 Watertown Plank Road, Conference Room 1045

The July 6, 2017, 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.


Dr. Robert Chayer, Secretary
Milwaukee County Mental Health Board
DATE: July 19, 2017

TO: Duncan Shrou, 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 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 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:

A. New Appointments

B. Reappointments

C. Provisional Period Reviews / Amendments &/or 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,

[Signature]
Clarence P. Chou, MD
President, BHD Medical Staff Organization

cc  Michael Lappen, BHD Administrator
    John Schneider, BHD Chief Medical Officer
    Shane Moisio, MD, Vice-President of the Medical Staff Organization
    Lora Dooley, BHD Director of Medical Staff Services
    Jodi Mapp, BHD Senior Executive Assistant

Attachments
1  Medical Staff Credentialing Report & Medical Executive Committee Recommendations
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 license(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.

<table>
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<tr>
<th>INITIAL APPOINTMENT</th>
<th>PRIVILEGE GROUP(S)</th>
<th>APPT CAT/ PRIV STATUS</th>
<th>NOTATIONS</th>
<th>SERVICE CHIEF(S) RECOMMENDATION</th>
<th>CREDENTIALING &amp; PRIVILEGING REVIEW COMMITTEE JULY 12, 2017</th>
<th>MEDICAL STAFF EXECUTIVE COMMITTEE JULY 19, 2017</th>
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<tr>
<td>Denia Birgenheir, PhD</td>
<td>General Psychology</td>
<td>Active/ Provisional</td>
<td>Dr. Kuehl &amp; Dr. Schneider recommend appointment &amp; privileges, as requested</td>
<td>Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months.</td>
<td>recommends appointment and privileging as per C&amp;P Committee.</td>
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<tr>
<td>Kevin McSorley, PsyD</td>
<td>General Psychology; Extended Psychology- Acute Adult Inpatient</td>
<td>Active/ Provisional</td>
<td>Dr. Kuehl &amp; Dr. Schneider recommend appointment &amp; privileges, as requested</td>
<td>Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months.</td>
<td>recommends appointment and privileging as per C&amp;P Committee.</td>
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<tr>
<td>Miriam Tanja Zincke, MD</td>
<td>General Psychiatry</td>
<td>Active/ Provisional</td>
<td>Dr. Schneider recommends appointment &amp; privileges, as requested, contingent on Wisconsin license attainment</td>
<td>Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months with privilege start date contingent on obtaining Wisconsin medical licensure (Wisconsin medical license application approval is pending completion).</td>
<td>recommends appointment and privileging as per C&amp;P Committee's contingency.</td>
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<td>None this period</td>
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<tr>
<td>Jason Burns, MD</td>
<td>General Psychiatry, Child Psychiatry*</td>
<td>Affiliate / Full &amp; Provisional*</td>
<td>Dr. Thrasher recommends reappointment &amp; privileges, as requested</td>
<td>Committee recommends reappointment and privileges, as requested, for 2 years subject to a minimum provisional period of 6 months for new privileges. Changes noted under amendments.*</td>
<td>recommends reappointment and privileging as per C&amp;P Committee.</td>
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<tr>
<td>Jon Lehmann, MD</td>
<td>No Privileges. Appointment Only</td>
<td>Consulting</td>
<td>Drs. Schneider recommends reappointment, as requested</td>
<td>Committee recommends reappointment as requested, for 2 years. No changes.</td>
<td>recommends reappointment as per C&amp;P Committee.</td>
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<td>George Monese, MD</td>
<td>General Psychiatry, Child Psychiatry</td>
<td>Active / Full</td>
<td>MA</td>
<td>Dr. Thrasher recommends reappointment &amp; privileges, as requested</td>
<td>Committee recommends reappointment and privileges, as requested, for 2 years. No changes.</td>
<td>recommends reappointment and privileging as per C&amp;P Committee.</td>
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<tr>
<td>Michael Montle, DO</td>
<td>General Psychiatry*</td>
<td>Affiliate / Full</td>
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<td>Dr. Thrasher recommends reappointment &amp; privileges, as requested</td>
<td>Committee recommends reappointment and privileges, as requested, for 2 years subject to a minimum provisional period of 6 months due to change. Changes noted under amendments.</td>
<td>Recommends reappointment and privileging as per C&amp;P Committee.</td>
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<td>Susan Powers, MD</td>
<td>General Psychiatry</td>
<td>Affiliate / Full</td>
<td>M#</td>
<td>Dr. Thrasher recommends reappointment &amp; privileges, as requested</td>
<td>Committee recommends reappointment and privileges, as requested, for 2 years. No changes.</td>
<td>Recommends reappointment and privileging as per C&amp;P Committee.</td>
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<tr>
<td>Kelley Wahlen, MD</td>
<td>General Psychiatry</td>
<td>Affiliate* / Full</td>
<td></td>
<td>Dr. Thrasher recommends reappointment &amp; privileges, as requested</td>
<td>Committee recommends reappointment and privileges, as requested, for 2 years with change in appointment. Changes noted under amendments.</td>
<td>Recommends reappointment and privileging as per C&amp;P Committee.</td>
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<tr>
<td>Syed Weliuddin, MD</td>
<td>General Psychiatry; Child Psychiatry</td>
<td>Active / Full</td>
<td>M# / MA</td>
<td>Dr. Thrasher recommends reappointment &amp; privileges, as requested</td>
<td>Committee recommends reappointment and privileges, as requested, for 2 years. No changes.</td>
<td>Recommends reappointment and privileging as per C&amp;P Committee.</td>
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**ALLIED HEALTH**

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<tr>
<td>Anna Golenbiwieski, MSN</td>
<td>Advanced Practice Nurse-Adult Health</td>
<td>Allied Health / Full</td>
<td>Drs. Puls recommends reappointment &amp; privileges, as requested</td>
<td>Committee recommends reappointment and privileges, as requested, for 2 years. No changes.</td>
<td>Recommends reappointment and privileging as per C&amp;P Committee.</td>
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<tr>
<td>Leanne Pahi-Jakab, MSN</td>
<td>Advanced Practice Nurse-Family Practice</td>
<td>Allied Health / Full</td>
<td>Dr. Puls recommends reappointment &amp; privileges, as requested</td>
<td>Committee recommends reappointment and privileges, as requested, for 2 years. No changes.</td>
<td>Recommends reappointment and privileging as per C&amp;P Committee.</td>
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**PROVISIONAL STATUS CHANGE REVIEWS**

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<tr>
<td>Elizabeth Holcomo, MD</td>
<td>Psychiatric Officer of the Day; Medical Officer of the Day</td>
<td>Affiliate/ Provisional</td>
<td>Dr. Thrasher recommends full privileges</td>
<td>Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.</td>
<td>Recommends appointment and privileging status change, as per C&amp;P Committee.</td>
<td></td>
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<tr>
<td>Reena Kumar, DO</td>
<td>Psychiatric Officer of the Day; Medical Officer of the Day</td>
<td>Affiliate/ Provisional</td>
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<td>Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.</td>
<td>Recommends appointment and privileging status change, as per C&amp;P Committee.</td>
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<td>Donna Luchetta, MD</td>
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<tr>
<td>M. Nelson, MD</td>
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<td>Recommends appointment and privileging status change, as per C&amp;P Committee.</td>
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</tbody>
</table>

**ALLIED HEALTH**

None this period

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MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
MEDICAL STAFF CREDENTIALS & EXECUTIVE COMMITTEE REPORT TO GOVERNING BODY - AUGUST 2017
PAGE 2 of 3
<table>
<thead>
<tr>
<th>AMENDMENTS / CHANGE IN STATUS</th>
<th>CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY</th>
<th>REQUESTED / RECOMMENDED CHANGE</th>
<th>NOTATIONS</th>
<th>SERVICE CHIEF(S) RECOMMENDATION</th>
<th>CREDENTIALING &amp; PRIVILEGING REVIEW COMMITTEE JULY 12, 2017</th>
<th>MEDICAL STAFF EXECUTIVE COMMITTEE JULY 19, 2017</th>
<th>GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)</th>
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<tbody>
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<td>Amit Bhavan, MD</td>
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<td>Recommends amending privileges as per C&amp;PR Committee.</td>
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<tr>
<td>Jason Burns, MD</td>
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<tr>
<td>Julie Owen, MD</td>
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<td>Recommends amending privileges as per C&amp;PR Committee.</td>
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<td>James Stevens, MD</td>
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<td>General Psychiatry / Affiliate</td>
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<td>Committee recommends amending privileges, as requested, subject to a minimum provisional period of 6 months.</td>
<td>Recommends amending privileges as per C&amp;PR Committee.</td>
<td></td>
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<tr>
<td>Kelly Wahlen, MD</td>
<td>Active Staff</td>
<td>Affiliate Staff</td>
<td>Not applicable</td>
<td>Committee recommends amending appointment category in connection with change of status from part-time to hourly.</td>
<td>Recommends amending appointment category, as per C&amp;PR Committee.</td>
<td></td>
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</tr>
</tbody>
</table>

CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE (DOR PHYSICIAN COMMITTEE MEMBER DESIGNEE) 2/19/2017

PRESIDENT, MEDICAL STAFF ORGANIZATION
CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE 2/19/17

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS:

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 DATE BOARD ACTION DATE: AUGUST 24, 2017

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
MEDICAL STAFF CREDENTIALS & EXECUTIVE COMMITTEE REPORT TO GOVERNING BODY - AUGUST 2017

PAGE 3 of 3

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COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: July 19, 2017

TO: Duncan Shrou, 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 fifteen (15) "Employment Agreements" with twelve current physician employees and three physician positions currently on recruitment. 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 fifteen (15) personnel transactions that BHD will be requesting the Milwaukee County Chief Human Resources Officer to implement, in connection with Employment Agreement execution.
<table>
<thead>
<tr>
<th>ITEM ID</th>
<th>HIGH/LOW ORG</th>
<th>CURRENT</th>
<th>RECOMMENDED</th>
<th>NO. POSITIONS</th>
<th>CURRENT PAY RANGE</th>
<th>RECOMMENDED PAY RANGE</th>
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<td>Min 163,019</td>
<td>Min 163,019</td>
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<td>Min 163,019</td>
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<td>Mid 199,747</td>
<td>X Retention</td>
</tr>
</tbody>
</table>

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 EPS 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 $30,000 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, 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 and the 2018 proposed budget. There is no tax levy associated with this request.

Respectfully Submitted,

Michael Iappen, Administrator
Behavioral Health Division

cc Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board Finance Committee
Jeanne Dorff, Interim Director, Department of Health and Human Services
John Schneider, MD, BHD Chief Medical Officer
Matt Hanckel, Milwaukee County Director of Total Rewards
Lora Dooley, BHD Director of Medical Staff Services
Jodi Mapp, BHD Senior Executive Assistant
# Milwaukee County Mental Health Board Finance Committee

**Thursday, August 17, 2017 - 1:30 P.M.**

Milwaukee County Mental Health Complex  
9455 West Watertown Plank Road  
Conference Room 1045

## Agenda

### SCHEDULED ITEMS:

1. **Welcome.** *(Chairman Lutzow)*

2. Feasibility of Affordable Care Act (ACA) Subsidies Report Presentation. *(Jerry Frye, Benefit Service Group/Informational)*

3. The Behavioral Health Division’s Nursing Recruitment Campaign and Preliminary Results. *(Kane Communications, Behavioral Health Division/Informational)*

4. 2017 Financial Projections. *(Randy Oleszak, Behavioral Health Division/Informational)*

5. Professional Services Contracts Approval Recommendations. *(Dennis Buesing, Department of Health and Human Services/Recommendation Item)*
   - Vistelar, LLC
   - UW-Milwaukee Temporary Assistance for Needy Families (TANF) Grant
   - Locum Tenens, LLC
   - Kane Communications Group
   - Clinical Path Consulting
   - UW-Milwaukee Substance Abuse and Mental Health Services Administration (SAMHSA) Grant

6. Purchase-of-Service Contracts Approval Recommendations. *(Dennis Buesing, Department of Health and Human Services/Recommendation Item)*

7. Fee-for-Service Agreements Approval Recommendations. *(Dennis Buesing, Department of Health and Human Services/Recommendation Item)*
SCHEDULED ITEMS (CONTINUED):

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>8.</td>
<td>Procurement and Methodology and Spending Approvals Policy. <em>(Dennis Buesing, Department of Health and Human Services/Recommendation Item)</em> <em>(02/23/17: Unanimously Recommended the Board Lay this Item Over.)</em></td>
</tr>
<tr>
<td>9.</td>
<td>Employee Agreements. <em>(Dr. John Schneider, Behavioral Health Division/Recommendation Item)</em></td>
</tr>
<tr>
<td>10.</td>
<td>Adjournment.</td>
</tr>
</tbody>
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The next meeting of the Milwaukee County Mental Health Board Finance Committee is **Thursday, October 23, 2017, at 8:30 a.m.** at the Milwaukee County Mental Health Complex

*ADA accommodation requests should be filed with the Milwaukee County Office for Persons with Disabilities, 278-3932 (voice) or 711 (TRS), upon receipt of this notice.*
MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION (BHD)
OPPORTUNITY ANALYSIS FOR HEALTH INSURANCE EXCHANGE ENROLLMENT
EXECUTIVE SUMMARY
AUGUST 17, 2017

Project Overview Phase I (from the Statement of Work)
1. BSGA is to perform a Financial Feasibility Study to answer the question, "If the County subsidized ACA premiums to reduce the level of uninsureds utilizing the Client's inpatient services, what would be the cost versus the write-off?"
2. Currently, there is an estimated $8M of Inpatient Hospital charges that are considered "charitable." A "market basket" of patients is defined as "unreimbursable" if defined by one of the categories below, and/or migrating between categories ("nested dolls").
   a. Total Uninsured – Indigent
   b. Eligible but Indigent
   c. Straight Title 19 are "ForwardHealth" (Medicaid fee for service) patients
   d. COBRA eligible are those patients who have employer coverage but are no longer employed
   e. Minimum Essential Benefits Plan or short-term medical plans
3. Eligible patients ("uninsured") included in the analysis were between the ages of 18 and 65 and their "guarantor" category was self-pay or sliding fee scale write-off
4. The final deliverable is to be an analysis, which defines "the potential ROI for proposed levels of premium subsidy to offset and reduce the financial risk burden currently impacting the County for its uninsured population." The analysis assumes that BHD becomes an in network provider in the Exchange plans and Medicaid HMO plans.

SUMMARY CONCLUSION

Using conservative estimates of premium costs (as identified on subsequent pages), assuming certain conditions are met, it is our conclusion that the County could benefit financially by funding a limited time period of premium county subsidies per eligible patient, versus the current environment of non-compensated care. **BHD must become an in network provider in the Exchange plans.** Eligible patients are uninsured and are admitted for an inpatient stay during the Exchange Open Enrollment period of November 1 thru December 15 with coverage effective January 1. Exchange plan premiums may be leveraged to provide disproportional reimbursement of otherwise unpaid claims.

Various models are presented below identifying time periods for enrollment and subsidy and potential engagement percentages. You can see that assuming coverage when patients are admitted during the open enrollment period and are covered by a subsidized silver plan, over a preliminary three or twelve month period, there are financial gains available to the County. The details by which this arrangement yields the greatest opportunity are illustrated on Page 6 of this report.
Special Issues to Be Considered

1. This analysis offers a short-term scenario under the current Affordable Care Act. Based on the reconciliation bills that passed the U.S. House of Representatives, there are potential changes that could affect this analysis, namely:
   a. Reduction of federal health care spending for ACA, especially the Exchange plan subsidies
   b. Redesign of tax credits for certain individuals who do not have access to employer-sponsored coverage
   c. Restructuring and capping of federal Medicaid funding to the states
   d. Provide $138 billion over 10 years in federal funding for state programs intended to help stabilize and reduce health insurance premiums in the non-group market. (Source: Kaiser Family Foundation).

2. BHD must be able to successfully answer the following questions. First, are the services being provided by BHD to the patient being enrolled in ACA coverage, eligible for reimbursement? Where we know the answer to be “yes”, we must confirm that BHD is eligible for reimbursement as a covered provider.
   a. An additional note are patients pursuing Emergency services. From what we could discern in the data, emergency department utilization is nominal, and we therefore must be an in-network provider to yield a successful result.

3. In the event that BHD develops a partnership arrangement to provide some or all of the current inpatient services, the following should be considered:
   a. If the partnership is in one of the Exchange plans provider networks, it will be eligible to be reimbursed by insurance payers.
   b. If Milwaukee County continues to be the fiduciary agent, then premiums can likely still be paid for uninsured patients enrolling in an Exchange plan.
   c. If the new joint venture is the fiduciary, then a fund would need to be established through a separate non-profit entity in order to pay the premiums. This was successfully done by UW Health in Madison with the United Way (source: United Way Health Connect).
   d. The strategy of outsourcing becomes the most expedient way to secure an in-network, reimbursable position.

4. The stability of the insurance markets, especially the Exchange insurance markets should be monitored closely. Cuts to funding, services, subsidies and changes to the ACA law can affect how the insurance markets react. Tightening of restrictions may also cause some challenges. For instance, members who are moving and are seeking coverage must have had coverage within the last 60 days in order to gain enrollment. Also, members must now prove their qualifying event for special enrollment (as opposed to previously just getting the bill and already being enrolled).

