

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD**

**Thursday, October 27, 2016 - 8:00 A.M.**  
**Zoofari Conference Center**  
**9715 West Bluemound Road**

**MINUTES**

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

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

**SCHEDULED ITEMS:**

- |    |  |
|----|--|
| 1. | <p><b>Welcome.</b></p> <p>Chairman Shrout opened the meeting by greeting Board Members and the audience. Audience members were asked to introduce themselves.</p>  |
| 2. | <p><b>Approval of the Minutes from the September 6, 2016, Milwaukee County Mental Health Board Meeting.</b></p> <p>Chairman Shrout recommended that the September 6, 2016, meeting minutes be corrected to reflect Board Member Davis was "Excused" and not "Absent" from the meeting. After further review, Chairman Shrout was later informed the minutes did, in fact, indicate Board Member Davis was Excused and not Absent.</p> <p>With that clarification, no correction to the September 6, 2016, Milwaukee County Mental Health Board meeting minutes is necessary.</p> <p><b>MOTION BY:</b> (Perez) Approve the Minutes from the September 6, 2016, Milwaukee County Mental Health Board Meeting. 6-0-1-1</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Wesley)</p> <p><b>AYES:</b> Davis, Lutzow, Neubauer, Perez, Shrout, and Wesley - 6</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTION:</b> Forman - 1</p> <p><b>EXCUSED:</b> Lanier - 1</p> |

**SCHEDULED ITEMS (CONTINUED):**

<p>3.</p>	<p><b>Milwaukee Health Care Partnership Mental Health Task Force Presentation. (Informational)</b></p> <p>Joy Tapper, Milwaukee Health Care Partnership.</p> <p>Ms. Tapper provided information relative to her background and experience in the area of mental health. She presented an overview of the Partnership's Behavioral Health Workplan that included the mission, members, core functions, goals, organizational structure, collaborative planning, issues faced, purpose of the Steering Committee, and delivery indicators.</p> <p>A summary of the goals and strategies was reviewed. They are as follows: maintain and ensure adequate and effective inpatient and crisis capacity for adults and children, enhance outpatient behavioral health capacity and capabilities, enhance care coordination capabilities within and across the delivery system, support community-based prevention and early intervention efforts and recovery services to reduce mental health and substance use disorders, develop and advance cross-cutting support initiatives, and enhance behavioral health committee infrastructure and effectiveness.</p> <p>Questions and comments ensued.</p>
<p>4.</p>	<p><b>Board Positions Update. (Informational)</b></p> <p>Jon Janowski, Director of Legislative Affairs, Office of the County Executive</p> <p>Mr. Janowski introduced Walter Lanier, the Board's newest member, and briefly explained Mr. Lanier's background and experience as it relates to the area of mental health. Mr. Lanier will be filling the seat of the legal representative.</p> <p>Mr. Lanier addressed the Board by providing brief comments.</p> <p>Chairman Shrouf and Board Members welcomed Mr. Lanier to the Board.</p>
<p>5.</p>	<p><b>Administrative Update. (Informational)</b></p> <p>Mike Lappen, Administrator, Behavioral Health Division (BHD)</p> <p>Mr. Lappen highlighted key activities and issues related to BHD operations. He provided updates on the Northside Facility and the Uncas Community-Based Residential Facility; discussed BHD collaborations with the Milwaukee Mental Health Task Force's Peer Run Respite Steering Committee and funds received from the MacArthur, Substance Abuse and Mental Health Services Administration (SAMHSA), and First Episode Psychosis grants; and clarified various community misconceptions.</p>

**SCHEDULED ITEMS (CONTINUED):**

	Questions and comments ensued.
6.	<p><b>Mental Health Board Subcommittee Update. (Informational)</b></p> <p>Jennifer Bergersen, Chief Clinical Officer, Behavioral Health Division</p> <ul style="list-style-type: none"><li>Executive Committee</li></ul> <p>Chairman ShROUT explained the Executive Committee met on September 22, 2016, in response to a request for expedited approval related to the appointment and privileging of a doctor to fill a critical inpatient need contingent upon Wisconsin license attainment.</p> <p>The Executive Committee voted unanimously to approve the Medical Staff Organization's request. Said approval was provisional and requires approval of the full Board.</p> <ul style="list-style-type: none"><li>Quality Committee</li></ul> <p>Ms. Bergersen discussed Quality Management Services, which includes contract performance management; compliments, complaints, and grievances; data request management and the client experience/satisfaction; the dashboard; Joint Commission survey progress; acute hospital recertification; Comprehensive Community Services (CCS) survey; community-based residential facility (CBRF) audit; Wraparound's resource fair; Community Access to Recovery Services (CARS) quality improvement event; and the Psychiatric Crisis Services (PCS) hospital transfer waitlist.</p> <p>Questions and comments ensued.</p> <p>Board Member Neubauer requested an edit be made to the September 12, 2016, Mental Health Board Quality Committee minutes as it relates to Item 3, the 2016 Key Performance Indicators (KPI) Dashboard report. Board Member Neubauer indicated the numbers represented in Item 27 of the report (Percent of patients returning to Acute Adult within 30 days) and Item 36 of the report (Percent of patients returning to Child/Adolescent Inpatient Services, CAIS, within 30 days) do not factor in readmissions. She stated this is due to a change in the Medicaid/Medicare Rule regarding the maximum amount of days covered under the Institution for Mental Disease (IMD).</p> <p>Board Member Neubauer's recommended change will be addressed at the December Mental Health Board Quality Committee meeting.</p>

**SCHEDULED ITEMS (CONTINUED):**

***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):***

**7. Medical Executive Report and Credentialing and Privileging Recommendations.**

Dr. Shane Moisiso, Medical Director, Behavioral Health Division (BHD)  
Lora Dooley, Director of Medical Staff Services, BHD  
Dr. John Schneider, Chief Medical Officer, BHD

**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 #7. At the conclusion of the Closed Session, the Board may reconvene in Open Session to take whatever action(s) it may deem necessary on the aforesaid item. 7-0*

**MOTION 2<sup>ND</sup> BY:** *(Neubauer)*

**AYES:** Davis, Forman, Lanier, Lutzow, Neubauer, Shrout, and Wesley - 7

**NOES:** 0

**EXCUSED:** Perez - 1

The Board convened into Closed Session at 9:45 a.m. and reconvened back into Open Session at approximately 9:57 a.m. The roll was taken, and all Board Members were present.