5. If any portion of BHD patients’ care is to be subsidized, then careful consideration of the process should be implemented. BHD would want to avoid scenarios of patients seeking inpatient admissions in order to take advantage of the subsidized medical care.

6. During open and special enrollment, all Exchange plans are “guarantee issue” and cover pre-existing conditions. All additional times of the year, patients must enroll in short term medical coverage where patients can be denied coverage due to pre-existing condition limitations in effect currently, at least through 2018.

7. According to Kaiser, 7% of the Wisconsin population has no coverage (this includes government programs).
Opportunity Data Analysis

1. Assumptions and sample comparison of various premium amounts for different plan types:
   - Highest premium per age group with Silver Plan and maximum age in each category
   - Single Coverage (Exchange rates gender neutral)
   - Milwaukee County ZIP code and Milwaukee County Exchange plans
   - $20,000 Household Income
   - Assumed High Medical Use
   - Smoker Classification (highest cost factor; will create premium reduction when not applicable; estimated 40% of BHD patients are smokers)
   - Uninsured patient count is based on dates of service in 2014, 2015 and 2016, as applicable
   - Out-of-Pocket (OOP) maximum dollar amount of $2,000 based on the average OOP of each of the Silver plans used for the analysis
   - The following table shows the different premium rates (subsidized and unsubsidized) for different benefit plan options. The focus for this analysis was the “Silver Subsidized Rates”.

<table>
<thead>
<tr>
<th>MAXIMUM AGE</th>
<th>SILVER SUBSIDIZED RATES</th>
<th>SILVER UNSUBSIDIZED RATES</th>
<th>GOLD SUBSIDIZED RATES</th>
<th>SHORT TERM UNSUBSIDIZED RATES</th>
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<td>$241</td>
<td>$183</td>
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<td>$637</td>
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SAVINGS SCENARIOS BACKGROUND and ASSUMPTIONS

- BSGA defined high-risk/high-cost patients as those admitted for an inpatient stay.
- Per the data submitted, BSGA chose to use the November 1 – December 15, 2015 enrollment period, for calendar year claims with date of service in 2016. This data provided the best representation for our analysis.
- Open enrollment period is expected to be a 45-day window from November 1 through December 15.
- BHD is an in network provider (which is not the current situation) with the Exchange health plans and all claims for all services will be paid after the effective date of coverage (January 1).
- BSGA calculated different scenarios based on inpatient only patient’s dates of admissions.
  a. Additional reimbursement from the ACA Exchange products may occur for non-inpatient claims during periods of coverage.

**Scenarios I and II** shows the savings opportunity for the inpatient patients admitted during Open Enrollment with 12 months and 3 months of coverage. Note that for patients whom BHD predicts will be at risk for multiple readmissions, BHD may select to continue coverage beyond the initial three month time period illustrated.

### Scenario I

**Open Enrollment Period:** November 1, 2015 – December 15, 2015  
**Dates of coverage for 12 months:** January 1, 2016 – December 31, 2016

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total IP Patients During Open Enrollment</td>
<td>214</td>
</tr>
<tr>
<td>Unique IP Patients w/o Coverage</td>
<td>107</td>
</tr>
<tr>
<td>Original BHD Total Write-off Amount (IP Only)</td>
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<tr>
<td>Premiums Paid to Exchange Plan</td>
<td>$459,672</td>
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<tr>
<td>Exchange Plan Total OOP Expense to Patient (BHD)</td>
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<tr>
<td>Billed Dollars to Insurance</td>
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<tr>
<td><strong>Potential Net Difference to BHD Write-off</strong></td>
<td><strong>$1,145,952</strong></td>
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### Scenario II

**Open Enrollment Period:** November 1, 2015 – December 15, 2015  
**Dates of coverage for 3 months:** January 1, 2016 – March 31, 2016

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Total IP Patients During Open Enrollment</td>
<td>214</td>
</tr>
<tr>
<td>Unique IP Patients w/o Coverage</td>
<td>107</td>
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<tr>
<td>Original BHD Total Write-off Amount (IP Only)</td>
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<td>Premiums Paid to Exchange Plan</td>
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<td>Billed Dollars to Insurance</td>
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<td><strong>Potential Net Difference to BHD Write-off</strong></td>
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Definitions for Analysis

- Total IP Patients Admitted During OE (Open Enrollment): all patients who incurred an inpatient service during open enrollment
- Unique IP patients w/o Coverage: patients with an IP date of service during open enrollment who did not have insurance
- Original BHD Total Write-off Amount: Total write-off amount for uninsured patients during date of service time period
- Premiums: Premium to be paid by BHD
- Total OOP Expense to BHD: $2000/patient for all Patients Covered (we assume all patients hit the max)
- Billed Dollars to Insurance: Amount billed to Insurance and potentially reimbursed to BHD as an in network provider
  - Potential Net Difference to BHD Write-Off: Billed Dollars – (Premiums + Covered Patient OOP Expense)
- These scenarios assume that BHD is an in network provider for the Exchange plans.
- Once patients are enrolled and if they are admitted to BHD after the effective date, BHD will not likely see paid claim dollars for about 45-60 days.
- In order for BHD to break even under these 2 scenarios, 40 patients need to be enrolled, covered and reimbursed over a 12 month period and 33 patients need to be enrolled, covered and reimbursed over a 3 month period.
Finance Committee Item 4

BEHAVIORAL HEALTH DIVISION

DASHBOARD REPORT

2nd Quarter 2017
# Table of Contents

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<thead>
<tr>
<th>PAGE 2</th>
<th>Table of Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAGE 3</td>
<td>BHD Combined</td>
</tr>
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</tr>
<tr>
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<tr>
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<td>PAGE 9</td>
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<td>PAGE 11</td>
<td>CSP (Community Support Program)</td>
</tr>
<tr>
<td>PAGE 12</td>
<td>CRS (Community Recovery Services)</td>
</tr>
</tbody>
</table>
**2017 June YTD**

<table>
<thead>
<tr>
<th>Revenue</th>
<th>June YTD</th>
<th>Projection</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>59,427,075</td>
<td>132,394,969</td>
<td>149,935,413</td>
<td>(17,540,444)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Expense</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>28,194,175</td>
<td>60,495,718</td>
<td>65,702,327</td>
<td>5,206,609</td>
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<tr>
<td>Svs/Commodities</td>
<td>5,828,989</td>
<td>17,161,774</td>
<td>18,144,507</td>
<td>982,733</td>
</tr>
<tr>
<td>Other Chgs/Vendor</td>
<td>43,461,540</td>
<td>108,347,212</td>
<td>123,241,274</td>
<td>14,894,062</td>
</tr>
<tr>
<td>Capital</td>
<td>64,228</td>
<td>334,455</td>
<td>281,456</td>
<td>(52,999)</td>
</tr>
<tr>
<td>Cross Charges</td>
<td>22,054,165</td>
<td>48,315,831</td>
<td>48,525,887</td>
<td>210,056</td>
</tr>
<tr>
<td>Abatements</td>
<td>(20,237,473)</td>
<td>(43,892,776)</td>
<td>(47,100,086)</td>
<td>(3,207,310)</td>
</tr>
</tbody>
</table>

**Total Expense**

|       | 79,365,624 | 190,762,214 | 208,795,365 | 18,033,151 |

| Tax Levy            | 19,938,549 | 58,367,245  | 58,859,952  | 492,707    |
| Wraparound          | (91,630)   | 388,411     | 980,041     |
| BHD Excluding Wraparund | 57,775,615 | 59,248,363  | (487,334)   |

Percentage Spent: 38%
Percentage Yr Elapsed: 50%

**2017 JUNE YTD Revenues & Expenses by Percentage**

- BHD June YTD Realized Revenue by Source
  - Wraparounds Revenue 20%
  - Other State & Federal Revenues 8%
  - Other & Misc Revenue 5%
  - Total Tax Levy 23%

- June BHD YTD Expenditure by Type
  - Other Charges 35%
  - Operating Capital 0%
  - Labor Crosscharges & Abatements 2%
  - Percentile Services 3%

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

**2017 Budget Initiatives**

- **Initiative**
  - Northside Hub
  - CCS Expansion
  - Increase Wrap enrollment
  - Ending Chronic Homelessness
  - IOP (Intensive Outpatient)
  - EMR Redesign or Improve
  - CRC 3rd shift expansion
  - Add three CART teams

- **Status**
  - On hold
  - Slower growth than anticipated
  - Less from Lincoln Hills than expected
  - Increased from $750,000 to $1 million
  - Delayed until 2nd half 2017
  - Staffed at Northside, admit at both
  - None operational as of June

**Complete**  
**Not Done**  
**Progressing**
## 2017 YTD Primary Insurance of PCS ER Patients Transferred to Non-BHD Hospital Setting

### ADULT INPATIENT PAYER SOURCES

<table>
<thead>
<tr>
<th>Source</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
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<tbody>
<tr>
<td>Medicare</td>
<td>32%</td>
<td>32%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>HMO T18</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>28%</td>
<td>28%</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>HMO T19</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Non-Recoverable</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Self Pay</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Commercial</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Adult Census and Length of Stay

- **2017 June YTD**
  - Revenue: 5,081,362
  - Projection: 10,466,901
  - Budget: 14,587,005
  - Variance: -4,120,104
- **Expense**
  - Personnel: 7,249,802
  - Svcs/Commodities: 1,741,976
  - Other Chgs/Vendor: 938,288
  - Capital: -17,500
  - Cross Charges: 3,615,405
  - Abatements: - -
  - Total Expense: 13,545,471
- **Tax Levy**
  - 8,464,109

- Percentage Spent: 45%
- Percentage Yr Elapsed: 50%

### 2017 YTD Primary Insurance of PCS ER Patients Transferred to Non-BHD Hospital Setting

- Commercial: 4%
- HMO T18: 25%
- HMO T19: 44.3%
- Medicaid: 32%
- Medicare A: 20%
- Self Pay: 21%
CAIS (Child & Adolescent Inpatient) DASHBOARD
2nd Quarter 2017

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2017 June YTD</th>
<th>Projection</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>June YTD</td>
<td>2,375,843</td>
<td>4,326,059</td>
<td>5,869,200</td>
<td>(1,543,141)</td>
</tr>
<tr>
<td>Expense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>1,743,542</td>
<td>3,845,015</td>
<td>4,004,748</td>
<td>159,733</td>
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<tr>
<td>Svcs/Commodities</td>
<td>118,715</td>
<td>257,631</td>
<td>291,914</td>
<td>34,283</td>
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<td>Other Chgs/Vendor</td>
<td>966,474</td>
<td>2,653,857</td>
<td>2,655,558</td>
<td>1,701</td>
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<tr>
<td>Capital</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Cross Charges</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Expense</td>
<td>2,828,731</td>
<td>6,756,503</td>
<td>6,952,220</td>
<td>195,717</td>
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<tr>
<td>Tax Levy</td>
<td>452,888</td>
<td>2,430,444</td>
<td>1,083,020</td>
<td>(1,347,424)</td>
</tr>
</tbody>
</table>

Percentage Spent 41%
Percentage Yr Elapsed 50%

CAIS CENSUS AND LENGTH OF STAY

CAIS PAYER SOURCES

PCS CHILD/ADOLESCENT ADMISSION & DISPOSITION

Number of Patients: 0 25 50 75 100 125 150 175 200 225
Home CAIS All Other Total Linear (Total)
PCS - ER and Observation DASHBOARD
2nd Quarter 2017

<table>
<thead>
<tr>
<th>Revenue</th>
<th>June YTD</th>
<th>Projection</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 YTD</td>
<td>4,940,398</td>
<td>10,688,250</td>
<td>11,468,783</td>
<td>(780,533)</td>
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</table>

<table>
<thead>
<tr>
<th>Expense</th>
<th>June YTD</th>
<th>Projection</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>4,962,835</td>
<td>10,748,951</td>
<td>11,121,042</td>
<td>372,091</td>
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<tr>
<td>Svcs/Commodities</td>
<td>300,414</td>
<td>505,909</td>
<td>1,447,424</td>
<td>941,515</td>
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<td>Other Chgs/Vendor</td>
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<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Capital</td>
<td>-</td>
<td>-</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td>Cross Charges</td>
<td>2,132,764</td>
<td>5,442,226</td>
<td>5,448,553</td>
<td>6,327</td>
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<tr>
<td>Abatements</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Expense</td>
<td>7,396,013</td>
<td>16,697,086</td>
<td>18,019,019</td>
<td>1,321,933</td>
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</tbody>
</table>

Tax Levy: 2,455,615

Percentage Spent: 41%
Percentage Yr Elapsed: 50%

PCS PAYER SOURCES

PCS/OBS Salary Trends and Admissions

PCS Admissions
Access Clinic # of Patients Served
Crisis Mobile # of Mobiles Completed
### AODA DASHBOARD
2nd Quarter 2017

#### Revenue vs Expense

<table>
<thead>
<tr>
<th>Description</th>
<th>2017 June YTD</th>
<th>June YTD</th>
<th>Projection</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>182,924</td>
<td>375,288</td>
<td>813,248</td>
<td>437,960</td>
<td></td>
</tr>
<tr>
<td>Svcs/Commodities</td>
<td>45,527</td>
<td>91,055</td>
<td>205,644</td>
<td>114,589</td>
<td></td>
</tr>
<tr>
<td>Other Chgs/Vendor</td>
<td>5,738,405</td>
<td>12,942,646</td>
<td>12,285,203</td>
<td>(657,443)</td>
<td></td>
</tr>
<tr>
<td>Capital</td>
<td>1,390,338</td>
<td>1,675,485</td>
<td>1,675,485</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>7,357,194</td>
<td>15,084,474</td>
<td>14,579,580</td>
<td>(104,894)</td>
<td></td>
</tr>
<tr>
<td><strong>Expense</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Levy</td>
<td>4,370,429</td>
<td>4,184,828</td>
<td>3,738,987</td>
<td>(445,841)</td>
<td></td>
</tr>
<tr>
<td>Percentage Spent</td>
<td>49%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage Yr Elapsed</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### AODA Spending by Program

- Prevention
- AODA Residential
- RSC Case Management
- Recovery House OP/DT
- Recovery Support Services
- AODA Day Tx & OP
- MAT
- Detox

#### Jan-June 2017 AODA Utilization

- AODA Residential
- RSC Case Management
- Recovery House OP/DT
- Recovery Support Services
- AODA Day Tx & OP
- MAT
- Detox

#### Spending per Client

- AODA Residential
- RSC Case Management
- Recovery House OP/DT
- Recovery Support Services
- AODA Day Tx & OP
- MAT
- Detox
**WRAPAROUND DASHBOARD**  
*2nd Quarter 2017*

### Revenue and Expense

<table>
<thead>
<tr>
<th></th>
<th>2017 June YTD</th>
<th>2017 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td>June YTD</td>
<td>Projection</td>
</tr>
<tr>
<td>Personnel</td>
<td>1,791,094</td>
<td>3,839,280</td>
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<tr>
<td>Svcs/Commodities</td>
<td>22,942</td>
<td>45,884</td>
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<tr>
<td>Other Chgs/Vendor</td>
<td>17,726,663</td>
<td>48,157,154</td>
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<tr>
<td>Capital</td>
<td>2,810,566</td>
<td>5,873,267</td>
</tr>
<tr>
<td>Cross Charges</td>
<td>(2,820,570)</td>
<td>(6,311,514)</td>
</tr>
<tr>
<td>Abatements</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>19,530,695</td>
<td>51,604,071</td>
</tr>
<tr>
<td><strong>Tax Levy</strong></td>
<td>(3,975,445)</td>
<td>(591,630)</td>
</tr>
</tbody>
</table>

**Percentage Spent** 34%

**Percentage Yr Elapsed** 50%

***2017 data is through June***

### Revenue Sources by Year

- **DHS Medicaid (Capitation)**
- **DHS Crisis**
- **HHMCS (Child Welfare)**
- **JKCS (Juvenile Justice)**

### Average Monthly Cost by Service, through 5/31/2017

- **Inpatient**
- **Residential Care**
- **Corrections**
- **Group**
- **Home**
- **Wraparound**
- **REACH**

***Inpatient services are clients in CAIS***

***Wraparound and REACH services are outpatient services***
TCM (Targeted Case Management) DASHBOARD
2nd Quarter 2017

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2017 June YTD</th>
<th>Projection</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>June YTD</td>
<td>1,319,280</td>
<td>3,271,243</td>
<td>1,983,749</td>
<td>1,287,494</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expense</th>
<th>2017 June YTD</th>
<th>Projection</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>87,283</td>
<td>191,783</td>
<td>50,182</td>
<td>(141,601)</td>
</tr>
<tr>
<td>Svcs/Commodities</td>
<td>24</td>
<td>49</td>
<td>-</td>
<td>(49)</td>
</tr>
<tr>
<td>Other Chgs/Vendor</td>
<td>2,911,765</td>
<td>6,002,298</td>
<td>5,902,163</td>
<td>(100,135)</td>
</tr>
<tr>
<td>Capital</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cross Charges</td>
<td>672,493</td>
<td>883,969</td>
<td>886,962</td>
<td>2,993</td>
</tr>
<tr>
<td>Abatements</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Expense</td>
<td>3,671,565</td>
<td>7,078,099</td>
<td>6,839,307</td>
<td>(238,792)</td>
</tr>
</tbody>
</table>