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

**MOTION 2<sup>ND</sup> BY:** *(Neubauer)*

**AYES:** Davis, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, and Wesley – 8

**NOES:** 0

**EXCUSED:** 0

The Board took a break after Item 7 at 9:59 a.m. and reconvened at approximately 10:09 a.m. The roll was taken, and all Board Members were present, with the exception of Walter Lanier, who joined the meeting shortly thereafter.

**SCHEDULED ITEMS (CONTINUED):**

8.	<p><b>Gap Analysis Report Presentation – Next Steps. (Informational)</b></p> <p>Alicia Modjeska, Chief of Operations, Behavioral Health Division (BHD) Mike Lappen, Administrator, BHD Jeanette May, Patina Solutions</p> <p>Ms. Modjeska explained the history behind this particular project, which began approximately eight months ago. The purpose was to synthesize all reports developed during the last four years regarding the effectiveness and efficiency of BHD and clearly and succinctly identify strategies for improvement. Therefore, Dr. May was engaged to review all the reports in an effort to connect the dots.</p> <p>Mr. Lappen stated it was valuable to have an outside person with expertise identify opportunities to help inform and guide BHD’s strategic plan.</p> <p>Dr. May provided information relative to her background and experience in the areas of Human Services and medical related research. She presented an overview of the report, in which the goal was to synthesize a series of reports that focused on specific aspects of service. Findings can be used by BHD leadership, as well as the Mental Health Board, to create a very informed and evidenced-based long-term strategy to help move BHD forward.</p> <p>Goals of engagement were reviewed; key findings were discussed for reimbursement, measurement, inpatient services, and community-based care; and next steps were identified.</p> <p>Questions and comments ensued.</p>
9.	<p><b>Mental Health Board Finance Committee Contract Approval Recommendations.</b></p> <p>Alicia Modjeska, Chief of Operations, Behavioral Health Division (BHD)</p> <ul style="list-style-type: none"><li>• Targeted Case Management Contracts:<ul style="list-style-type: none"><li>➤ La Causa</li><li>➤ Whole Health Clinical Group</li><li>➤ Milwaukee Mental Health Associates</li><li>➤ Outreach Community Health Centers</li><li>➤ Wisconsin Community Services</li></ul></li><li>• Reinhart Boerner Van Deuren</li><li>• Community Access to Recovery Services and Wraparound Milwaukee Fee-for-Service Agreements</li></ul>

**SCHEDULED ITEMS (CONTINUED):**

Ms. Modjeska reviewed contracts for the October meeting cycle, to include La Causa, Whole Health Clinical Group, Milwaukee Mental Health Associates, Outreach Community Health Centers, and Wisconsin Community Services, which are Targeted Case Management (TCM) Fee-for-Service (FFS) Agreements; Reinhart Boerner Van Deuren for legal services rendered to the Mental Health Board Joint Task Force in the evaluation of potential acute psychiatric care vendors; Community Access to Recovery Services FFS Agreements as delineated in Attachment A of the corresponding report; and Wraparound Milwaukee FFS Agreements as delineated in Attachment B of the corresponding report.

FFS Agreements contain performance measures and compliance indicators, which improve the Behavioral Health Division's ability to track and monitor the quality of services provided to clients. The fee-for-service format also improves and enhances utilization review at the service code level and allows for the ability to analyze network adequacy.

Questions and comments ensued.

**MOTION BY:** (Lutzow) *Approve Alternatives in Psychological Consultation, Inc.'s, Community Access to Recovery Services and Wraparound Milwaukee Fee-for-Service Contracts. 7-0-1*

**MOTION 2<sup>ND</sup> BY:** (Perez)

**AYES:** Davis, Forman, Lanier, Lutzow, Perez, Shrout, and Wesley - 7

**NOES:** 0

**ABSTENTIONS:** Neubauer - 1

**MOTION BY:** (Lutzow) *Approve Wisconsin Community Services, Inc.'s, Community Access to Recovery Services Fee-for-Service Contract. 6-0-2*

**MOTION 2<sup>ND</sup> BY:** (Davis)

**AYES:** Davis, Forman, Lanier, Lutzow, Perez, and Shrout - 6

**NOES:** 0

**ABSTENTIONS:** Neubauer and Wesley - 2

**MOTION BY:** (Lutzow) *Approve the Balance of Fee-for-Service Contract Recommendations for Community Access to Recovery Services and Wraparound Milwaukee as Delineated in the Corresponding Report. 8-0*

**MOTION 2<sup>ND</sup> BY:** (Davis)

**AYES:** Davis, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, and Wesley - 8

**NOES:** 0

**ABSTENTIONS:** 0

**SCHEDULED ITEMS (CONTINUED):**

10.	<p>Procurement Methodology and Spending Approvals.</p> <p>Alicia Modjeska, Chief of Operations, Behavioral Health Division</p> <p>Ms. Modjeska clarified the differences between sole and single source contracting and the differences between the bidding and Request-for-Proposals process. General and financial considerations were explained, as well as how the oversight process would be conducted, which includes spending authority and the County's approval requirements.</p> <p>Questions and comments ensued.</p> <p><b>MOTION BY:</b> (Lutzow) <i>Approve the Procurement Methodology and Spending Approvals Contingent Upon the Policy, Once Created, will be Brought Back Before the Board for Final Approval. 4-1-3</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Perez)</p> <p><b>AYES:</b> Davis, Forman, Lutzow, and Perez - 4</p> <p><b>NOES:</b> Shrout - 1</p> <p><b>ABSTENTION:</b> Lanier, Neubauer, and Wesley – 3</p> <p><b>MOTION BY:</b> (Neubauer) <i>Reconsider Item 10. 4-4</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Wesley)</p> <p><b>AYES:</b> Davis, Lanier, Neubauer, and Wesley - 4</p> <p><b>NOES:</b> Forman, Lutzow, Perez, and Shrout - 4</p> <p><b>ABSTENTIONS:</b> 0</p> <p style="text-align: center;"><b>Due to a tie vote, the motion to Reconsider Item 10 failed.</b></p>
11.	<p>Process/Protocol for Utilizing the Newly Designated Mental Health Board Analyst. (Informational)</p> <p>Randy Oleszak, Chief Financial Officer, Behavioral Health Division (BHD)</p> <p>Mr. Oleszak stated as part of the 2017 Budget deliberations, BHD Administration made a commitment to provide a resource and process for Board Members to request research and/or analysis or that data be collected. A policy has been drafted describing the process, which Mr. Oleszak reviewed. Upon approval of the policy, the form used for such requests will be emailed to Board Members.</p> <p>Chairman Shrout recommended all questions from Board Members regarding this process be directed to him or Mr. Oleszak.</p> <p>Questions and comments ensued.</p>

**SCHEDULED ITEMS (CONTINUED):**

12.	<p>Local Public/Private Partnership and National Entity Partnership Joint Task Force Update. (Informational)</p> <p>Chairman Shrout reported on the Joint Task Force's October 6, 2016, meeting. He explained how the Joint Task Force has been functioning up to this point and indicated that all of the data collected thus far needs to be analyzed in greater detail. Interest has been expressed from local groups regarding potentially providing inpatient services. It was recommended that Board Members attend Joint Task Force meetings to keep informed. The next Mental Health Board Joint Task Force meeting is scheduled for Thursday, November 3, 2016, at 8 a.m.</p> <p>The Joint Task Force has begun to discuss and prepare to conduct facility site visits. A team has been identified to participate. Four sites total have been proposed. Both Correct Care and Universal Health Services recommended two sites each.</p> <p>Vice-Chairman Lutzow stated a full report to the Board is forthcoming.</p>
13.	<p>Adjournment.</p> <p><b>MOTION BY:</b> (Neubauer) Adjourn. 8-0 <b>MOTION 2<sup>ND</sup> BY:</b> (Perez) <b>AYES:</b> Davis, Forman, Lanier, Lutzow, Neubauer, Perez, Shrout, and Wesley – 8 <b>NOES:</b> 0 <b>ABSTENTIONS:</b> 0</p>
<p>This meeting was recorded. The aforementioned agenda items were not necessarily considered in agenda order. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 8:11 a.m. to 11:55 a.m.</p> <p>Adjourned,</p> <p><b>Jodi Mapp</b> Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p><b>The next meeting for the Milwaukee County Mental Health Board will be on Thursday, December 15, 2016, @ 8:00 a.m. at the Zoofari Conference Center 9715 West Bluemound Road</b></p>	

**SCHEDULED ITEMS (CONTINUED):**

The October 27, 2016, meeting minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled meeting of the Milwaukee County Mental Health Board.



---

Chairman Duncan Shrou for Dr. Robert Chayer, Secretary  
Milwaukee County Mental Health Board

# MCC3

Milwaukee Comprehensive  
Care Collaborative



# What is MC3

## Milwaukee Comprehensive Care Collaboration

- \* Grassroots movement; Launched & Supported by BHD
- \* Transforming systems at every level
- \* Dedicated to a continuous, comprehensive, integrated approach to care
- \* No Wrong Door approach to service
- \* Steering Committee and Sub-Committees members

# Who are We?

- \* Mental health service providers
- \* Substance abuse providers
- \* Other healthcare providers
- \* Current and former service recipients
- \* Advocates and families
- \* Education
- \* Criminal Justice
- \* Housing
- \* Private & public systems of care
- \* Veterans
- \* State & local administrators
- \* Advocacy organizations
- \* Faith based organizations
- \* Community based organizations

And... you

# MC3 Change Agents

"You must be the change you

wish to see in the world."

The change makers  
Over 1146 strong  
Front line voices

# MC3

## Our Challenge

Many people seeking behavioral health services have both mental health and substance use issues as well as other complex needs.

## Our Mission

To create a community system where people seeking help engage in meaningful and purposeful partnerships with the people providing help.

## Our Goal

Every Person and program in MC3 will adopt our core Values.