Tax Levy | 2,352,285 | 3,806,856 | 4,855,558 | 1,048,702 |

Average Enrollment | 1,341 | 1,422 | 1,443 |

Uns by Provider - June 2017

<table>
<thead>
<tr>
<th>Provider</th>
<th>Jun-17</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Billable</td>
<td>Non-billable</td>
</tr>
<tr>
<td>APC</td>
<td>6,928</td>
<td>2,171</td>
</tr>
<tr>
<td>Horizon</td>
<td>3,533</td>
<td>775</td>
</tr>
<tr>
<td>Le Causa</td>
<td>2,854</td>
<td>627</td>
</tr>
<tr>
<td>MMHA</td>
<td>3,040</td>
<td>1,052</td>
</tr>
<tr>
<td>OCHC</td>
<td>8,479</td>
<td>1,144</td>
</tr>
<tr>
<td>TLS</td>
<td>5,149</td>
<td>572</td>
</tr>
<tr>
<td>WCS</td>
<td>8,037</td>
<td>2,842</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30,060</td>
<td>9,187</td>
</tr>
</tbody>
</table>

*** Non-billable is paid to Provider but not billable to Medicaid
## CCS (Comprehensive Community Services) DASHBOARD

### 2nd Quarter 2017

<table>
<thead>
<tr>
<th></th>
<th>June YTD</th>
<th>Projection</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>193,621</td>
<td>407,908</td>
<td>101,105</td>
<td>(306,803)</td>
</tr>
<tr>
<td>Svcs/Commodities</td>
<td>6,500</td>
<td>13,000</td>
<td>-</td>
<td>(13,000)</td>
</tr>
<tr>
<td>Other Chgs/Vendor</td>
<td>4,172,132</td>
<td>8,325,263</td>
<td>12,240,000</td>
<td>3,914,737</td>
</tr>
<tr>
<td>Capital</td>
<td>1,173,936</td>
<td>1,843,478</td>
<td>1,843,478</td>
<td>-</td>
</tr>
<tr>
<td>Abatements</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>5,546,189</td>
<td>10,589,649</td>
<td>14,184,583</td>
<td>3,594,934</td>
</tr>
<tr>
<td><strong>Tax Levy</strong></td>
<td>1,295,675</td>
<td>2,088,621</td>
<td>2,556,583</td>
<td>467,962</td>
</tr>
</tbody>
</table>

**Average Enrollment**: 607

### Number of Billable to NonBillable Units - Top 10 Providers

<table>
<thead>
<tr>
<th></th>
<th>Jun-17</th>
<th>Jun-17</th>
<th>% Non-Billable</th>
<th>Jan to Jun 2017</th>
<th>Jan to Jun 2017</th>
<th>% Non-Billable</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMC</td>
<td>4,875</td>
<td>75</td>
<td>1.1%</td>
<td>6,080</td>
<td>115</td>
<td>0.6%</td>
</tr>
<tr>
<td>La Casa</td>
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<td>74</td>
<td>1.6%</td>
<td>26,803</td>
<td>175</td>
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</tr>
<tr>
<td>WCE</td>
<td>2,234</td>
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<td>0.1%</td>
<td>3,706</td>
<td>134</td>
<td>3.5%</td>
</tr>
<tr>
<td>Guest House</td>
<td>3,037</td>
<td>49</td>
<td>1.6%</td>
<td>22,030</td>
<td>141</td>
<td>0.6%</td>
</tr>
<tr>
<td>Bull Therapy</td>
<td>2,669</td>
<td>96</td>
<td>3.5%</td>
<td>11,095</td>
<td>191</td>
<td>1.7%</td>
</tr>
<tr>
<td>GCIC</td>
<td>2,011</td>
<td>30</td>
<td>1.0%</td>
<td>6,022</td>
<td>212</td>
<td>2.4%</td>
</tr>
<tr>
<td>Justice Point</td>
<td>1,517</td>
<td>28</td>
<td>1.8%</td>
<td>7,619</td>
<td>368</td>
<td>4.6%</td>
</tr>
<tr>
<td>Whole Health</td>
<td>1,214</td>
<td>70</td>
<td>5.8%</td>
<td>16,923</td>
<td>414</td>
<td>1.6%</td>
</tr>
<tr>
<td>Ascens</td>
<td>1,200</td>
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<td>6,428</td>
<td>-</td>
<td>0.0%</td>
</tr>
<tr>
<td>Easter Seal</td>
<td>1,074</td>
<td>-</td>
<td>0.0%</td>
<td>6,113</td>
<td>-</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

### TOP 7 CCS SERVICES BY UNITS
CSP (Community Support Program) DASHBOARD
2nd Quarter 2017

### Revenue

<table>
<thead>
<tr>
<th></th>
<th>June YTD</th>
<th>Projection</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>89,317</td>
<td>198,480</td>
<td>52,357</td>
<td>(146,123)</td>
</tr>
<tr>
<td>Svcs/Commodities</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other Chgs/Vendor</td>
<td>4,681,195</td>
<td>12,855,983</td>
<td>14,891,434</td>
<td>2,035,451</td>
</tr>
<tr>
<td>Capital</td>
<td>1,839,929</td>
<td>2,319,976</td>
<td>2,319,976</td>
<td>( )</td>
</tr>
<tr>
<td>Total Expense</td>
<td>6,610,441</td>
<td>15,374,439</td>
<td>17,263,767</td>
<td>1,889,328</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th></th>
<th>June YTD</th>
<th>Projection</th>
<th>Budget</th>
<th>Variance</th>
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</tr>
</tbody>
</table>

### Average Enrollment

<table>
<thead>
<tr>
<th></th>
<th>June</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,224</td>
<td>1,220</td>
<td>1,267</td>
<td></td>
</tr>
</tbody>
</table>

* 2016 Ave Total Clients was 1,245.

### Units of Service per Provider - June 2017

- **WCS**: 23%
- **MMHA**: 23%
- **Whole Health**: 18%
- **Project Access**: 17%
- **Bell Therapy**: 11%
- **OCHC**: 8%

**Grand Total** = 56,645

### Distinct Clients per Provider

- **Whole Health, 754 Clients**
- **Project Access, 201 Clients**
- **Bell, 203 Clients**

### Cost of Service per Provider - June 2017

- **WCS**: 23%
- **MMHA**: 24%
- **Whole Health**: 19%
- **Project Access**: 17%
- **Bell Therapy**: 10%
- **OCHC**: 8%

**Grand Total** = 2,140,090

### Revenue

<table>
<thead>
<tr>
<th></th>
<th>June YTD</th>
<th>Projection</th>
<th>Budget</th>
<th>Variance</th>
</tr>
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<td>( )</td>
</tr>
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</tr>
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<thead>
<tr>
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<td>52,357</td>
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</tr>
<tr>
<td>Svcs/Commodities</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other Chgs/Vendor</td>
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<td>2,035,451</td>
</tr>
<tr>
<td>Capital</td>
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<td>2,319,976</td>
<td>2,319,976</td>
<td>( )</td>
</tr>
<tr>
<td>Total Expense</td>
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<td>15,374,439</td>
<td>17,263,767</td>
<td>1,889,328</td>
</tr>
</tbody>
</table>

### Average Enrollment

<table>
<thead>
<tr>
<th></th>
<th>June</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,224</td>
<td>1,220</td>
<td>1,267</td>
<td></td>
</tr>
</tbody>
</table>

* 2016 Ave Total Clients was 1,245.
### CRS (Community Recovery Services) DASHBOARD
#### 2nd Quarter 2017

<table>
<thead>
<tr>
<th></th>
<th>June YTD</th>
<th>Projection</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td>263,293</td>
<td>526,586</td>
<td>819,261</td>
<td>(292,675)</td>
</tr>
<tr>
<td><strong>Expense</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
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<td>111,451</td>
<td>101,946</td>
<td>(9,505)</td>
</tr>
<tr>
<td>Svcs/Commodities</td>
<td>-</td>
<td>-</td>
<td>507</td>
<td>507</td>
</tr>
<tr>
<td>Other Chgs/Vendor</td>
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<td>928,926</td>
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</tr>
<tr>
<td>Capital</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross Charges</td>
<td>201,490</td>
<td>278,783</td>
<td>278,783</td>
<td>-</td>
</tr>
<tr>
<td>Abatements</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
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<td>1,319,160</td>
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<tr>
<td>Tax Levy</td>
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<td>792,574</td>
<td>1,107,750</td>
<td>315,176</td>
</tr>
</tbody>
</table>

**Average Enrollment**: 25, 25, 35

---

### DISTINCT CLIENTS OVER TIME

- Bell Therapy
- TLS

CRS is being replaced with CCS.

---

### Cost by Medicaid vs Tax Levy

- Medicaid
- Tax Levy

Medicaid pays 50% of approved costs.

Medicaid reimbursement averages 48.6% to May-17; averaged 47.3% in 2016.

Medicaid payments for June are still in process.

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

---

### Individuals Served over life of Program
Nurse Recruitment Campaign Results & Recommendations
February 13-May 7
Presented June 8, 2017
Agenda

• Value of recruitment discussion
• Review campaign goals/strategies
• Campaign highlights
  – PR highlights
  – Social media highlights
  – Paid media highlights
• Recommendations
• Goal planning
Questions for Discussion

Where are our numbers?

• National turnover rate for nurses: 17.1%
• National vacancy rate: 8.5%

How much is one new nurse hire worth?

• American Organization of Nurse Executives: the nation's hospitals are spending nearly $50,000 per RN in visible or invisible turnover costs

Recommendations & Goals Review
Fall 2016
Paid Advertising Refresher

• Initially KCG and BHD discussed a 6-month, statewide campaign
  – Milwaukee, Madison, Green Bay, Fox Cities, Wausau, Eau Claire & La Crosse
  – Recommended media budget: $359,310
• Scaled back to test for a 3-month period
  – Milwaukee market only
Communication Opportunity

Combat local “we’re closing” opinions with a paid, targeted advertising campaign
Communication Objectives

1. Begin testing and measuring the effectiveness of paid media strategies to recruit nurses in the Milwaukee market.
2. Create a mechanism through which we can collect leads for nurse candidates.
3. Increase average number of applications per month from X to X by the end of Q117.
   a. BHD did not set numbers or goals
Key Performance Indicators

1. Website traffic to Careers page
2. Ad click-through-rates
3. Ad impressions
Campaign Strategy

- Allow candidates to self-identify as “one of us” by appealing to the nurturer-defender persona
- Establish that BHD is open and hiring
- Produce a high reach within a short period of time using a combination of media tactics
Target Audience

ALYSSA
Age 25 | Thrill-Seeker/Giver Hybrid

Alyssa is a 2014 UW-M nursing school grad working as an RN in Milwaukee. Her fellow nurses love her because she thinks on her feet, is a team player and stays calm under pressure. She draws energy from people of diverse backgrounds and cultures and doesn’t judge those who are different than her. And her patients love her because she’s so compassionate and takes the time to listen.

Outside of work, Alyssa is a risk-taker and a thrill seeker. There isn’t a roller coaster she won’t ride and she checked skydiving off of her bucket list at the age of 22. Last year, she dominated her first Tough Mudder.

Her biggest pet peeve? Bullies. She’s out to stand up for the little guy and fight for what’s right.

JEAN
Age 41 | No-nonsense Super Mom

Jean spent 19 years working in retail, 17 in management, before she finally decided enough is enough with the unstable hours and less-than-stellar pay. It was time to go back to school for the job she’s been saying she wanted all her life.

It was brutal. Working full time, taking classes and studying on nights and weekends, all while raising three teenagers with just the support of her own mother. But Jean isn’t one to complain. She’s the type who sacrifices for others, stays late to help her team even when she’s not getting paid for it.

As a nurse, she works just as hard as she did in retail - but with more fulfillment. When she can see someone through their darkest hour and watch them leave the hospital with a smile on their face, that’s how she knows her hard work is worth it.
Campaign Results
Key Performance Indicators

1. Website traffic to Careers page
   a. 8,634 visits - timing tied to paid media spend

2. Ad click-through-rates
   a. 0.37% - **18 times higher** than national average

3. Ad impressions
   a. 13 million
Campaign Highlights

- Per Ed Services:
  - 25 new RNs went through orientation between February and June
- Per Kathy Muench, Nurse Recruiter:
  - 19 RNs started between February and June
  - 16 total offers extended
  - 26 total interviews conducted
  - 40 total applications received
- 20 web leads (calls/emails exchanged)
Campaign Highlights

- 13 million impressions
  - $1.6 million in negotiated overrun & added-value
    - $32k value
    - Majority of overrun from Clear Channel Outdoor
- 0.37% digital click-through rate
  - National average is 0.02-0.07
  - $3.68/click
- 120k+ video views
- 8,634 BHD.com/nursing visits
- Earned media coverage by 12 media outlets
  - 2,620 words in print/online (not including social)
  - 45 minutes on air (TV and radio)
1. Facebook was the most efficient digital component used when analyzing cost per click (CPC) data
2. Mobile video pre-roll had a higher cost per click (CPC) but the video completion rate produced higher numbers (.35% vs. .29%)
3. Contextual targeting was almost 3x more effective than the industry standard click thru rate (CTR)
4. Additional 153K impressions were served above and beyond the guaranteed campaign amount
Website Traffic

- 8,634 website visits
- Sharp dropoff in traffic after campaign end
- Traffic to page = Lead forms completed
Public Relations

Online
- Milwaukee Magazine: Behavioral Health Division Nursing Job Fair
- Wisconsin Health News posted release
- BizTimes: Behavioral Health Division hosting job fair this week
- Milwaukee 365: Behavioral Health Division Nursing Job Fair
- Neighborhood News: Behavioral Health Division Nursing Job Fair
- Milwaukee Co. Exec. Abele: Kicks off Mental Health Month, encourages conversations about mental illness
- Breaking the Mental Health Stigma Begins with Educating the Community

Radio
- Milwaukee County Launches Campaign to Hire Mental Health Nurses
- Mental health and stigma/importance of nurses - (LIVE)

TV Broadcast
- Media campaign aims to showcase the work of nurses
The goal of this brand standards guide is to communicate BHD’s commitment to our values and unique identity. These standards will provide clarity and efficiency for anyone creating BHD branded communications.

A brand is the sum of all the attributes, tangible and intangible, that make an organization unique—its name, its past, its advertising, its promises and its reputation. A brand standards guide protects these assets, providing our employees and partners with a useful tool for ensuring a consistent appearance and message whenever and wherever the brand is represented.

Consistency in branding is crucial. It creates a sense of confidence and familiarity among the BHD community and the overall public. It also reflects our commitment to quality. A well-intentioned change in phrasing, the slightest distortion in the logo’s shape or the wrong color can reflect carelessness and unprofessionalism. As a national leader in behavioral health, our reputation for excellence is paramount.

Everything bearing BHD brand elements represents our organization. The standards contained in this guide may not cover every situation encountered when creating BHD communications. They provide a foundation that, combined with sound judgment, will help communications professionals make informed, responsible decisions.

Please take the time to learn the specifics behind our brand strategy, creative expression and communication tools.
PURPOSE STATEMENT
Empowering safe, healthy and meaningful lives by ensuring that everyone gets connected to great behavioral health care.

BHD's GOLDEN CIRCLE
What we do:
We connect the people of Milwaukee County with dependable, high-quality behavioral health services - no matter their severity of need or ability to pay.

How we do it:
• We coordinate and integrate with other programs and departments - focussing on prevention and public health.
• We put the individuals we serve at the center of all we do, and create services that address their entire environment and their community.
• We create and customize our services and facilities in unity with our community's input and feedback.
• We collaborate with other care providers and community organizations to provide individuals with access to a comprehensive array of programs and services.
• We adopt national best practice models to improve the way we deliver care, train staff, and work with our partners to continually improve.
• We employ highly professional staff who live our values and believe in doing the right thing for individuals we serve - and we recognize them for doing so.

Why we do it:
It's in our DNA to constantly and courageously push for better in our community because everyone in Milwaukee County deserves access to behavioral health services that can help them and change their lives. Because every single person deserve access to compassionate, quality care, no matter their ability to pay.
BRAND PERSONALITY
Every single day we are all united in our push for better in everything we do. We are focused not on what behavioral health simply is today, but we are driving what it could be tomorrow for the people and community we serve. We are caregivers with the ultimate goal of helping others. We are motivated. We listen and deliver care for the welfare of others and are optimistic about the impact we can make by always doing the right thing by those we serve. We remain calm during a crisis and are patient and empathetic. Our focus is outward on those we serve, rather than on ourselves.

BRAND VOICE
The Milwaukee County Behavioral Health Division is:
- Compassionate NEVER Pitying
- Fearless NEVER Reckless
- Proud NEVER Boastful
- Protective NEVER Combative
- Motivated NEVER Competitive

BRAND TONE
- Uplifting
- Inspiring
- Empowering
- Focused
- Confident

BRAND PROMISE
You can count on the Behavioral Health Division to relentlessly push for better in the delivery of excellent, person-centered behavioral health prevention, treatment and recovery services for ALL Milwaukee County residents.

POSITIONING STATEMENT
The Milwaukee County Behavioral Health Division is the leader among and connection point between behavioral health care providers in the region. Residents count on BHD to connect them to vital care - no matter the severity of their need or ability to pay.
OUR MANTRA

Everyone gets connected to great care.