# MC3 Core Values

- \* Welcoming
- \* Co-occurring capable
- \* Culturally intelligent, Person-Centered
- \* Trauma informed
- \* Stage matched recovery planning
- \* Systems and services integration
- \* Recovery



# 2015 Annual Report

- \* Highlighted MC3 Core Values
- \* Stage-Matched
- \* Welcoming
- \* Recovery
- \* Trauma-Informed
- \* Service-System Integration
- \* Co-Occurring Capability
- \* Culturally Intelligent, Person-Centered Care

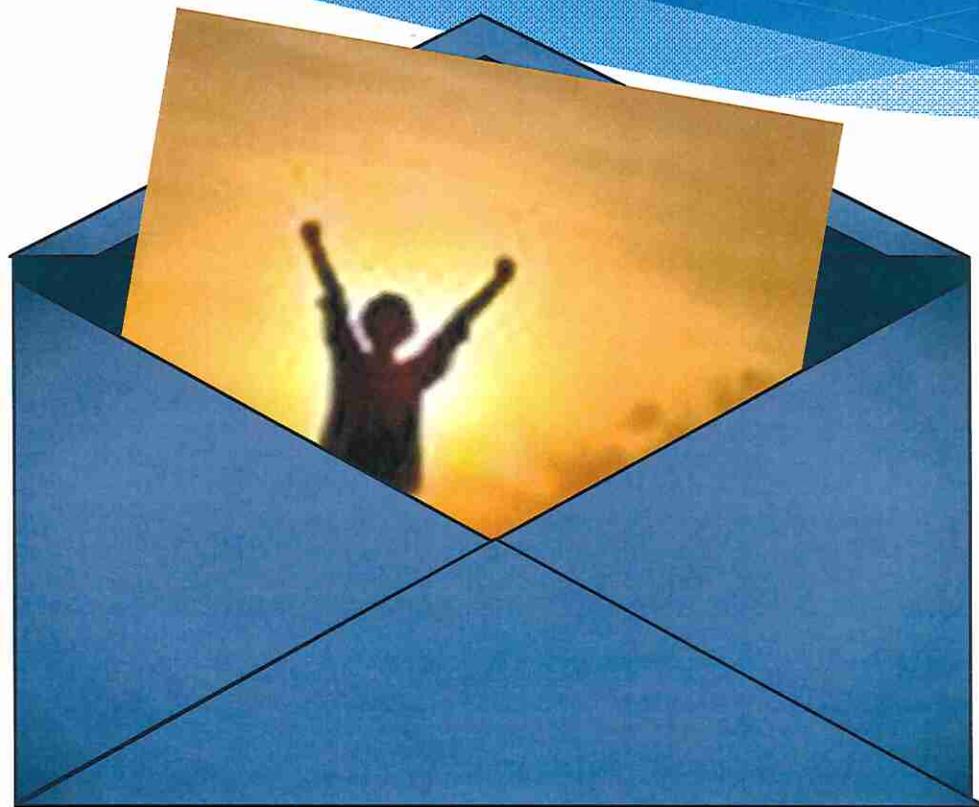
# 2016 A Passport to Culture

- \* Kick off in January was on Person Centered and focused on Stigma Reduction in Healthcare
- \* Highlighted Diverse Cultures at monthly Change Agent Meetings
- \* Hmong, European, Diversity, Privilege, & Leadership, LGBT, Punjabi, Latino, Veteran, and ended the year with Jingle Mingle where we highlighted all cultures.
- \* Due to the huge success, in 2017 we will continue with a couple more cultures, Refugee and Native American

# Working Together

In all of our work together,  
we recognize how important it is to  
respect the life experiences and  
personal strengths  
that form the foundation  
of caring partnerships.

We invite you...



# Please Join us in...

- \* MC3 Steering Committee Meetings
  - \* 3<sup>rd</sup> Wednesday, Bimonthly at St. Charles Youth and Family Services
- \* MC3 Subcommittees
- \* MC3 Change Agent Meetings
  - \* 4<sup>th</sup> Wed of the month at Italian Community Center
  - \* Continuation of Cultural Intelligence training in Jan and Feb; then focus on skill building

# MC3 wants to be

- \* Your continuous partner and resource
- \* Liaison to MHB and other subcommittees as resource to ensure principles of MC3 are employed in all aspects of policies/procedures
- \* Provide regular updates from MC3 steering Committee – Let's Help Each Other!
- \* Incorporated into the both personal and professional lives

# Next Steps

- Use the MC3 principles on an on-going basis in your communications and conducting board business
- Incorporate and integrate our values into all community services
- Employ MC3 constructs into contracts for service providers, treatment planning, program development, quality improvement, etc.
- Embrace the philosophy of continuous quality improvement systems approach
- Attend the next Change Agent meeting on:  
January 25th from 1-3 at Italian Community Center
- Attend the next MC3 Steering Committee meeting on:  
January 18<sup>th</sup> from 1-3 at St. Charles on S. 84<sup>th</sup> St.
- Visit our website [www.mc3milwaukee.org](http://www.mc3milwaukee.org)

COUNTY OF MILWAUKEE  
Behavioral Health Division Administration  
Inter-Office Communication

**DATE:** November 30, 2016

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

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

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

### Background

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

### Discussion

#### **BHD Collaborations**

- **Kresge/American Public Human Services Association (APHSA)**

The American Public Human Services Association (APHSA) is pleased to announce that the Milwaukee County Department of Health and Human Services has been selected as the lead organization for a Kresge Funded In-Depth System Assessment. APHSA is a bipartisan, nonprofit membership organization representing state and local human service agencies through their top-level leadership. The Kresge Foundation, through a grant with APHSA, is interested in supporting local initiatives to reduce health care costs through focusing on upstream interventions and person-centered integrations of health care and human services for high-risk and high health care using populations. The Kresge funded grant with APHSA provides support for an in-depth assessment with the possibility for continued funding for strategic initiatives identified by the assessment.