AUDIENCE NEEDS

Milwaukee County residents (individuals we serve and their natural supports)

- Know that behavioral health is a vulnerable and personal experience
- Understand that behavioral health is a taboo subject in our community and needs to be destigmatized
- Want to be respected and listened to by their doctors and nurses
- Want a trustworthy and reputable partner to help them take control of their life
- Want help navigating their choices in behavioral health care

Milwaukee County health care professionals

- Have a shared goal of wanting to connect individuals with the best care to help them on their journey to recovery
- Need help understanding what services are right for the individuals they serve
- Need help understanding how they can connect and collaborate with BHD
KEY MESSAGES

The Milwaukee County Behavioral Health Division (BHD) is the community’s connection point to vital, high-quality behavioral health care.

- The Behavioral Health Division assures that individuals receive access to care no matter their ability to pay or the severity of their need.
- The Behavioral Health Division works with the Milwaukee County community to treat individuals with behavioral health needs with understanding, empathy and support.
- Through innovative programs, the Behavioral Health Division promotes recovery, wellness, research and education for every individual.
- The Behavioral Health Division connects individuals with appropriate behavioral health services provided by the county and community providers.
- Through the Behavioral Health Division, the community has access to the largest network of behavioral health providers in the state.

The Behavioral Health Division provides care and treatment to adults, adolescents and children with mental illness, substance abuse disorders and co-occurring illnesses. The Behavioral Health Division offers services across the following four key areas:

1. Crisis services
   - Preventing a psychiatric crisis before it happens is key.
   - When the need arises, BHD provides a 24/7 psychiatric emergency room, a 24/7 Crisis Line, a mobile urgent treatment team, a crisis assessment response team, respite houses, an Access Clinic serving uninsured residents and more.

2. Community-based services
   - BHD understands that offering neighborhood-based services reduces barriers for individuals in need of treatment and care. That’s why we offer groundbreaking, progressive programs and services that allow individuals to receive care in their own community or even within the comfort of their home.
   - BHD’s Wraparound program, Crisis Services and Adult Community-based Services collaborates with providers to connect individuals to the services that fit their needs - including specialized services for children and families.

3. Hospital services
   - We provide compassionate care for adults, children and adolescents who are in need of behavioral health care in a hospital-based setting.
   - Our approach includes a multidisciplinary team of mental health professionals in specialized programs that exist to meet the needs of the individual.
   - The Behavioral Health Division’s inpatient services are provided in four licensed psychiatric hospital units with three specialized programs for adults and one specialized unit for children and adolescents.
   - Our Acute Treatment Unit (ATU) provides safe, secure, short-term hospitalization designed to stabilize and assist individuals in returning to their community.
   - Our Women’s Treatment Unit (WTU) focuses closely on providing trauma-informed care for women recovering from complex and co-occurring severe behavioral health disorders.
   - Our Intensive Treatment Unit (ITU) provides a safe, supportive environment for individuals in need of intensive behavioral and pharmacological intervention.
   - Our Child and Adolescent (CAIS) unit provides inpatient care to individuals age 18 and under.
KEY MESSAGES CONT.

4. Child & adolescent services
   - When a child has a behavioral health need, turn to the Behavioral Health Division.
   - We offer a comprehensive array of individualized programs designed especially for youth in need. These include care coordination, therapy services, support services and much more.

The Milwaukee County Behavioral Health Division is home to the only Psychiatric Emergency Room in the state of Wisconsin.
   - The need for a high-quality psychiatric ER in Milwaukee is great.
   - Psychiatric Crisis Services (PCS), BHD’s psychiatric emergency room, sees more individuals annually than most other psychiatric ERs in the country, second only to Oakland Psychiatric ER in California or The Department of Psychiatry at Bellevue in New York.

BHD is home to a nationally-renowned Psychiatric Emergency Room - regularly modeled after by other psychiatric ERs around the country.
   - Our leadership team consults with psychiatric ERs during their build process to advise them on best practices.
   - Members of BHD’s medical staff are the first option for most health care systems when seeking effective education on behavioral health-related topics such as civil commitment, treatment of aggressive behavior, mental health crises, etc.

BHD contributes to the improvement of public health by collaborating with other organizations and county departments, giving citizens access to a comprehensive array of services.

City-County Heroin, Opioid and Cocaine Task Force
   - BHD is part of a county and city-wide task force charged with studying the problems of drug abuse in Milwaukee County and presenting policy recommendations to address the issue.

Community Consultation Team
   - BHD provides services for those who care for adults with developmental disabilities.

Crisis Assessment Response Team (CART)
   - CART is a unique and effective program comprised of crisis team clinicians and police officers from the Milwaukee Police Department who respond to situations when police intervention may be needed. The goal of CART is to reduce the number of involuntary hospital admissions in Milwaukee County.

Crisis Resource Center and CLASP
   - Our Crisis Resource Center serves individuals short-term during a crisis - connecting them to appropriate community services.
   - CLASP is a community-based Peer Specialist Program that includes people with lived experience in our network of providers and stakeholders.

Housing First Initiative
   - BHD provides funding to Housing First, a partnership between countless Milwaukee-area organizations aiming to house the homeless in our community and provide support on their path to recovery.

Mobile Urgent Treatment Team
   - Staffed by a team consisting of a psychologists, social workers, nurses, case managers and a consulting physician, the Mobile Urgent Treatment Team provides crisis intervention services on a 24 hour basis to families enrolled in the Wraparound Milwaukee Program.

Trauma Response Team
   - The Trauma Response Team pairs Milwaukee police officers and county mental health professionals to follow up with children who have been involved in or witnesses to a traumatic event.
THE BHD BRAND STORY

Simply put, the behavioral health of our community is now, more than ever, in a state of need. There's a stigma associated with what it means to be grappling with behavioral health, and that needs to change. Much like that stigma, health care is changing, and not just from the business side of things. Individuals we serve are feeling it, too. All too often indifference is becoming synonymous with the industry. At the Milwaukee County Behavioral Health Division, it's in our DNA that behavioral health is about continuous improvement, transformation, pushing boundaries, providing hope and holding ourselves to the highest standards. The same standards you'd expect for someone you love when they're in need. Because in the end, it's not just about treating one individual, it's about treating the entire community's needs. It's about connecting the ones you love to the right care, without boundaries.

A Compassionate Connector

We'll be there for you when you need us most ... and when you don't. Caring for you and your family is second nature. We remove our staff from the bureaucracy and red tape that would inhibit their ability to provide the best behavioral health care possible. Our vision of health care isn't confined to hospitals or clinics. It's found in every touchpoint of the communities in which we live. And we're always looking for ways to improve on better. To us, it's not just about being your guide. It's about being your guide through the right care for you.

Our Relentless Pursuit to Improve the Behavioral Health of Our Community

Every single day we are all united in our push for better in everything we do. We are focused not on what behavioral health care simply is today, but we are driving what it could be tomorrow for the people and communities we serve. It's our courage and tenacity that lets us embrace the pursuit of a new better. From the most complex behavioral health conditions to everyday routine, we will always be improving, determined to be the provider of peace of mind in and out of our walls. We each have a relentless passion for better, and together, we are transforming behavioral health care.
Department of Health and Human Services

BHD is a division of the Milwaukee County Department of Health and Human Services (DHHS). In addition to Behavioral Health services, DHHS also provides the community with Disability, Housing, and Delinquency and Court services.

**DHHS BRAND VALUES**

**P.R.I.D.E.**

- When you see **PARTNERSHIP**, you see people building relationships with colleagues and customers. You see a colleague mentoring others, working with people in other divisions to help a customer, and finding ways to come together to put our community first.

- When you see **RESPECT**, you see colleagues treating customers and each other with kindness, admiration, and putting those we help first. You see self-awareness when dealing with difficult situations, commitment to fulfilling promises and delivering quality outputs.

- When you see **INTEGRITY**, you see colleagues holding themselves and each other to the same standards for everyone who comes into the door or calls. You see honesty in all things, and the dedication to do the right thing, especially when it is the really difficult thing.

- When you see **DIVERSITY**, you see colleagues respecting and experiencing cultures and values other than their own. You see the sharing and understanding of ideas, culture, concepts, and differences in a way that ultimately serves to come together and work toward solutions.

- When you see **EXCELLENCE**, you see people working to go beyond expectations, and doing the next thing that takes their work from “good” to “extraordinary.” You see colleagues stepping up to embrace innovation, help with positive change, and proudly represent DHHS in the broader community.

**DHHS ON-BRAND BEHAVIORS**

**Partnership**

- Build relationships that maximize our impact.
- Mentor others to help them grow professionally.
- Work together, breaking down silos to overcome challenges.

**Respect**

- Treat our clients and colleagues with kindness and admiration, advocating for the person-first experience.
- Be self-aware of our approach and tone when dealing with sensitive issues.
- Be accountable for fulfilling commitments and delivering quality outputs.

**Integrity**

- Be open, sincere, honest and transparent to clients and colleagues.
- Uphold organizational standards, including confidentiality and privacy for our clients.
- Demonstrate good principles and morals in all that you are doing.
- Be responsible for your environment in the workplace and in the community.

**Diversity**

- Be culturally competent when interacting with clients, colleagues and customers.
- Approach new ideas with an open mind.
- Encourage others to contribute in many ways.
- Celebrate unique differences and variety.

**Excellence**

- Work to exceed goals and expectations, challenging the status quo to make our work and our outcomes extraordinary.
- Step up and contribute to DHHS initiatives.
- Proudly represent DHHS in the community.
**BRAND LOGO USAGE**

In any visual graphic application, the BHD brand name is represented in the form of a logo. Consistent, appropriate use of the logo goes far in effectively communicating our name and building recognition of who we are.

The BHD logo consists of specially designed artwork and type. Some of the font characters have been modified in ways not immediately evident. Therefore, the logo may not be recreated by anyone, including re-typesetting the text portion, because these subtleties may be lost. Likewise, do not manipulate elements, such as changing the approved color of the text or moving the location of the cross and/or halo graphic. **The official logo is available to authorized users in all appropriate file formats.**

**Positive Logo**

For use against light colors or backgrounds. The logo should be printed using the colors specified above. It may also be printed in grayscale or solid black when required by vendor's printing restrictions. Those logos are also available from Administration.

**Reversed Color Logo**

For use against black or very dark colors/backgrounds. The logo should be printed using the colors specified above.

**Reversed Solid White Logo**

For use against dark colors/backgrounds where any colored elements might "blend in" and not be clearly legible. This is also for use when colors are not available for printing or a solid logo is required per the printer's requirements. The logo should be white or surface color of object being printed.
**LOGO ACCEPTABLE “CLEAR ZONE”**

It is highly recommended that the logo be reproduced on a solid background of light or dark (for maximum contrast) and that a “clear zone” be maintained around it, free from distracting graphic elements and trim. The height of the “B” in “Behavioral” should be used as the measuring device for the space around that logo at that size.

The BHD logo should be at least the height of the “B” in “Behavioral” away from any trimmed edge. This space around the logo should also be clear of any other graphics.

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**INCORRECT APPLICATIONS OF THE LOGO**

The purpose of showing incorrect applications or logo designs is to illustrate the damage that inconsistent logo usage can create. Obviously, not every unacceptable use can be addressed - but the point is clear: altering the logo in size, shape, or any other way dramatically affects our organization’s image. It is the responsibility of everyone using the logo to apply it correctly. The elements of the logo are positioned in precise relationship to each other and must not be changed.

- **Never condense the logo.**
- **Never widen the logo.**
- **Never distort the logo.**

- **Do not use the logo on an angle.**
- **Never alter the relationships of elements.**
- **Never reset type or change the font in the logo.**

- **Never use the logo in combination with another graphic element or logo within the “clear zone.”**
- **Never use the logo on a visually competing background.**
- **Never change the size, location or font of the entity/division name on entity/division-specific logos.**

---

BHD Brand Standards 10
COLOR PALETTE

Accurate color matching of the BHD colors in all applications and communications is imperative. Professional graphic designers and printers use a color matching system called the Pantone Matching System (PMS). When possible, use Pantone inks for maximum consistency and visual recognition. The colors CMYK, RGB and HEX equivalents are also listed for four color process printing and digital applications.

Primary Colors
These are the three main corporate colors.

- PMS 321 C
  CMYK 96, 3, 35, 12
  RGB 0, 140, 149
  HEX 008C95

- PMS 115 C
  CMYK 0, 6, 87, 0
  RGB 253, 218, 36
  HEX FDDA24

- PMS Cool Gray II
  CMYK 44, 34, 22, 77
  RGB 83, 86, 90
  HEX 53565A

Secondary Colors
Can be used for accents, highlights, backgrounds, section dividers, etc.

- Black
  CMYK 0, 0, 0, 100
  RGB 0, 0, 0
  HEX 000000

- PMS Cool Gray 4
  CMYK 12, 8, 9, 73
  RGB 187, 188, 188
  HEX B8B8B8

- PMS Cool Gray I
  CMYK 4, 2, 4, 8
  RGB 217, 217, 214
  HEX D9D9D6

- PMS 2995 C
  CMYK 83, 1, 0, 0
  RGB 0, 169, 224
  HEX 0A9BDE

TYPOGRAPHY

Specific typefaces, or fonts, have been selected for use in BHD communications. These fonts must be used consistently to build recognition and create a cohesive look among all marketing pieces.

Guidelines for Professional Staff

Standard font: Arial family
This family should be used for all standard documents created by BHD staff, including Word documents, PowerPoint documents, official documents, etc. Arial is a standard font in the Microsoft Office suite of products.

Arial Regular
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890

Arial Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890

Arial Bold
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890

Arial Bold Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890
Guidelines for Communications & Design Professionals

Graphic designers, web developers and individuals with access to advanced design programs should use the following typefaces, or fonts, when available.

**Primary Font: Gotham Family** *(Attention web developers: Proxima Nova is Typekit’s matching font)*

When available, this family should be used for all types of copy including main headlines/titles, subheads/subtitles, body copy, callouts, etc.

Gotham Thin
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Gotham Light
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Gotham Book
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Gotham Medium
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Gotham Bold
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Gotham Light Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Gotham Book Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Gotham Narrow Light
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Gotham Narrow Book
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Gotham Narrow Medium
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Gotham Narrow Bold
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Gotham Narrow Book Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

Specific typefaces, or fonts, have been selected for use in BHD communications. These fonts must be used consistently to build recognition and create a cohesive look among all marketing pieces. **Gotham and Oswald fonts are available from the BHD Administration department.**

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**Secondary Font: Oswald**

Oswald is the font used to create the new BHD logo. Oswald can be used as an alternative for headlines/titles and/or subheads/subtitles in place of Gotham. It should never be used for body copy as it’s quite compressed which makes it difficult to read in large copy blocks.

Oswald Light
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Oswald Regular
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Oswald DemiBold
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Oswald Bold
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
Acceptable Alternative Fonts
While our primary font families are available to professional designers and printers through their font libraries and online services such as Typekit, we understand that not everyone will have access to these font families in all software applications. So we’ve listed a few acceptable alternatives that everyone, including PC users, should have access to.

*Please note that professional print designers and print vendors are REQUIRED to use the Gotham and Oswald font families. They may NOT use these alternatives or other fonts. BHD’s Administration department can supply the primary font families to you and your vendors.*

Alternatives for Gotham Font Family
For all copy including headlines/titles, subheads/subtitles, body copy, call outs, etc.

**For PC users: Verdana** (can use all weight options in font family even though they are not all shown here)

**Verdana Regular**
ABCD\textit{EFGHIJKLMNOPQRSTUVWXYZ}abcdeghi
klnopqrstuvwxyz 1234567890

**Verdana Bold**
ABCD\textit{EFGHIJKLMNOPQRSTUVWXYZ}abcdeghi
klnopqrstuvwxyz 1234567890

**Verdana Italic**
ABCD\textit{EFGHIJKLMNOPQRSTUVWXYZ}abcdeghi
klnopqrstuvwxyz 1234567890

**Verdana Bold Italic**
ABCD\textit{EFGHIJKLMNOPQRSTUVWXYZ}abcdeghi
klnopqrstuvwxyz 1234567890

**For web developers: Proxima Nova (Typekit)** (can use all weight options in font family even though they are not all shown here)

**Proxima Nova Regular**
ABCD\textit{EFGHIJKLMNOPQRSTUVWXYZ}abcdeghi
klnopqrstuvwxyz 1234567890

**Proxima Nova Bold**
ABCD\textit{EFGHIJKLMNOPQRSTUVWXYZ}abcdeghi
klnopqrstuvwxyz 1234567890

**Proxima Nova Regular Italic**
ABCD\textit{EFGHIJKLMNOPQRSTUVWXYZ}abcdeghi
klnopqrstuvwxyz 1234567890

**Proxima Nova Bold Italic**
ABCD\textit{EFGHIJKLMNOPQRSTUVWXYZ}abcdeghi
klnopqrstuvwxyz 1234567890

Last resort: Arial Family (can be used if all other preferred fonts are not available)

Alternatives for Oswald
There is not a common font shipped with PCs or Microsoft Software that is a close match to Oswald so we cannot recommend an alternative. We suggest using the preferred Gotham family or one of its alternatives.
BRANDED TEMPLATES
The following materials have been designed according to BHD's brand standards and are available for your use. You may request copies of these files through BHD Administration.
Milwaukee County Behavioral Health Division

A presentation by Kane Communications Group
August 17, 2017
Kane Communications Group

Our clients trust us as partners who understand their business goals and create intelligent communications programs that inspire sustainable results.
OUR WORK WITH BHD
BHD Brand and Website

• Improve reputation
• Clarify and align messages
• Gather input & alignment
  – Focus groups, surveys
  – Integration with DHHS and Milwaukee County
BHD Brand and Website (cont.)

- Standards guide
  - Messaging
  - Logo mark
  - Design
- New collateral for CARS
- Website update and organization
Awareness Campaigns

Light and Unite Red
Awareness Campaigns (cont.)

- Mental Health Month
- Recovery Month (in development)
External Communications

• Northside facility
• Budget hearings
• Provider communications
• Additional media
Employee Communications

• Do the Right Thing
• Employee Newsletter
• Town Hall Roundup
Employee Recruiting

- Address the nursing shortage
- Include nurses in the process
- Address misconceptions
- Campaign goals
  - Increase awareness that BHD was open and hiring
  - Test and measure effectiveness of paid media
  - Create a lead-collection tool
Employee Recruiting (cont.)
• 25 new RNs went through orientation between February and June; 20 directly tied to campaign
• Webpage traffic directly tied to campaign advertising and PR
• An integrated communications approach is more effective
• 13 million total impressions of our message
  – 1.6 million impressions bonus impressions, negotiated by our media buyer (a $32k value)
Thank you!

Questions? Contact me.

Kimberly Kane 414-323-6361
kimberly@kanecommgroup.com
DATE: August 9, 2017

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

FROM: Jeanne Dorff, Interim Director, Department of Health and Human Services

SUBJECT: Report from the Interim Director, Department of Health and Human Services, Requesting Authorization to Execute 2017 and 2018 Professional Services Contracts for Training, Evaluation, Psychiatrist Staffing, Cleaning, Recruitment, and Electronic Medical Record Optimization Services

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least $100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2017-2022.

Background

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital 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.

Professional Services Contracts

Vistelar, LLC - $25,000

Vistelar, LLC will author the Security Department policy and procedure to address the needs of a Security Department in a healthcare environment and to comply with the Joint Commission Environment of Care Standards of 2016 for BHD. Vistelar will also provide all of the necessary training and education required to implement the policy and procedure, as well as assisting BHD in identifying appropriate staff as responsible authorities to whom the policies and procedures can be entrusted for implementation and upkeep. BHD is requesting $25,000 increase to the 2017 contract to bring the total to $394,160.
**UW-Milwaukee TANF Grant - $170,000**
This is an agreement with UW-Milwaukee to conduct a special project. The project will focus on process (i.e., what was done and how it was accomplished) and outcomes (i.e., results) to evaluate the Milwaukee County TANF-AODA system of care. These funds are being requested for 2018.

**Locum Tenens.com, LLC - $235,000**
Locum Tenens.com, LLC, is utilized to fulfill required psychiatrist staffing for the Behavioral Health Division inpatient services on a temporary basis. Services include sourcing, screening, and presenting psychiatrist candidates for the purpose of fulfilling essential coverage needs due to vacancies. Continued temporary staffing is required, while BHD continues to recruit for permanent psychiatrist employees. This shall be the fifth amendment, since the agreement was initially executed on 11/16/2015. BHD is seeking to amend the existing agreement for 2017 by $235,000 for a new not to exceed total of $2,306,750. The costs of this contract are off-set by current psychiatrist vacancies.

**Clean Power, LLC - $1,316,136**
This is an agreement for cleaning services for the Milwaukee County Behavioral Health Division, Mental Health Complex. These funds are being requested for 2018.

**Kane Communications Group - $187,000**
This is an agreement to provide BHD with assistance in recruiting key clinical positions across the organization, and to develop and deploy a strategic communications plan for BHD and the Milwaukee County Mental Health Board. Additionally, as part of our TANF grant, Kane Communications was identified to develop marketing and communications for TANF funded services. BHD is seeking to amend the existing agreement that is currently in place for Kane Communications Group from July 1, 2016 through December 31, 2017 by an additional $187,000 for a total not to exceed $615,000.

**Clinical Path Consulting - $195,000**
This is a professional services agreement to provide BHD with two positions critical to the success of the Our Avatar (EMR Optimization) Project as well as training and oversight of BHD clinical documentation tools. Clinical Path is providing consultants to fill the positions of Principal Trainer and Clinical Informaticist. Following the contract engagement, BHD has the option of hiring these consultants into full time positions after a competitive interview process. The Principal Trainer began work at BHD on July 31 to fill an urgent need for in-house training resources. The Clinical Informaticist is expected to begin work on August 21, and will provide a combination of clinical and managerial oversight to the technical team managing BHD’s core clinical systems. Mental Health Board approval for this amount allows BHD to engage these consultants for a period of 6 months, avoiding additional fees paid to the consulting company in the event they are hired into full time positions.
UW-Milwaukee SAMHSA Grant - $254,365
This is an agreement with UW-Milwaukee to conduct a special project. The project will focus on process and outcomes to evaluate the Milwaukee County Family Drug Treatment Court. BHD has received a five-year SAMHSA Grant. These funds are being requested for 2017 through 2022.

**Fiscal Summary**

The amount of spending requested in this report is summarized below.

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>New/Amendment/Existing Contract</th>
<th>2017 Amount</th>
<th>2018 Amount</th>
<th>2019 Amount</th>
<th>2020 Amount</th>
<th>2021 Amount</th>
<th>2022 Amount</th>
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<td>Vistelar, LLC</td>
<td>Existing</td>
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<td>UWM – Milwaukee TANF Grant</td>
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<td>$170,000</td>
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<td>Locum Tenens.com, LLC</td>
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<td>Clean Power, LLC</td>
<td>Renewal</td>
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<tr>
<td>Kane Communications Group</td>
<td>Existing</td>
<td>$187,000</td>
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</tr>
<tr>
<td>Clinical Path Consulting</td>
<td>New</td>
<td>$195,000</td>
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Jeanne Dorff, Interim Director
Department of Health and Human Services
BEHAVIORAL HEALTH DIVISION
Communications and Recruitment Marketing
Statement of Work
July 25, 2017
Dear Mike,

What an honor it is to partner with the Milwaukee County Behavioral Health Division (BHD) to help educate your publics about BHD’s work to provide individuals across our community with the highest quality of behavioral health care services - no matter their severity of illness or ability to pay.

At Kane Communications Group (KCG), we know that intelligent communication strategies that align with organizational goals can achieve significant results. Our team has partnered with BHD to deeply understand your position in the community and develop real and informed communications programs that have achieved important outcomes. These include measurable improvements in employee trust and communications; the visible and productive expansion of dozens of partnerships with community organizations; ongoing and positive media coverage; and a measured increase in qualified candidate leads, applications and hires through our recent RN recruitment campaign.

During this time of change at BHD, it is more important than ever that you establish your position in Milwaukee County as a leader in behavioral health care and a vital connector to care that people can count on. The community, employees and prospective employees, and our partners and providers need to understand what these changes mean for behavioral health care in Milwaukee County and what these changes mean for them.

We are pleased to present this statement of work to you to achieve the following goals:

- Restart and expand the employee recruitment marketing support and strengthen internal communications during this changing time.
- Develop a BHD strategic communications plan to help BHD communicate its position in the community as its business model changes.
- Implementation of marketing and communications efforts related to BHD’s recent TANF grant award.

These efforts will enable you to continue to clearly message your work as a behavioral health care leader in Milwaukee County and a meaningful place for caregivers to work.

Enclosed please find a proposal for the work. We look forward to supporting BHD with the very important endeavors.

Kind Regards,

Kimberly Kane
President & CEO
Kane Communications Group
WORK PROPOSAL

ACTIVITIES

BHD Employee Recruitment Program

Associated work for the employee recruiting campaign will focus on promotion of open RN positions at the Milwaukee County Behavioral Health Division.

Project plan and management
- Client input meeting
- Recruitment marketing campaign plan, including objectives, strategies, tactics, audience, key messages, measurement and timeline
- LinkedIn recruitment strategy
- Monthly project update reports
- Project briefs for new creative deliverables
- Campaign wrap-up report

Media plan
- Strategic media plan, which will include a calendar of the recommended media and run dates, quantities that will be bought, specs for advertising and negotiated rates and revised media plan that reflects the actual, final media

Media maintenance & measurement
- Campaign run report at close of campaign – confirming what ran and any makegoods

Ongoing management of BHD Careers Facebook page, including:
- Social listening and audience building
- Staff features (iPhone video interviews)
- Paid social posts
- Training of ambassadors
- LinkedIn training for BHD recruiter

Materials to promote referral incentive to current BHD employees, which may include:
- Posters
- Flyers
- Artwork for digital boards
- Talking points for managers

Updates throughout campaign to current website to include new videos, upcoming events, featured positions, etc.

Campaign creative revisions to include new BHD brand logomark, fonts, colors, including:
- Billboards
- Social media header graphics
- Digital ads
- Videos
- Two new videos
• Nursing careers webpage

Nurse recruitment ambassador training and pitching:
• Researching and pitching speaking opportunities, event participation opportunities or media interviews for ambassadors
• Q&Z prep for interviews or speaking events
• Training new ambassadors on messaging and role

Promotion of job fairs via
• Radio, social media (paid and organic), community event calendar postings.

Internal communications to engage employees in recruitment and retention efforts:
• Develop and recommend programs based on employee feedback that may include referral incentives, recognition program, etc.

BHD Strategic Communications Plan

Associated work for the strategic communications plan will begin in August 2017 with a plan, budget and implementation strategy presented in December 2017.

Project planning and management
• Client input meeting to clarify goals, establish milestones and present findings
• Client meetings, project coordination, monthly reports

Primary research
• Conduct baseline research as determined by objectives including 3-5 executive interviews, 1-2 focus groups

Secondary research
• Organization Specific: Review of BHD strategic business plan, DHHS strategic plan
• Industry/Market Specific: Conduct external environmental scan including competitive analysis, paid media analysis, Wisconsin legislative and industry evaluation

Third-party research
• KCG recommends market research through a 3rd party, but this is outside the scope of this current agreement

Writing
• Key messages and audience personas

Plan development
• Identify risks, recommend strategies and tactics, develop timeline, develop budget recommendations to execute the plan, clarify communications team roles and responsibilities, rescoping of ongoing support activities
BHD TANF Grant

Associated work for the TANF Grant’s marketing and communications will begin in August 2017.

Project planning and management
- Client input meeting to clarify goals, confirm target audience, establish communications needs
- Client meetings, project coordination, monthly reports

TANF Communications plan development
- Develop communications plan for outreach, strategies and tactic in line with the grant

Creative development
- Writing, design and layout for each communications piece identified in the plan, i.e. expert source sheets, posters, brochures, display board, etc.

TIMELINE

All work outlined in this agreement will begin in August 2017 upon the execution of a signed contract. Specific deliverable timeline will be developed in the respective project plans. This engagement will end December 31, 2018, or when hours are completed, whichever comes first.

BILLING SCHEDULE

The fees for services provided by Kane Communications Group will be $37,400 per month, unless otherwise agreed to by Client and KCG due to an amended work schedule. This rate is in effect through December 31, 2017. If the engagement extends beyond that time, Client and KCG will re-evaluate the priorities of the activities and re-scope the work. Any additional time required by KCG beyond that which is outlined in this statement of work will be billed at a $170 per hour rate. Any element that will cause the total cost of the project to exceed the quoted amount reflected in the contract must first be approved (in written form) by KCG and Mike Lappen. Client shall reimburse out-of-pocket expenses consistent with Client’s internal protocol. All invoices are due according to terms of the Professional Services Agreement.

ASSUMPTIONS

- Specific tactics may change based on what is outlined in the plan recommendations.
- Mike Lappen will be the primary point of contact at BHD.
- Mike Lappen will provide key personnel for the implementation of the deliverables, where required for successful fulfillment of desired outcomes.
- Mike Lappen will make personnel who may be part of the project team available for help.
- Mike Lappen will perform timely turnaround for issue resolution, review, acceptance, etc.
- Mike Lappen will provide access to information concerning the campaign’s data and results.
OUT OF SCOPE

- Media advertising costs
- Stock and original photography
- Stock videography
- Printing costs
- Merchandise costs
- Video that is not outlined in the scope of work
- Travel and meals
- Paid market research
- Event space rental
- Survey or research participation stipends
DATE: August 23, 2017

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

FROM: Jeanne Dorff, Interim Director, and Department of Health and Human Services

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Execute 2018 Purchase-of-Service Contracts with a Value in Excess of $100,000 for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services.

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least $100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2017-2018.

Background

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital 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.

Purchase of Service Agreements

Vital Voices for Mental Health - $175,961
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. Vital Voices also administers the Recovery Oriented System Indicator (ROSI), which assesses the recovery orientation of community mental health system for adults with serious and prolonged psychiatric disorders. These funds are being requested for 2018.
“Community Access to Recovery Services” (CARS) - a branch of the Behavioral Health Division that offers a central access point for Milwaukee County adult residents ages 18-59 seeking mental health and/or substance use disorder services through a network of community providers. Services include, but are not limited to, clinical treatment offered on a continuum of care and recovery support services such as care coordination, childcare, pre-employment education/training, parenting assistance, daily living skills training, housing, case management, and supportive employment. There is a strong emphasis on the use of peers as providers to strengthen the therapeutic relationship to the individuals served.

The following is a list of program descriptions for services provided under, purchase of service agreements. The table below shows what vendors are associated with each program and the anticipated 2018 purchase of services spending with each individual vendor.

**Fiscal Impact CARS**
The total amount recommended in 2018 purchase-of-service agreements for the Community Access to Recovery Services adult community mental health and AODA services is **$16,370,156.00** Amounts recommended for approval for each individual vendor are identified below. The purchase-of-service amounts are actual expenditures which will be paid out over a 12-month period during 2018.

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>2018 Amount</th>
<th>Service</th>
<th>Program</th>
<th>Type of Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Advocates, Inc.</td>
<td>$859,249.00</td>
<td>Provides the administration and staff support for the work of the Milwaukee Coalition of Substance Abuse Prevention (MCSAP)</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Impact, Inc.</td>
<td>$100,000.00</td>
<td>Access Point</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>M&amp;S Clinical Services</td>
<td>$547,700.00</td>
<td>Access Point</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>AIDS Resource Center of WI</td>
<td>$96,213.00</td>
<td>AODA Prevention</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Horizon Healthcare, Inc.</td>
<td>$240,000.00</td>
<td>Consumer Affairs</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Bell Therapy</td>
<td>$1,102,284.00</td>
<td>CSP</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Organization</td>
<td>Amount</td>
<td>Program</td>
<td>Funding Source</td>
<td>Category</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------</td>
<td>------------------------------</td>
<td>----------------</td>
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</tr>
<tr>
<td>Bell Therapy, Inc.</td>
<td>$577,135.00</td>
<td>Crisis Stabilization</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Community Advocates</td>
<td>$500,000.00</td>
<td>AODA Prevention</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Community Advocates</td>
<td>$92,649.00</td>
<td>SPF-PFS</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Dungarvin WI, LLC</td>
<td>$236,544.00</td>
<td>CCT</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Grand Avenue Club</td>
<td>$200,000.00</td>
<td>Psycho-Social Club</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Impact, Inc.</td>
<td>$509,412.00</td>
<td>Access Point</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Justice Point, Inc.</td>
<td>$68,399.00</td>
<td>Access Point</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>La Causa, Inc.</td>
<td>$400,000.00</td>
<td>CLASP</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>La Causa, Inc.</td>
<td>$200,000.00</td>
<td>Crisis Mobil – 3rd Shift</td>
<td>CARS</td>
<td>POS</td>
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<tr>
<td>La Causa, Inc.</td>
<td>$278,000.00</td>
<td>Peer Run Drop in Center</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Organization</td>
<td>Total Amount</td>
<td>Program</td>
<td>Agency</td>
<td>Grant Type</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>---------</td>
<td>--------</td>
<td>------------</td>
</tr>
<tr>
<td>Outreach Community Health Center</td>
<td>$606,307.00</td>
<td>48 Community Support Program</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>M &amp; S Clinical Services, Inc.</td>
<td>$150,000.00</td>
<td>Family Moving Forward</td>
<td>CARS</td>
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</tr>
<tr>
<td>Matt Talbot Recovery Services, Inc.</td>
<td>$2,250,000.00</td>
<td>Detox Services</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Matt Talbot Recovery Services, Inc.</td>
<td>$322,145.00</td>
<td>Performance based Incentive</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Matt Talbot Recovery Services, Inc.</td>
<td>$2,196,557.00</td>
<td>5 Bed CBRF</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Mental Health America of WI</td>
<td>$44,000.00</td>
<td>Public Information/Referral</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Mental Health America of WI</td>
<td>$40,000.00</td>
<td>Suicide Prevention</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Meta House, Inc.</td>
<td>$50,000.00</td>
<td>AODA Prevention</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Milwaukee Mental Health Association, Inc.</td>
<td>$1,377,758.00</td>
<td>CSP</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Milwaukee Mental Health Association, Inc.</td>
<td>$14,193.00</td>
<td>Protective Payee</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Organization Name</td>
<td>Amount</td>
<td>Service</td>
<td>Type</td>
<td>Provider</td>
</tr>
<tr>
<td>------------------</td>
<td>--------</td>
<td>---------</td>
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<td>----------</td>
</tr>
<tr>
<td>National Alliance for Mentally Ill</td>
<td>$30,000.00</td>
<td>Advocacy</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Our Space, Inc.</td>
<td>$250,962.00</td>
<td>Psychosocial Clubhouse</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>St. Charles, Inc.</td>
<td>$403,126.00</td>
<td>Training Coordination</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Milwaukee Center for Independence, Inc.</td>
<td>$1,207,580.00</td>
<td>CSP</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>United Community Center</td>
<td>$45,000.00</td>
<td>Familia Sanas</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Warmline, Inc.</td>
<td>$50,000.00</td>
<td>Non-Crisis Phone</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Wisconsin Community Service, Inc.</td>
<td>$1,123,808.00</td>
<td>Certified Intensive CSP</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Wisconsin Community Service, Inc.</td>
<td>$440,754.00</td>
<td>Access Point</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Wisconsin Community Service, Inc.</td>
<td>$36,000.00</td>
<td>Enhanced Monitoring</td>
<td>CARS</td>
<td>POS</td>
</tr>
<tr>
<td>Project Access, Inc</td>
<td>$190,000.00</td>
<td>CCS</td>
<td>CARS</td>
<td>POS</td>
</tr>
</tbody>
</table>
Wraparound Milwaukee - a branch of the Behavioral Health Division and is a broad benefit plan with over 80 different mental health, social and supportive services, that provide and arrange care for, children with serious emotional and mental health needs and their families.