Milwaukee County was selected for this assessment because of its high readiness and demonstrated commitment by leaders towards the integration of their mental and behavioral health with health care services. In addition to other wrap around services, this is viewed as a key driver of improved client and population level outcomes. With the support and sponsorship by Director Héctor Colón and Milwaukee County Behavioral Health Division Administrator Michael Lappen, this assessment will examine the many areas of strategic alignment between the current investments/initiatives

sponsored by the Department and the Division and the impact of those initiatives on a target population. Specifically, the homeless population with severe and persistent mental illness and/or chronic substance abuse has been selected for further study. Information gained from this effort may include a focus on return on investment modeling and the data and analytics that can be leveraged to connect services to risk factors and risk factors to outcomes. There is also national interest in identifying the resources, skills, and capacities that workers and systems need to positively impact a population with complex and chronic needs.

Assessment and technical assistance activities are set to conclude by Q1 of 2017 and will be facilitated by APHSA at no additional cost to the County, with the exception of providing dedicated staff time to support the goals of the project.

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

- **Electronic Health Records Update**

A number of BHD and IMSD staff attended the Netsmart Connections 2016 conference. We took part in user discussions with others currently utilizing Avatar effectively, including Los Angeles County with more than 5000 users and a \$2.5 billion budget. It seems that the challenges we currently face are related to implementation and configuration errors versus the actual capabilities of the product. We are confident that some recent new staff additions with expertise in this area will help successfully optimize Avatar for better performance and fully utilize the capabilities of the system. This would be a far more cost effective and staff friendly option than replacing the system. IMSD and BHD staff are collaborating on a contract renewal with Netsmart with language that better protects BHD's interests and clarifies responsibility for supporting issue management. We will need to do a short-term extension of the current contract that expires December 31, 2016, and intend to present a new contract for Board approval at the February 2017 meeting.

### **High Quality and Accountable Service Delivery**

- **Northside Facility Update**

Preliminary feedback on the Northside Project from members of the Mental Health Task Force and others has been that the current draft proposal should be vetted by actual potential customers on the North Side. A series of listening sessions are scheduled for December and January (**See Attachment A**). Some of the target groups will be the same groups that contributed to the original listening sessions in 2015 as part of the initial

development of the North Side facility, and an effort is under way to expand opportunities for community feedback.

As has been previously presented to the Board, the proposed facility would provide integrated mental health and substance use disorder outpatient treatment that would also integrate basic primary care. This model mirrors a national effort towards population health and is supported by significant data indicating that mental health outcomes improve when physical health is attended to, and the target group has a much higher level of basic medical needs than the general population.

Concern has also been raised that the project is taking too long to complete. BHD agrees, and there is a plan underway to move forward with placing community resources to a temporary space, perhaps in partnership with community providers, to pilot community-based services that would eventually be housed at the Northside Facility and would also be available at other community locations in the future. This effort is only limited by the ability to recruit crisis staff. We are not attracting qualified applicants for crisis positions, are expanding our recruitment efforts, and evaluating compensation and credential requirements to expand the potential candidate pool.

### **Workforce Investment and Engagement**

- **Workforce Development Initiative**

One of the biggest challenges for BHD and all of our community partners is workforce. While there are relationships with local universities, there could be a much larger system of internships and externships for students and new graduates to expose them to community mental health and ADOA work and show them the many paths to a career serving individuals in our community.

I believe BHD should take the lead in developing "local talent." There are many opportunities to provide positions for individuals with undergraduate degrees to earn a living wage with a path to their master's degree, for post Master's "externs" to earn their supervision hours, while providing meaningful services to BHD customers. A significant goal would be to recruit more staff diversity and to partner with community agencies to find great candidates from our community, make candidates aware of the many career opportunities throughout our network, and provide a path to graduate degrees and licensure for them.

I believe we need to create a position to coordinate this effort and to coordinate with other community efforts on workforce and diversity already underway with partners like the Milwaukee Mental Health Task Force, the Milwaukee Health Care Partnership, MC3, and others. A recent vague overture to several university staff led to an immediate

response from several local programs indicating a great need for quality community internship placements. There is an opportunity to expose potential future staff to great opportunities, both within BHD and with our community partners.

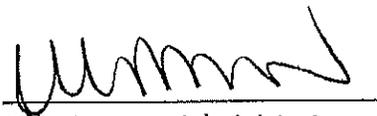
#### Other Topics of Interest

- **State Legislative Audit Bureau Report**

The Legislative Audit Bureau (LAB), as directed under Act 203, was to complete an audit of the Milwaukee County Mental Health Board and of the mental health “functions, programs, and services it oversees” by January 1, 2017, and every two years thereafter. BHD has been working with the LAB since December 2015 to complete this audit. The preliminary 163 page draft was received by BHD on November 28, 2016, with a formal exit conference and draft review scheduled December 6, 2016. The final draft will be released in December and will be distributed to the Milwaukee County Mental Health Board, the County Executive, the Milwaukee County Board of Supervisors, the Chief Clerk of each house of the Legislature, the Governor, the Department of Administration, the Legislative Reference Bureau, the Joint Committee on Finance, and the Legislative Fiscal Bureau.

BHD was provided a confidential draft of the audit to correct factual errors and was asked to provide feedback and clarification for any final edits. BHD has the option to prepare a written response to be included in the final report. This response will be published with the final report, and is limited to ten pages.

Respectfully Submitted,



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

# Attachment A

*If you or a loved one has utilized behavioral health services, we'd like to talk with you.*

*Leaders from Milwaukee County Behavioral Health Division (BHD) invites you to join us for a Community Conversation*



Please join BHD staff for  
**One of these Conversations**

When	Where
Friday, December 16, 2016 1:30pm to 3:30pm	Progressive Baptist Church 8324 West Keefe Avenue Milwaukee, Milwaukee 53223
Tuesday, December 20, 2016 2:30pm to 4:30pm	Metropolitan Baptist Church 1345 West Burleigh Street Milwaukee, Wisconsin 53206

*If you are unable to attend either of these sessions, please plan to attend the January 4<sup>th</sup> or 25<sup>th</sup> sessions at Metropolitan Baptist Church*

\*\*\*\*\*

We will provide you with an update on the Northside Behavioral Health Facility and then listen to you, as your suggestions and stories will help shape the new facility.