The following is a list of program descriptions for services provided under, purchase of service agreements. The table below shows what vendors are associated with each program and the anticipated 2018 purchase of services spending with each individual vendor.

**Fiscal Impact Wraparound Milwaukee**
The total amount recommended in 2018 purchase-of-service agreements for services in support of the Wraparound Milwaukee program is **$3,451,978.47**. A Request for Proposal (RFP) was issued on July 17, 2017 by DHHS Contract Administration for the Care Coordination Services for the Wraparound program. The amounts recommended for approval for care coordination is to extend the current contracts for 3 months to allow for the selection, and transition to the vendors who will be selected as part of the RFP process for care coordination. Amounts recommended for approval for each individual vendor are outlined below. The purchase-of-service amounts are actual expenditures which will be paid out over a 3-month period during 2018.

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>2018 Amount</th>
<th>Service</th>
<th>Program</th>
<th>Type of Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJA Counseling Center</td>
<td>$454,326.44</td>
<td>Care Coordination</td>
<td>Wraparound</td>
<td>POS</td>
</tr>
<tr>
<td>Alternative in Psychological Consultation, S.C.</td>
<td>$485,209.50</td>
<td>Care Coordination</td>
<td>Wraparound</td>
<td>POS</td>
</tr>
<tr>
<td>La Causa, Inc.</td>
<td>$943,798.04</td>
<td>Care Coordination</td>
<td>Wraparound</td>
<td>POS</td>
</tr>
<tr>
<td>SaintA, Inc.</td>
<td>$515,188.43</td>
<td>Care Coordination</td>
<td>Wraparound</td>
<td>POS</td>
</tr>
<tr>
<td>St. Charles Youth &amp; Family Services</td>
<td>$754,447.89</td>
<td>Care Coordination</td>
<td>Wraparound</td>
<td>POS</td>
</tr>
<tr>
<td>Willowglen</td>
<td>$299,008.17</td>
<td>Care Coordination</td>
<td>Wraparound</td>
<td>POS</td>
</tr>
</tbody>
</table>
**Fiscal Summary**

The amount of spending requested in this report is summarized below.

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>New/Amendment/Renewal/Extension/Existing Contract</th>
<th>2018 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Advocates, Inc.</td>
<td>Renewal</td>
<td>$859,249.00</td>
</tr>
<tr>
<td>Impact, Inc.</td>
<td>Renewal</td>
<td>$100,000.00</td>
</tr>
<tr>
<td>M&amp;S Clinical Services</td>
<td>Renewal</td>
<td>$547,700.00</td>
</tr>
<tr>
<td>Project Access, Inc.</td>
<td>Renewal</td>
<td>$912,139.00</td>
</tr>
<tr>
<td>AJA Counseling Center</td>
<td>Extension</td>
<td>$454,326.44</td>
</tr>
<tr>
<td>Alternative in Psychological Consultation, S.C.</td>
<td>Extension</td>
<td>$485,209.50</td>
</tr>
<tr>
<td>La Causa, Inc.</td>
<td>Extension</td>
<td>$943,798.04</td>
</tr>
<tr>
<td>SaintA, Inc.</td>
<td>Extension</td>
<td>$515,188.43</td>
</tr>
<tr>
<td>AIDS Resource Center of WI</td>
<td>Renewal</td>
<td>$96,213.00</td>
</tr>
<tr>
<td>Horizon Healthcare, Inc.</td>
<td>Renewal</td>
<td>$240,000.00</td>
</tr>
<tr>
<td>Bell Therapy, Inc.</td>
<td>Renewal</td>
<td>$1,102,294.00</td>
</tr>
<tr>
<td>Bell Therapy, Inc.</td>
<td>Renewal</td>
<td>$577,135.00</td>
</tr>
<tr>
<td>Community Advocates, Inc.</td>
<td>Renewal</td>
<td>$500,000.00</td>
</tr>
<tr>
<td>Community Advocates, Inc.</td>
<td>Renewal</td>
<td>$92,649.00</td>
</tr>
<tr>
<td>Dungarvin WI, LLC</td>
<td>Renewal</td>
<td>$236,544.00</td>
</tr>
<tr>
<td>Grand Avenue Club</td>
<td>Renewal</td>
<td>$200,000.00</td>
</tr>
<tr>
<td>Impact, Inc.</td>
<td>Renewal</td>
<td>$509,412.00</td>
</tr>
<tr>
<td>Justice Point, Inc.</td>
<td>Renewal</td>
<td>$68,399.00</td>
</tr>
<tr>
<td>La Causa, Inc.</td>
<td>Renewal</td>
<td>$400,000.00</td>
</tr>
<tr>
<td>La Causa, Inc.</td>
<td>Renewal</td>
<td>$200,000.00</td>
</tr>
<tr>
<td>Organization</td>
<td>Program</td>
<td>Amount</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>La Causa, Inc.</td>
<td>Renewal</td>
<td>$278,000.00</td>
</tr>
<tr>
<td>Outreach Community Health Center, Inc.</td>
<td>Renewal</td>
<td>$606,307.00</td>
</tr>
<tr>
<td>M &amp; S Clinical Services, Inc.</td>
<td>Renewal</td>
<td>$150,000.00</td>
</tr>
<tr>
<td>Matt Talbot Recovery Services, Inc.</td>
<td>Renewal</td>
<td>$2,250,000.00</td>
</tr>
<tr>
<td>Matt Talbot Recovery Services, Inc.</td>
<td>Renewal</td>
<td>$322,145.00</td>
</tr>
<tr>
<td>Matt Talbot Recovery Services, Inc.</td>
<td>Renewal</td>
<td>$2,196,557.00</td>
</tr>
<tr>
<td>Mental Health America of WI</td>
<td>Renewal</td>
<td>$44,000.00</td>
</tr>
<tr>
<td>Mental Health America of WI</td>
<td>Renewal</td>
<td>$40,000.00</td>
</tr>
<tr>
<td>Meta House, Inc.</td>
<td>Renewal</td>
<td>$50,000.00</td>
</tr>
<tr>
<td>Mental Health America of WI</td>
<td>Renewal</td>
<td>$1,377,758.00</td>
</tr>
<tr>
<td>National Alliance for Mentally Ill</td>
<td>Renewal</td>
<td>$14,193.00</td>
</tr>
<tr>
<td>Our Space, Inc.</td>
<td>Renewal</td>
<td>$250,962.00</td>
</tr>
<tr>
<td>Project Access, Inc.</td>
<td>Renewal</td>
<td>$190,000.00</td>
</tr>
<tr>
<td>St. Charles, Inc.</td>
<td>Renewal</td>
<td>$403,126.00</td>
</tr>
<tr>
<td>Milwaukee Center for Independence, Inc.</td>
<td>Renewal</td>
<td>$1,207,580.00</td>
</tr>
<tr>
<td>United Community Center</td>
<td>Renewal</td>
<td>$45,000.00</td>
</tr>
<tr>
<td>Warmline, Inc.</td>
<td>Renewal</td>
<td>$50,000.00</td>
</tr>
<tr>
<td>Wisconsin Community Service, Inc.</td>
<td>Renewal</td>
<td>$1,123,808.00</td>
</tr>
<tr>
<td>Organization</td>
<td>Type</td>
<td>Amount</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>Wisconsin Community Service, Inc.</td>
<td>Renewal</td>
<td>$454,754.00</td>
</tr>
<tr>
<td>Wisconsin Community Service, Inc.</td>
<td>Renewal</td>
<td>$36,000.00</td>
</tr>
<tr>
<td>St. Charles Youth &amp; Family Services</td>
<td>Extension</td>
<td>$754,447.89</td>
</tr>
<tr>
<td>Willowglen</td>
<td>Extension</td>
<td>$299,008.17</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$21,169,902.47</td>
</tr>
</tbody>
</table>

Jeanne Dorff, Interim Director
Department of Health and Human Services
DATE: August 23, 2017

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

FROM: Jeanne Dorff, Interim Director, and Department of Health and Human Services

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Execute 2017, 2018 Fee-for-Service Agreements with a Value in Excess of $100,000 for the Behavioral Health Division for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services.

Issue
Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least $100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2017-2018.

Background
Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital 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.

Fee-for-Service Agreements
“Community Access to Recovery Services” (CARS) - a branch of the Behavioral Health Division that offers a central access point for Milwaukee County adult residents ages 18-59 seeking mental health and/or substance use disorder services through a network of community providers. Services include, but are not limited to, clinical treatment offered on a continuum of care and recovery support services such as care coordination, childcare, pre-employment education/training, parenting assistance, daily living skills training, housing, case management, and supportive employment. There is a strong emphasis on the use of peers as providers to strengthen the therapeutic relationship to the individuals served.
The following table indicates the program descriptions for services provided under, fee-for-service agreements. The table below shows what vendors are associated with each program and the anticipated 2018 fee-for-service spending with each individual vendor.

**Fiscal Impact**
The total amount recommended in 2017 - 2018 fee-for-service agreements for the Community Access to Recovery Services adult community mental health and AODA services is **$26,416,471.07**. Amounts recommended for approval for each individual vendor are identified below. The amounts listed below are fee-for-service agreements and represent anticipated 2017 - 2018 payments providers are expected not to exceed during 2017 - 2018; these are not guaranteed payment amounts.

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>2017 Amount</th>
<th>Service</th>
<th>Type of Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guest House of Milwaukee</td>
<td>$200,000.00</td>
<td>Bridge House</td>
<td>FFSA</td>
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</table>

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>2018 Amount</th>
<th>Service</th>
<th>Type of Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative in Psychological Consultation, S.C.</td>
<td>$2,228,512.67</td>
<td>Supportive, recovery oriented services for AODA/Mental Health</td>
<td>FFSA</td>
</tr>
<tr>
<td>A Clearer Vision, LLC dba Eliana Homes</td>
<td>$131,510.32</td>
<td>Wiser Choice/CCS</td>
<td>FFSA</td>
</tr>
<tr>
<td>Access Recovery Mental Health Services (ARMHS)</td>
<td>$101,377.00</td>
<td>AODA Treatment and recovery support services</td>
<td>FFSA</td>
</tr>
<tr>
<td>Ascent for Life</td>
<td>$335,210.00</td>
<td>AODA Treatment and recovery support services</td>
<td>FFSA</td>
</tr>
<tr>
<td>Bell Therapy Inc, (Phoenix Care Systems. Inc.)</td>
<td>$6,289,724.17</td>
<td>AODA Treatment and recovery support services, Community Support Program</td>
<td>FFSA</td>
</tr>
<tr>
<td>Community Living Arrangements, Inc.</td>
<td>$117,482.00</td>
<td>Supportive, recovery oriented services for AODA/Mental Health</td>
<td>FFSA</td>
</tr>
<tr>
<td>Vendor Name</td>
<td>2018 Amount</td>
<td>Service</td>
<td>Type of Contract</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------</td>
<td>-------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Easter Seals Southeast WI, Inc.</td>
<td>$275,103.00</td>
<td>Provides care coordination to help create a recovery plan to help build skills to improve health, wellness, and overall quality of life</td>
<td>FFSA</td>
</tr>
<tr>
<td>Empathetic Counseling Services, Inc.</td>
<td>$183,876.42</td>
<td>Supportive, recovery oriented services for AODA/Mental Health</td>
<td>FFSA</td>
</tr>
<tr>
<td>Genesis Behavioral Services, Inc.</td>
<td>$1,280,855.00</td>
<td>Supportive, recovery oriented services for AODA/Mental Health</td>
<td>FFSA</td>
</tr>
<tr>
<td>Goodwill Industries of Southeastern Wisconsin</td>
<td>$336,236.00</td>
<td>Supportive, recovery oriented services for AODA/Mental Health</td>
<td>FFSA</td>
</tr>
<tr>
<td>Guest House of Milwaukee</td>
<td>$1,002,671.56</td>
<td>AODA Treatment and recovery support services</td>
<td>FFSA</td>
</tr>
<tr>
<td>Home for Independent Living of WI, LLC</td>
<td>$718,595.14</td>
<td>AODA Treatment and recovery support services</td>
<td>FFSA</td>
</tr>
<tr>
<td>Jefferson Crest, LLC</td>
<td>$500,495.08</td>
<td>Provides Residential services for CARS clients</td>
<td>FFSA</td>
</tr>
<tr>
<td>Justice Point, Inc.</td>
<td>$738,694.00</td>
<td>Supportive, recovery oriented services for AODA/Mental Health</td>
<td>FFSA</td>
</tr>
<tr>
<td>La Causa, Inc.</td>
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<td>Matt Talbot</td>
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<td>Milwaukee Center for Independence, Inc.</td>
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<td>Vendor Name</td>
<td>2018 Amount</td>
<td>Service</td>
<td>Type of Contract</td>
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<tr>
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<td>Our Safe Place</td>
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<td>Outreach Community Health Centers, Inc.</td>
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<td>Comprehensive Community Support Services to assist individuals with Mental severe and persistent mental illness maintain as much independence as possible</td>
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<td>Wisconsin Community Services, Inc.</td>
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<tr>
<td>Wisconsin Nazrene Compassionate Center</td>
<td>$183,209.00</td>
<td>AODA Treatment and recovery support services</td>
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</table>

**Wraparound Milwaukee** - a branch of the Behavioral Health Division and is a broad benefit plan with over 80 different mental health, social and supportive services, that provide and arrange care for, children with serious emotional and mental health needs and their families.

The following is a list of program descriptions for services provided under fee-for-service agreements. The table below shows what vendors are associated with each program and the anticipated 2018 fee-for-service spending with each individual vendor.

**Fiscal Impact**
The total amount recommended in 2018 purchase-of-service and fee-for-service agreements for services in support of the Wraparound Milwaukee program is $33,367,781.31. Amounts recommended for approval for each individual vendor are outlined below. The amounts listed below that are fee-for-service agreements and represent anticipated 2018 payments providers are expected not to exceed during 2018; these are not guaranteed payment amounts. The purchase-of-service amounts are actual expenditures which will be paid out over a 12-month period during 2018.
<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>2018 Amount</th>
<th>Service</th>
<th>Type of Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adkins Counseling</td>
<td>$233,018.00</td>
<td>Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families</td>
<td>FFSA</td>
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<tr>
<td>Alternatives in Psychological Services</td>
<td>$1,534,703.11</td>
<td>Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families</td>
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<td>American United Cab</td>
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<td>Provides transportation Services for Wraparound serving children/youth and their families</td>
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<td>Anu Family Services</td>
<td>$503,687.00</td>
<td>Provides transportation Services for Wraparound serving children/youth and their families</td>
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<td>Bracy Psychological Services &amp; Stress Management</td>
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<td>Butterflies Home for Teen Girls, LLC</td>
<td>$152,149.15</td>
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<td>$158,047.00</td>
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<td>Child Adolescent Inpatient Services</td>
<td>$1,626,551.00</td>
<td>Provides Inpatient Behavioral Health Services for Wraparound youth</td>
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<td>Children’s Service Society of Wisconsin</td>
<td>$153,655.00</td>
<td>Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families</td>
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<td>Choices to Change, Inc.</td>
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<td>Community Harbor, LLC</td>
<td>$115,347</td>
<td>Provides Crisis Stabilization/Mentoring for Wraparound children/youth and their families.</td>
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<td>Dominion Behavioral Health Services, LLC</td>
<td>$135,688.00</td>
<td>Provides Behavioral Health and/or Social Services for Wraparound</td>
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<td>Eau Claire Academy</td>
<td>$150,541.00</td>
<td>Provides Behavioral Health and/or Social Services for Wraparound</td>
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<td>Family Options Counseling, LLC</td>
<td>$384,359.00</td>
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<td>$350,187.00</td>
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<td>Hopgood Youth Home</td>
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<td>Provides residential services for youth enrolled in Wraparound</td>
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<tr>
<td>House of Love II</td>
<td>$253,925.00</td>
<td>Provides residential services for youth enrolled in Wraparound</td>
<td>FFSA</td>
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<tr>
<td>House of Love Youth Homes, Inc.</td>
<td>$239,058.00</td>
<td>Provides residential services for youth enrolled in Wraparound</td>
<td>FFSA</td>
</tr>
<tr>
<td>Human Development Center, Inc.</td>
<td>$1,160,038.00</td>
<td>Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families</td>
<td>FFSA</td>
</tr>
<tr>
<td>Integrity Family Services, LLC</td>
<td>$1,109,920.00</td>
<td>Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families</td>
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</tr>
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<td>Inspiring Young Women, Inc.</td>
<td>$239,628.00</td>
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<td>FFSA</td>
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<td>Jeanene’s Adult Family Home</td>
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<tr>
<td>Lad Lake, Inc.</td>
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<tr>
<td>Lad Lake, Inc. - St. Rose</td>
<td>$168,531.00</td>
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<tr>
<td>Lad Lake, Inc. - St. Rose Stages</td>
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<td>Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families</td>
<td>FFSA</td>
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<tr>
<td>La Causa, Inc.</td>
<td>$3,249,747.82</td>
<td>Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families</td>
<td>FFSA</td>
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<tr>
<td>Lutheran Social Services - Homme Home Y&amp;F Program</td>
<td>$963,466.00</td>
<td>Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families</td>
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<td>Milwaukee Academy/Clinicare</td>
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<td>MindStar Counseling, LLC</td>
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<td>Mt. Castle Transitional Living Services</td>
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<td>New C.H.O.I.C.E.S., LLC</td>
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<tr>
<td>New Horizon Center, Inc. (Child Placing Agency)</td>
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<td>Provides foster care placements for youth enrolled in Wraparound Milwaukee.</td>
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<tr>
<td>Next Chapter Living Center, Inc.</td>
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<td>Norris Adolescent Center</td>
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<td>Pathways Group Home of Rock County, LLC</td>
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<td>Rawhide, Inc.</td>
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<tr>
<td>Revive Youth &amp; Family Center I</td>
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<td>Right Turn, Inc.</td>
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<td>Riverstone Counseling and Crisis Services, LLC</td>
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<td>SaintA, Inc.</td>
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<tr>
<td>Sebastian Family Psychology Practice</td>
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<tr>
<td>Servant Manor - Trotter House</td>
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<td>Southwest Keys Program, LLC</td>
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<tr>
<td>St. Charles Youth &amp; Family Services</td>
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<td>THRIVE Treatment Services, LLC</td>
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<tr>
<td>Tomorrow’s Future Phase II</td>
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<tr>
<td>VIC Living Center</td>
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<tr>
<td>Vision Youth Development Center, Inc.</td>
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<td>FFSA</td>
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<tr>
<td>Willowglen</td>
<td>$1,219,968.00</td>
<td>Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families</td>
<td>FFSA</td>
</tr>
</tbody>
</table>

**Fiscal Summary**

The amount of spending requested in this report is summarized below.
<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>New/Amendment/Renewal/Existing Contract</th>
<th>2018 Amount</th>
<th>2017 Amount</th>
</tr>
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<td>A Clearer Vision, LLC dba Eliana Homes</td>
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<tr>
<td>Adkins Counseling</td>
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<td></td>
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<tr>
<td>Lad Lake, Inc. - St. Rose Stages</td>
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Jeanne Dorff, Interim Director
Department of Health and Human Services
COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: August 17, 2017

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

FROM: Jeanne Dorff, Interim Director, Milwaukee County Department of Health and Human Services

Approved by Mike Lappen, Administrator, Behavioral Health Division

SUBJECT: Report from the Interim Director, Department of Health and Human Services, Requesting approval and adoption of Behavioral Health Division Procurement Procedure, Purchasing and Procurement Policy

Issue

Pursuant to Wisconsin Statute 51.41, all Milwaukee County Behavioral Health Division mental health policy and function lies with the Milwaukee County Mental Health Board (MCMHB). The Director of the Milwaukee County Department of Health and Human Service seeks approval and adoption of a Behavioral Health Division Procurement Procedure, BHD Purchasing and Procurement Policy, Article Number 2.

Background

In 2014 the MCMHB adopted the American Bar Association Model Procurement Code. Subsequently the MCMHB approved and adopted Procurement Procedure, Legal and Contractual Remedies, Article No. 1. In October 2016, Alicia Modjeska, BHD Chief Operations Officer brought before the Finance Committee and Mental Health Board a report entitled MCBHD Procurement Methodology at which time general and financial considerations were explained as well as oversight, spending authority and procurement approval requirements. A motion to approve the procurement methodology and spending limits was approved contingent upon the creation of a procurement policy to be brought before the board for final approval.

Discussion: Development and Adoption of a BHD Purchasing and Procurement Policy

BHD receives tens of millions of federal and state revenues annually. As a condition to receiving this revenue, BHD is tasked with the responsibility to adequately monitor its contracting and procurement processes. Failure to adequately do so could put this revenue at risk. Additionally, compliance with pertinent federal and state procurement regulation is mandated under the Milwaukee County Single audit as well as the Wisconsin Legislative Audit Bureau (LAB). The attached Purchasing and Procurement Policy was created to put proper structure, controls, and oversight in place over the procurement process.
The requested policy was brought back before the Finance Committee in February 2017 at which time concerns were raised regarding the Competitive Sourcing section as it relates to what will be reviewed by the Board. Recommendations were made for inclusion of additional requirements under this section to align the policy with Act 203, in addition to addressing-fee-for-service sourcing and contracting processes and policy. The attached policy was revised to address those concerns as well as be more comprehensive in its overall scope.

**Recommendation**

It is recommended that the MCMHB, approve and adopt the attached Behavioral Health Division Procurement Procedure for immediate release as BHD Purchasing and Procurement Policy, Article Number 2.

Jeanne Dorff, Interim Director
Department of Health and Human Services
Purpose:

The Milwaukee County Behavioral Health Division (BHD) is required to purchase various materials, services, and equipment to fulfill its mission of enhancing the quality of life for individuals who need support living healthy, independent and safe lives within our community.

Scope:

This Policy applies to all MCBHD managers, directors, officers, administrators and purchasing coordinators.

Policy:

This procurement policy will ensure:

A. that procurement transactions obtain in a cost-effective, responsible and responsive manner the acquisition of quality materials, services, and equipment required by the BHD

B. the prudent use of resources; BHD will avoid acquisition of unnecessary or duplicative items;

C. that before a service is purchased or outsourced, an evaluation is made of in-house capabilities, and if it is determined that services need to be procured from outside, this policy will be used to guide such procurements;

D. compliance with applicable federal law, OMB Uniform Guidance standards, and any state regulations governing procurement;

E. that contracts are only awarded to responsible contractors possessing the ability to perform successfully. Consideration will be given to contractor integrity, compliance with public policy, past performance and financial and technical resources;

F. that the policy delineate guidelines for source selection, purchasing methodology, and approval of purchases and contracts at BHD;

G. that quality and affordability are to be balanced during the decision making process. Quality will have a higher percentage weight with all procurement efforts.

Definitions:

Bid Bond is issued as part of a supply bidding process by the contractor to the project owner, to attempt to guarantee that the winning bidder will undertake the contract under the terms at which they bid.
Conflict of Interest: A conflict of interest would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for an award or contract.

BHD Directors: Are any staff member that is responsible for a program area, section or service area of MCBHD

Fee for Service Network: A network or group of preapproved providers providing services to certain populations of clients or programs. Examples: Wraparound Milwaukee, Community Access to Recovery Services (CARS).

Ineligible Vendor or Contractor: is a vendor on the federal, state or county barred list.

Officer: A staff member in an executive level position within MCBHD, (Chief Clinical Officer, Chief Nursing Officer, Chief Financial Officer, etc.)

Performance Bond: Also known as a contract bond, is a surety bond issued by an insurance company or a bank to guarantee satisfactory completion of a project by a contractor.

The Director: The Director of the Milwaukee County Department of Health and Human Services.

Procurement by noncompetitive proposal:

Sole Source Purchases: A sole source purchase is one wherein a needed item can only be purchased from a single source because there is only one source available. This situation makes it impossible to obtain competitive bids.

Single Source: Even though two or more suppliers can provide the required goods or services, the Administrator, or designee awards the contract to one supplier over the other(s) when public exigency or emergency will not permit a delay required for competition, or MCMHB has expressly authorized a noncompetitive process, or after solicitation of a number of sources competition is deemed inadequate.

Group Purchasing Organizations (GPO): A group purchasing organization (GPO) is an entity that helps healthcare providers-such as hospitals, nursing homes and home health agencies-realize savings and efficiencies by aggregating purchasing volume and using that leverage to negotiate discounts with manufacturers, distributors and other vendors.

Micro-purchases, $3,000 or less, do not require competition or a cost/price analysis, but must be distributed equitably among qualified suppliers (to the extent practicable). $2,000 for construction awards subject to the Davis-Bacon Act.

Small purchase, $3,000-$149,999, price and rate quotes must be obtained from an adequate number of qualified sources. Note: no cost/price analysis is required.
Formal Procurements may include the following:

Sealed bids, using firm fixed price contract, require formal advertising, two or more bidders are willing and able to respond, and there is public opening of the bids.

Request for Information (RFI): An RFI process may be used to obtain information from potential suppliers or service providers to aid in the development of a request for bid/proposal. The document should be clearly marked "Request for Information". A request for information is used to obtain information only. It is not a substitute for the request for bid/proposal process, but responsiveness to an RFI may be a condition to being allowed to bid, renew an existing contract, or submit a proposal when an RFP is released.

Competitive Proposals - Request for Proposal (RFP): Is used when sealed bids are not appropriate. A request for proposal is used to submit a solicitation in the form of a proposal for some type of commodity, service, asset, or property. It is typically used to get information about the proposed asset or service. This can include a history of the asset's ownership, financial information, information about the seller, or the product's availability. Request for proposals will follow the process rules set forth in the 2000 ABA Model Procurement Code and the August 2002 Regulations for State and Local Governments as approved by the MCBHD Board in 2014 and the Standards found in 2 CFR 200.317-326, Uniform Guidance Procurement Standards. The RFP process will be used when: the total costs of services will exceed $150,000 on an annual basis, the need for the service is anticipated four to six months in advance, there are federal mandates requiring an RFP process (e.g., 2 CFR 200), or there is a need for a new service to be provided which MCBHD had not offered previously. The solicitation must include a clear and accurate description of the technical requirements for material, product or services, identify all of the requirements that offerors must fulfill and all other factors to be used in evaluating bids or proposals. Standard terms and conditions will be developed and attached to every RFP to include compliance with relevant federal, state and county procurement laws.

Ethics and Conflict of Interest:

Policy: It is declared that high moral and ethical standards among county public officials and county employees are essential to the conduct of free government; that the county believes that a code of ethics for the guidance of county public officials and county employees will help them avoid conflicts between their personal interests and their public responsibilities, will improve standards of public service and will promote and strengthen the faith and confidence of the people of this county in their county public officials and county employees. It is the intent of the county that in its operations the board shall protect to the fullest extent possible the rights of individuals affected. s. 9.01, MCCGO

Conflict of Interest
Persons authorized to make purchase on behalf of MCBHD will be required to disclose any conflict of interests annually via the Statement of Economic Interest Form and Affidavit submitted to the Milwaukee County Ethics board pursuant to provisions of Chapter 9, Code of Ethics, Milwaukee County Code of General Ordinances.
A conflict of interest would arise when a BHD employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.

**Contractual Personnel Services**
An exception would be retired or former BHD employees under contract for services related to their former job duties. When deemed in the best interest of BHD, it may contract with former employees immediately upon their separation from employment.

Additionally, pursuant to the provisions of Wis. Stat. 59.79(8), the director may enter into a contract for a period not to exceed 2 years for the services of retired county employees, provided such services shall not replace or duplicate an existing office or position in the classified or unclassified service nor be considered an office or position under s. 63.03 Wis. Stats. Former Milwaukee County employees may be hired as contractual employees by BHD subject to the requirements of said statute. If payment under the term of the contract will equal or exceed $100,000, MC MHB approval is required.

**Prohibited Practices**
BHD may not enter into a contract with vendors or contractors that are on a federal, state or county list of ineligible entities.

In order to improve transparency and ensure objective contractor performance and eliminate unfair competitive advantage, providers/contractors who help draft or develop a grant application, contract specifications, requirements, statements of work, invitation for bids and/or requests for proposals, shall be excluded from competing for such procurement unless written reasoning is provided for allowing them to compete.

Gratuities: Officers, employees, and agents of BHD must neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, Milwaukee County may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of BHD.

**Authority:**
A. Authority to make or approve purchases is granted to specific managerial or officer level staff only.

   a. This authority is determined by the MCBHD Administrator and the Milwaukee County Mental Health Board.
   b. An Authorized Signature Card (Attachment) will remain on file in the MCBHD Fiscal Department and forwarded to the Office of the Milwaukee County Comptroller.
   c. No person is authorized to obligate MCBHD without verifying, in advance, sufficient funds to meet the purchase obligation.
B. Before a contract or agreement may be executed:
   a. The department may not approve contracts for amounts in excess of available revenues
   b. Funding must be verified by BHD Chief Financial Officer or designee, or encumbered through the Milwaukee County Comptroller’s Office.
   c. Actual expenditure of BHD funds shall be reported in compliance with procedures developed by the department, and shall comply with standards guaranteeing quality of care.
   d. All approvals must be granted either electronically or in writing.
   e. Should BHD reimbursement from state or federal sources not be obtained or continued at a level sufficient to allow for payment for the quantity of services under contract, the obligations of each party shall be terminated. Reduction in reimbursement or payment from state or federal sources shall be sufficient basis for BHD to reduce the amount of payment to contractor.

C. The Milwaukee County Board of Supervisors may not exercise approval or disapproval power over any contract relating to mental health or mental health institutions, programs, or services. This paragraph does not preclude the county board of supervisors from creating a central purchasing department for all county purchases that are not related to mental health.

D. Pursuant to s. 51.41(10) Wis. Stats., 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.

E. The Milwaukee County Mental Health Board may exercise approval or disapproval power over contracts and purchases of the director that are for $100,000 or more, except that the Milwaukee County Mental Health Board will not exercise approval or disapproval power over any contract or purchase of the director that relates to community living arrangements, adult family homes, or foster homes and that was entered into pursuant to a contract under s. 46.031 (2g) Wis. Stats. However, any contract or agreement for community living arrangements with expenditures of $100,000 or more will be brought before the Mental Health Board within ninety (90) days as an informational report only.

F. Contracts that exceed the originally approved amount or fee-for-service agreements that exceed the originally estimated expenditure by twenty-five (25) percent or more will be brought before the Mental Health Board within ninety (90) days as informational reports only.

G. The Milwaukee County Mental Health Board may appoint the BHD administrator or his/her designee as agent to approve addenda or amendments to any contract after the contract’s initial approval.

H. Oversight of procurement for clinical services such as pharmaceuticals, diagnostics, treatment and procedures occurs by the Milwaukee County BHD Chief Medical Officer. Clinical based contracts; pharmacy, food services, laboratory, and radiology must also receive approval from the MCBHD Medical Executive Committee.

I. The table below outlines who may approve requisitions or purchases and sign contracts, legally binding agreements, business ventures and other agreements with external parties that obligate MCBHD. (including Memoranda of Understanding)
BHD Contract Spending Authority

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<td>Manager</td>
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<tr>
<td>BHD Directors</td>
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<td>Officers</td>
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<tr>
<td>Administrator</td>
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* Required County approvals include BHD Administrator, Director of DHHS, Risk Manager, Corporation Counsel, Office of MC Comptroller, Community Business Development Program, and Milwaukee County Executive.

Purchasing Methods:

Purchasing of products and services is accomplished through a variety of processes, which are designed to address the differences in complexity, value, risk and transaction volumes associated with MCBHD purchasing needs.

1. **Milwaukee County Procurement Division**: This method is used for purchases where a County wide contract exists or when a standard bidding process is desired. This includes:
   a. Price agreements for a set cost for a specific time-frame
   b. Purchase Orders for one time purchases under $2000
   c. Purchase Requisitions for one time purchases greater than $2000
      i. Follow Milwaukee County Procurement Division process for competitive bidding
      ii. Require an additional electronic approval from the Office of the Comptroller
2. **Purchasing Card**: Used for non-contract, local and online spending.
   a. Includes travel
   b. Maximum transaction value of $2,000 to $3,000 depending on BHD department.
   c. Transaction limits vary by department and individual card holder.
   d. Purchases are reviewed and approved monthly by the manager of the department and Purchasing Card Coordinator.

3. **Milwaukee County Time and Materials (T & M) Contractors**
   a. Milwaukee County Facilities Management (MCFM) vets and authorizes specific companies to be used for construction and repair projects by category without an additional formal RFP or Bidding process. MCBHD may utilize these companies as long as the quality and cost meets MCBHD standards. MCBHD may requests Bids and formal RFP for construction and repair projects when MCBHD funds are used to finance these projects.
   b. Contract periods are determined by MCFM.
   c. BHD can purchase services from any authorized T & M contractor if the project price is less than $25,000.
   d. BHD obtains price quotes from multiple authorized T & M contractors for projects above $25,000.
   e. If there are no authorized T & M Contractors for the type of work needed, or when MCBHD will finance the project directly a competitive sourcing process using a minimum of 3 bids/quotes will be utilized when practical.
      i. Any contractor may participate in this process, irrespective of current T & M status.
      ii. Proposals submitted by contractors who have lost T & M status prior to the end of the contract period for cause may be rejected at MCBHD’s discretion.