The conversation will be guided by Pastor Darryl Seay and for additional information, please contact Shawn Green at 414-429-0864

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

**DATE:** November 22, 2016

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

**FROM:** Clarence P. Chou, MD, President of the Medical Staff Organization  
*Prepared by Lora Dooley, Director of Medical Staff Services*

**SUBJECT:** **A Report from the President of the Medical Staff Organization Requesting Approval of 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<sup>1</sup>:

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

**Recommendation**

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

Respectfully Submitted,



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

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

**Attachments**

1 Medical Staff Credentialing Report & Medical Executive Committee Recommendations

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

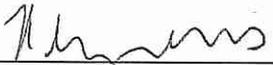
The following credentials files were reviewed. Privilege recommendations/actions were made based on information related to qualifications, current competence and ability to perform privileges (health status). All requisite primary source verifications or queries were obtained and reviewed regarding professional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

INITIAL APPOINTMENT	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE NOVEMBER 2, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 16, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<b>MEDICAL STAFF</b>							
Virginia Aguilar Sincaban, MD	General Psychiatry	Affiliate/ Provisional	M#	Dr. Schneider recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
Abby Noack Haggas, PsyD	General Psychology- Adult, Child & Adolescent	Active/ Provisional		Dr. Kuehl and Dr. Schneider recommend appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
Rebecca Radue, MD	Psychiatric Officer of the Day; Medical Officer of the Day	Affiliate/ Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Dr. Sharpe (Chair), on behalf of Committee, recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
Diana Verde, MD	General Psychiatry	Affiliate/ Provisional		Dr. Schneider recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
<b>ALLIED HEALTH</b>							
Kanisha Hayden, MSN	Advanced Practice Nurse-Family Practice	Allied Health/ Provisional	CB	Dr. Puls recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
Josie Veal, MSN, PhD	Advanced Practice Nurse-Family Practice	Allied Health/ Provisional		Dr. Puls recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE NOVEMBER 2, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 16, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<b>MEDICAL STAFF</b>							
Amit Bhavan, MD	Psychiatric Officer of the Day; Medical Officer of the Day	Affiliate/ Full		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends appointment and privileging as per C&PR Committee.	
Tanya Heinrich, MD	General Psychiatry	Active/ Full	MA	Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends appointment and privileging as per C&PR Committee.	
Cynthia Love, MD	General Psychiatry	Active/ Full		Dr. Schneider recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends appointment and privileging as per C&PR Committee.	
Dawn Puls, MD	General Practice	Active/ Full	M#	Dr. Schneider recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends appointment and privileging as per C&PR Committee.	

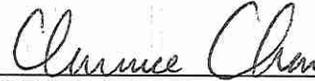
REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE NOVEMBER 2, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 16, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Robert Ruskiewicz, MD	General Psychiatry	Affiliate/ Full		Dr. Schneider recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends appointment and privileging as per C&PR Committee.	
Elliott Wagner, MD	Diagnostic Radiology-Xray & Ultrasound Interpretation	Consulting Telemedicine/ Full	M#	Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends appointment and privileging as per C&PR Committee.	
Pamela Wolfe, MD	General Psychiatry	Affiliate/ Full	M#	Dr. Schneider recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends appointment and privileging as per C&PR Committee.	
ALLIED HEALTH							
NONE THIS PERIOD							

PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	NOTATIONS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE NOVEMBER 2, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 16, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
NONE THIS PERIOD							

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	REQUESTED / RECOMMENDED CHANGE	NOTATIONS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE NOVEMBER 2, 2016	MEDICAL STAFF EXECUTIVE COMMITTEE NOVEMBER 16, 2016	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
NONE THIS PERIOD							

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

11/16/2016  
 \_\_\_\_\_  
 DATE

  
 \_\_\_\_\_  
 PRESIDENT, MEDICAL STAFF ORGANIZATION  
 CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

11/16/16  
 \_\_\_\_\_  
 DATE

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: DECEMBER 15, 2016

**Chairperson:** Dr. Robert Chayer  
**Senior Executive Assistant:** Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
 QUALITY COMMITTEE**

**December 5, 2016 - 10:00 A.M.**  
**Milwaukee County Mental Health Complex**  
**Conference Room 1045**

**A G E N D A**

**SCHEDULED ITEMS:**

1.	Welcome. <b>(Chairman Chayer)</b>
2.	2016 SMART Goals and Analysis. <b>(Jennifer Bergersen, Chief Clinical Officer)</b>
3.	2016 Key Performance Indicators (KPI) Dashboard Updates and Analysis. <b>(Justin Heller, Program Evaluator; Dr. Matt Drymalski, Clinical Program Director; Edward Warzonek, Quality Assurance Coordinator; and Jennifer Bergersen, Chief Clinical Officer)</b>
4.	Wraparound Quality Initiatives. <b>(Pam Erdman, Quality Manager, Wraparound Milwaukee)</b>
5.	Community Access to Recovery Services (CARS) Referral Process Improvement Project. <b>(Justin Heller, Program Evaluator, and James Feagles, Integrated Services Coordinator)</b>
6.	Seclusion and Restraint (S&R) Reduction Initiatives Progress to Date. <b>(Linda Oczus, Chief Nursing Officer)</b>
7.	Contract Performance Measures. <b>(Dr. Matt Drymalski, Clinical Program Director)</b>
8.	Technology Projects Update. <b>(Matt Krueger, Project Coordinator)</b>
9.	Psychiatric Crisis Services (PCS) Hospital Transfer Waitlist Third Quarter Update. <b>(Dr. John Schneider, Chief Medical Officer)</b>
10.	Next Scheduled Meeting Dates and 2017 Meeting Schedule. <ul style="list-style-type: none"> <li>• March 6, 2017, at 10:00 a.m.</li> <li>• June 5, 2017, at 10:00 a.m.</li> </ul>
11.	Adjournment.