**Competitive Sourcing**

A. **Informal Proposals or Quotes - Small Purchase**: A competitive Small Purchase Sourcing Process may be used where the value and or nature of the product or service is between $3,000-$149,999, and the product or service can be obtained from more than one source.
   a. MCBHD encourages participation in the competitive sourcing process by as many qualified suppliers as possible.
b. Efforts are made to obtain a minimum of three (3) proposals or price quotes verbally, by email or by letter.

c. Less than three proposals or quotes may be acceptable given the following limitations:
   i. time constraints,
   ii. availability of qualified suppliers able to meet the specifications and
   iii. the opportunity for significant cost savings

d. All proposals or quotations received will be evaluated on the basis of quality, service, compliance to specifications and price.

e. Awards will be made in the best interest of MCBHD.

f. Any or all proposals or quotations received may be rejected at MCBHD's discretion.

B. **Formal Sealed Bids** are used where the value of the product or service is equal to, or greater than, $150,000.

   1. MCBHD will request three (3) written bids when practical.
   2. All proposals and quotations will be evaluated on the basis of quality, service, compliance to specifications and price.
   3. Awards will be made in the best interest of MCBHD.
   4. Approval by the Mental Health Board is required.

C. **Formal written Requests for Proposal (RFP)** are used when sealed bids are not appropriate for sourcing projects over $150,000 where a value determination is necessary and clear specifications are available for comparative products or services.

   a. Each RFP clearly defines a set of criteria to be used to evaluate the proposals.
      i. The form and function of what will be provided is an essential part of the evaluation.
      ii. A weighted value is assigned to each criteria.

   b. Proposals must be submitted in such form and content as required by the RFP.
      i. Items identified as proprietary information will be considered confidential. Pricing will remain confidential during the evaluation period and will become a matter of public record once an award recommendation is made;
      ii. MCBHD does reserve the right to benchmark all pricing through contracted 3rd party resources
      iii. Pricing may be used for analysis of specific endpoints.
c. After proposals are received and evaluated, the contract(s) is/are awarded to the supplier(s) presenting the best combination of quality of service price, delivery, compliance to specifications, and capacity to perform.

d. The Evaluation Panel will consist of a minimum of 3 members if more than one proposal is received.

   i. Panel members can be employees of MCBHD

   ii. Outside panel members may be selected from various sources such as

      1. Community or Professional expert in the field or subject of the RFP

      2. Representatives of community councils and/or advocacy organizations.

   iii. Identification of the panel members will be kept confidential throughout the RFP process.

   iv. Results of the evaluation may be disclosed in aggregate and will not identify the specific scoring by any panel member.

D. Group Purchasing Organizations (GPO)-and Purchasing Consortiums. BHD uses GPO pricing and supplies when deemed appropriate.

E. Municipal Contracts and Purchases -BHD may utilize existing municipal and/or state contracts on the State of Wisconsin VendorNet list without any additional competitive process. Contracts negotiated or entered into by other county departments on behalf of BHD, (e.g., Procurement Division purchases under Chapter 32, MCCMO, Information Management Services Division, etc.) will be presented to the MC MHB as informational only reports.

Exceptions to Competitive Sourcing

There are circumstances when competitive sourcing is not required or practical. Examples of these situations are:

A. Emergency situations endangering the health and safety of patients, staff and/or visitors

B. Purchases that meet Non-Competitive- Sole Source requirements

C. Requisitions for products or services less than $3,000

D. Fee for Service Provider Networks: FFS networks have been successfully deployed within BHD and DHHS overall for many years. Networks were created to address the need to allow for client choice in the selection of providers by employing service agreements that cover multiple years to maintain continuity of treatment. A service delivery model called Provider Services Networks evolved and matured within the healthcare industry which balance service demand, adequate client choice and optimal network size. Expansion of such networks may occur at any time to accommodate service demand increases, address the need for new services, or accommodate changes in client choice and allows new service providers to be brought in quickly to respond to shifting needs. Other benefits are the ability to leverage network volume to negotiate competitive
service rates and implement a prior authorization framework which provides better control of projected spending by networks. In some cases, providers are state licensed residential service providers for whom demand can change quickly and capacity needs to remain flexible due to court ordered placements and other external forces. Because of fluctuating demand, the need to respond quickly to changing conditions and the inability to guaranty referrals, fixed amount contracts are not practical and a competitive RFP process is not normally used. FFS agreements as opposed to fixed-amount contracts work best when there exists large amounts of historical data on which to base service rates per unit of service. New providers are added when service demand necessitates additional capacity. Some services may be let for competitive proposal when a large population of providers exists, but total volume of service authorizations may limit the number of providers to be included in a network. When networks are opened to new providers, additions to networks are based on eligibility criteria set forth by the program administering the network and open and transparent outreach efforts are made to solicit applications from prospective providers for a particular service based on the capacity needs of the respective BHD programs.

Non-Competitive (Sole Source or Single Source) Procurement:

A. Instances when Sole Source or Single Source purchasing may be applicable include the following:

1. Property or services can be obtained only from a specific supplier (e.g., real estate; one of a kind items, warranties or support agreements, etc.)
2. Competitive sourcing is precluded because of the existence of patents, copyrights, secret processes, control of raw materials by suppliers or similar circumstances
3. Procurement of electric power or energy, gas, water or other utility services where it would not be practical or feasible to allow other suppliers to provide such services
4. Procurement of support services in connection with the assembly, installation or servicing of equipment or software of a highly technical or specialized nature.
5. Procurement of parts or components to be used as replacements in support of equipment manufactured by a particular supplier
6. Procurement involving construction where a contractor is already at work on the site and it would not be practical to engage another contractor.
7. Procurement where only a single supplier in a market is licensed or authorized to service or sell a specific product line.
8. Procurement of compatible additions to existing equipment where a different manufacturer's equipment would be impractical for the specific need.
9. The supplier or products are specified and required by a funding agency of a grant, or State/Federal contract.
10. Sole Source agreements with Physicians, Prescribers, Psychiatrists, Affiliation and Residency agreement and contracts for temporary medical providers and nurses in connection with the Behavioral Health Hospital.
B. Documentation;

1. Justification explaining the exceptional circumstances of the purchase must show that an equitable evaluation has been made and that rejection of alternative suppliers or solutions is based on objective and relevant criteria.

2. Special Review and Signature approvals are required for all Sole Source and Single Source purchases. If a purchase contract is in excess of $99,999, justification of the sole source procurement must be presented to the MCMHB for review and approval.

**Contracting Process:**

A. The MCBHD Contract Management Section is responsible for the contracting process, which includes contract execution, compliance monitoring, coordination of sourcing, payment, retention and closeout of all contracts. Contract rates will be determined in collaboration with the fiscal department.

B. In coordination with Contract Management, program directors under the direction of the MCBHD Administrator and its Chief Medical Officer are responsible for network development.

C. All contractors, vendors and providers will be encouraged to hire minorities, individuals with disabilities and use Disadvantage Business Enterprises (DBE) or other Targeted Business Enterprises (TBE).

D. Standardized RFP templates and processes are utilized where possible.

E. Standardized contract templates approved by MC Corporation Counsel and standardized contracting processes and approvals are utilized for all contracts where possible.

**Protest Resolution Process**

Refer to Procurement Procedure, Milwaukee County BHD, Article No. 1, *BHD Legal and Contractual Remedies* and Request for Proposal (RFP) Requirements, Technical Guidelines.

**Emergency Purchases:**

A. In case of an emergency due to an accident or other unforeseen incident or condition which affects property or other interests of MCBHD, or threatens the life, health or safety of persons and requires immediate action.

1. The Administrator or his or her designee may authorize the procurement on other than a competitive basis.

2. Known suppliers and/or MOU’s in place will be considered.

B. The basis for concluding that there was an emergency and the methods used to identify the selected contractor will be documented.
Court Ordered or Emergency Placements:

In case of an emergency or court ordered placement due to an urgent or unforeseen condition which affects the health, safety or wellbeing of service recipients or youth that requires immediate action.

1. The Administrator or his or her designee may authorize the procurement on other than a competitive basis.

2. Known providers or court ordered placements, or MOU's in lieu of contracts will be considered.

Document Retention

Purchasing documentation will be kept on file for 7 years after the contract ends or last payment, whichever is later.

Bonds and Insurance Guarantees

A. Bonding Requirements: Bonding may be required for construction / facility improvement contracts/subcontracts exceeding the Simplified Acquisition Threshold or other contracts where appropriate to ensure that the funding agency's interest in the procurement is adequately protected.

B. Insurance requirements for each contract will be determined by Milwaukee County Risk Management.

Modification of Contracts

A. Contracts that are modified or expanded to greater than the next highest value level listed in the MCBHD Spending Authority Table will be evaluated to determine if an additional competitive process is warranted.

B. MCBHD purchasing agents will not create a contract at a lower level, with the intent of expanding at a later point to avoid compliance with the required competitive process for the aggregate value of the contract.

Authority to Resolve Disputes, Grievances and Breach of Contract:

Disputes between the MCBHD and a contractor/Provider which arise under or by virtue of a contract between them for example; breach of contract, mistake, misrepresentation, poor quality, or other cause for contract modification or rescission.
1. **Authority to Resolve Disputes**: The BHD Contract Management Section in collaboration with operations and Quality Services have the authority to work to resolve Disputes.

2. The processes for resolution of Disputes are outlined in the Compliance Audit, Performance Measures and Grievance procedures attached to all MCBHD Provider contracts.

3. **Decision** - If the Disputes or grievance is not resolved by mutual agreement between Contract Management and provider, the provider can submit an appeal to the MCBHD Administrator who will follow the grievance procedure process and time line.

4. **Finality of Decision** - The decision rendered shall be final and conclusive, unless fraudulent, or the contractor commences to an action in court.

5. **If Breach of Contract** results in termination of contract, appeal process as outlined in Article No. 1, BHD Legal and Contractual Remedies, will be followed by Contractor/Provider.

**References:**

2. 2002 *Model Procurement Regulations by State and Local Governments*
4. Procurement Procedure, Milwaukee County BHD, Article No. 1, *BHD Legal and Contractual Remedies*

**Monitors:**

Purchases are reviewed prior to approval by those listed in the MCBHD Contract Spending Authority Table. Additional reviews and/or audits may be conducted by BHD Contract Management as deemed appropriate. Annual independent audit reports by CPA firms licensed in the State of Wisconsin must be submitted to DHHS Contract Administration if mandated by federal or state regulations.
COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: August 11, 2017

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 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

- Crisis Assessment and Response Team (CART) in Collaboration with the West Allis Police Department

    The Behavioral Health Division (BHD) Administrator and Chad Meinholdt, Community Services Director, met with Chief Pat Mitchell and Deputy Chief Christopher Botch on July 31, 2017. We encouraged the West Allis Police Department to consider accepting BHD funding for a two-year (2) pilot to expand the CART teams to West Allis. Chief Mitchell was concerned that the volume of appropriate cases would not be available during a particular shift, so he did not think it was a prudent use of resources to dedicate an officer to CART. We provided examples of how CART teams in Milwaukee stay busy during “slow” times by doing homeless outreach, following up with cases that came up in previous shifts, and proactively reaching out to individuals known to have mental health or substance use challenges in the community. Chief Mitchell acknowledged that there were similar needs in West Allis and agreed to participate in the pilot, if approved by his Common Council. He indicated that he will ask the West Allis Common Council to support hiring an officer to be dedicated to CART. That individual would be a volunteer who expressed interest in CART and was Crisis Intervention Team (CIT) trained. The positions would be sought starting January 2018, and BHD has committed to fund the position for the full two years.
High Quality and Accountable Service Delivery (Continued)

- **Transportation Subsidy Pilot Program**

  BHD plans to implement the transit subsidy pilot in early November, after the final County Budget is approved inclusive of the $100,000 for the initiative in 2018. The pilot of approximately seven (7) weeks will be funded through the BHD Operating Budget and will inform the structure/implementation of the program funded through 2018.

Grant Awards

- **Federal State Targeted Response Grant**

  BHD will be receiving $505,639 in Federal State Targeted Response (STR) funds to provide comprehensive treatment and recovery support services for individuals with opioid use disorders currently on the transitional residential waiting list for whom opioids are the primary drug of choice and with unmet needs (needing but not receiving opioid treatment). Treatment services include residential treatment, recovery house, day treatment, individual and family counseling (faith and non-faith based), and Recovery Support Coordination to cover anticipated costs of clinically supported needs for extended treatment for those with trauma history, opiate addiction, and have a need for residential care.

  Recovery support services are a critical component of a Recovery Oriented System of Care. These are nonclinical services that assist in removing barriers and providing resources to those contemplating, initiating, and maintaining recovery from substance use problems. Recovery support services may be specialized and require licensure or certification (e.g., childcare or legal services) or may be in a domain for which there are no licensure or certification requirements (e.g., peer mentoring or spiritual support) and may or may not be provided by peers acting openly as a person in recovery. Recovery support services are not necessarily ancillary since they can serve as the primary component of an intervention that may or may not include treatment. Recovery support includes a broad array of services such as housing; transportation; food, clothing, and basic needs; parenting training; childcare; life skills training; employment coaching; legal services; recreation; service brokerage; recovery coaching; peer mentoring; recovery checkups; outreach; and spiritual support.
Grant Awards (Continued)

- **Substance Abuse and Mental Health Services Administration (SAMHSA) Grant for Family Drug Treatment Court**

  BHD was granted $2.1 million over five (5) years from SAMHSA for Family Drug Treatment Court. From the grant application abstract:

  Treatment Service enhancements for the Milwaukee County Family Drug Treatment Court (MCFDTC) are proposed to address gaps in the treatment continuum for court involved individuals who need treatment for a substance use disorder (SUD) and/or co-occurring SUD and mental disorders while simultaneously addressing the needs of their children. Treatment services address the needs of the family as a whole and include direct service provisions to children (17 and under) of individuals served by this project.

  Project objectives, designed to enhance treatment services, focus on increasing access to and utilization of services that promote parent/child bonding; providing access to regular clinical consultation to the MCFDTC team, increasing access to screening and in-home assessments for children, and transitioning MCFDTC clients and their children to Comprehensive Community Services (CCS) for continuity of care.

  BHD requested SAMHSA Grant Program funds in the amount of $2,124,589 (over five years) to provide a coordinated, multi-system approach designed to combine the power of family drug treatment courts with effective treatment services promoting successful family preservation and reunification.

Other Topics of Interest

- **BHD Retirees Returning as Pool Staff to Work in Areas of Critical Need**

  At the June Board meeting, Chairman Shrout raised concerns regarding recently retired BHD staff returning in a pool capacity. His concern was based on County Board and media response to a contract with Cambio Solutions/Alicia Modjeska (a former BHD employee). Human Resources and Retirement Plan Services staff confirmed that the Milwaukee County system allows for retirees collecting their Employee Retirement System (ERS) pension to return to work as part-time or pool staff (non-ERS positions) and still collect their pension as the positions are not eligible for benefits. Out of the ninety pool employees BHD employs, twelve are retirees that were rehired. Most are nurses, psychiatrists, and psychologists, all areas of critical need.
Other Topics of Interest (Continued)

- The Mental Health Board’s Ethics Policy

  The ethics policy is in draft form. It requires further tailoring and will be submitted for the October meeting cycle.

- BHD Organizational Leadership Structure/Roles

  After reviewing about twenty-five applicants for the position of Chief Operating Office and bringing in a number of them for panel interviews over the past eight months, the position was offered to and accepted by our own Jennifer Bergersen.

Respectfully Submitted,

[Signature]

Mike Lappen, Administrator
Milwaukee County Behavioral Health Division
Department of Health and Human Services
DATE: July 26, 2017

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

FROM: Jeanne Dorff, Interim Director, Department of Health and Human Services

Approved by Mike Lappen, BHD Administrator
Prepared by Amy Lorenz, Deputy Administrator CARS

SUBJECT: Report from the Interim Director, Department of Health and Human Services, regarding Reallocation of Funds for Programmatic Changes at the Crisis Resource Centers

Issue

BHD administration is recommending to reallocate $240,000 of the CRC Expansion funds that were budgeted in 2017 to Whole Health Clinical Group (WHCG) to increase services from seven beds to fifteen beds at Crisis Resource Center (CRC) South. BHD will then end clinical admissions, oversight and support of the eight Becher St. Crisis Stabilization House beds at that location and WHCG will assume all responsibilities, including provision of peer specialist services.

Background

In the 2016 budget, the Milwaukee County Mental Health Board approved $150,000 to be added to the Whole Health Clinical Group contract for Crisis Resource Center services. The CRC expansion funds were allocated to purchase clinical services so that individuals could access services and be admitted on third shift at CRC North five days/week. In the 2017 budget, an additional $330,000 were approved to expand clinical services on third shift to seven days/week at both CRC North and CRC South.

In 2016, there were a total of 63 admissions (approximately 4-6 admissions per month) to CRC on third shift. In addition to admissions, the staff also provide non-admission support and consultation to law enforcement, hospital emergency rooms, community providers (on-call workers), and families. Due to the lower utilization, only $90,000 was used to expand the clinical coverage to seven days/week at just one location, CRC North, with the staff covering and completing admissions at both CRC North and CRC South. Review of utilization in 2017 confirms that this coverage plan meets the needs for support and access to services on third shift at both CRC locations.
With this change in staffing needs, there is $240,000 that BHD administration will be reallocating to WHCG to increase services from seven beds to fifteen beds at CRC South. BHD will then end clinical admissions, oversight and support of the eight Becher St. Crisis Stabilization beds at this location and WHCG will assume all responsibilities.

**Recommendation**

This is an informational report only. No action is necessary.

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Jeanne Dorff, Interim Director
Department of Health and Human Services