**SCHEDULED ITEMS (CONTINUED):**

**The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is Monday, March 6, 2017, @ 10:00 a.m.**

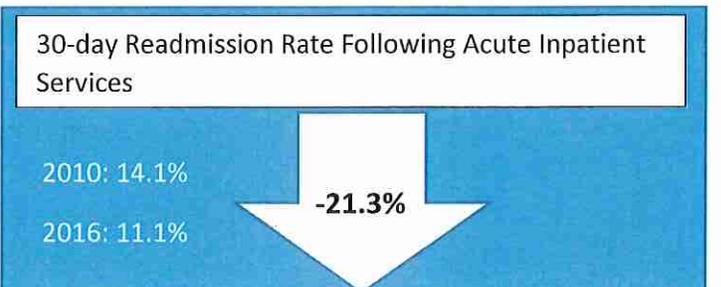
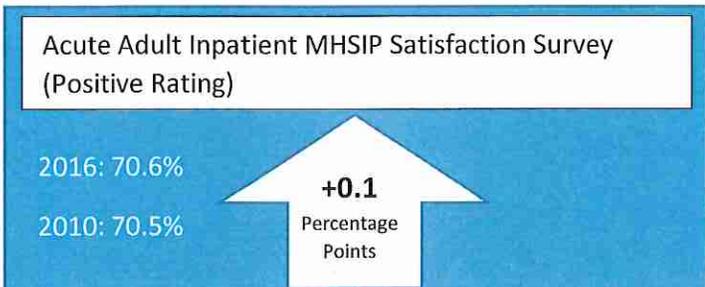
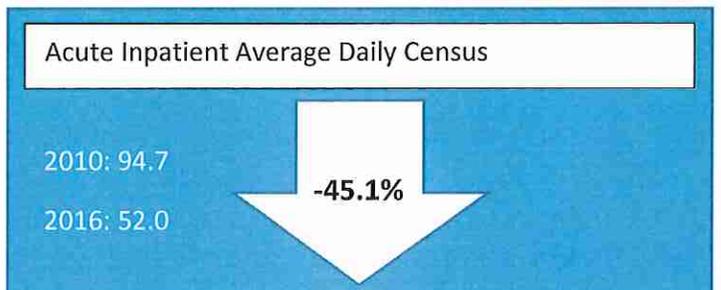
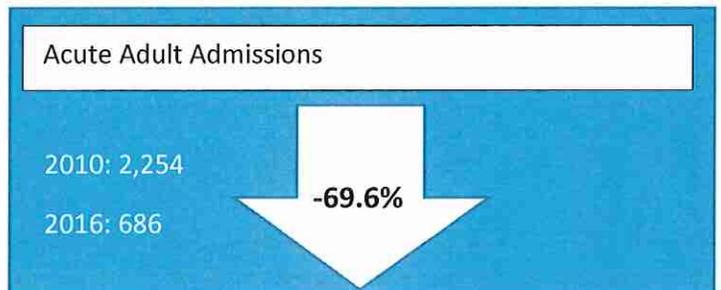
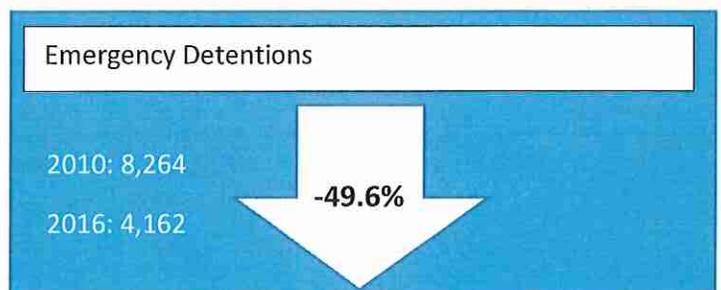
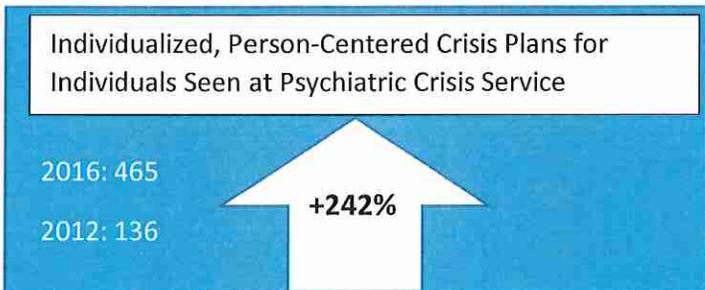
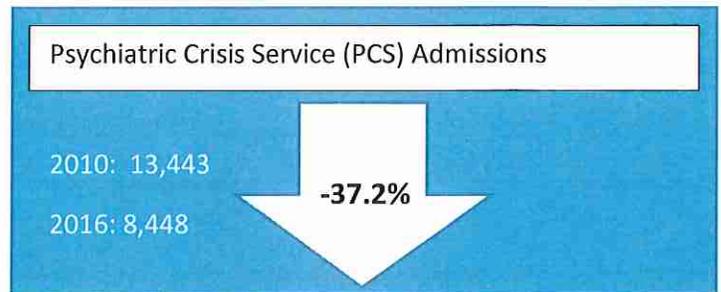
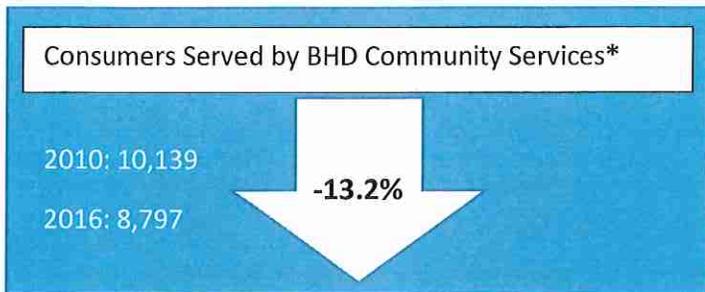
***ADA accommodation requests should be filed with the Milwaukee County Office for Persons with Disabilities, 278-3932 (voice) or 711 (TRS), upon receipt of this notice.***

# Quality Committee Item 2

## 2010-2016 SMART Goal Accomplishments

2016 projections based on annualized data for time period 1/1/16-10/31/16.

11/8/16



**\*Consumers Served by BHD Community Services**

- 2016 saw a reduction in unique number of individuals served due to multiple factors, including:
  - Transition from 3 medical records systems to 1 has increased our ability to accurately count an individual one time
  - Multiple systems with different medical record numbers led to the possibility of duplicate counts of individuals across systems
  - Medicaid eligibility as a result of the Affordable Care Act has led to a decline in certain Medicaid covered services, e.g. AODA Outpatient
  - Reduction in AODA grant funds available from 2010 – 2016 has led to an overall reduction in primary AODA clients served
  
- The following table shows volume (unique individuals served) since 2010 as well as annual variance.

Year	Volume	One Year Difference
2010	10,139	
2011	9,883	256
2012	10,800	917
2013	10,125	675
2014	9,992	133
2015	9,624	368
2016	8,797	827

➤ Additional Discussion:

***Monday – February 2, 2015 Quality Committee Meeting***

Quality Meeting Minutes:

---

“4. Quality Metrics Collection Overview.

- a. SMART Goals
- b. KPI Dashboard
- c. CMS Regulatory Reporting Items
- d. Customer Satisfaction Data

The above data and data requirements were reviewed.

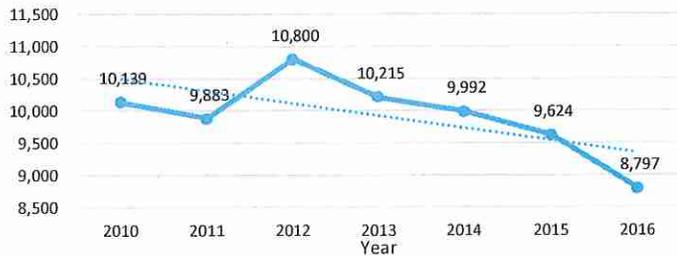
**RECOMMENDATION:**

Clarify the format for these reports to include trends, goals and benchmarks. As SMART Goal reporting continues, identify what items stay on, what items drop off and what are the targets going forward.”

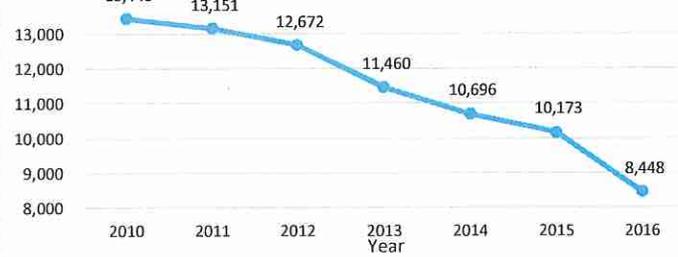
---

# 2010-2016 SMART Goal Accomplishments

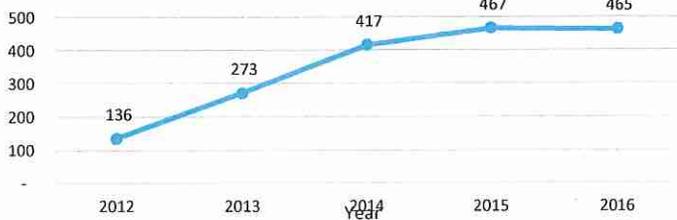
### Consumers Served by BHD Community Services



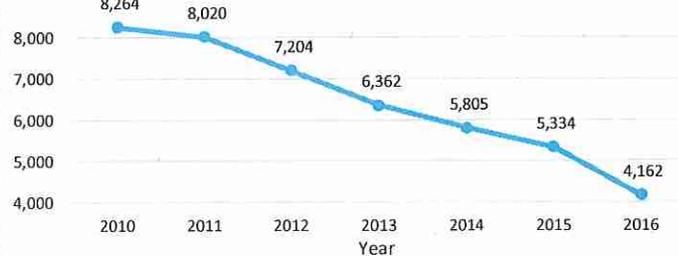
### Psychiatric Crisis Service (PCS) Admissions



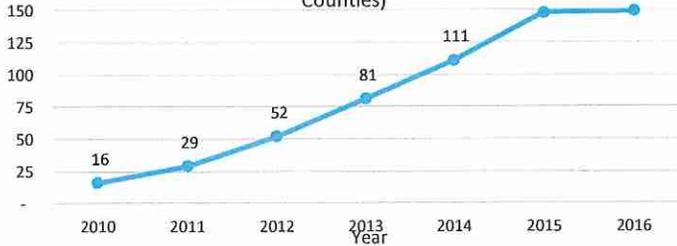
### Individualized, Person-Centered Crisis Plans for Individuals Seen at PCS



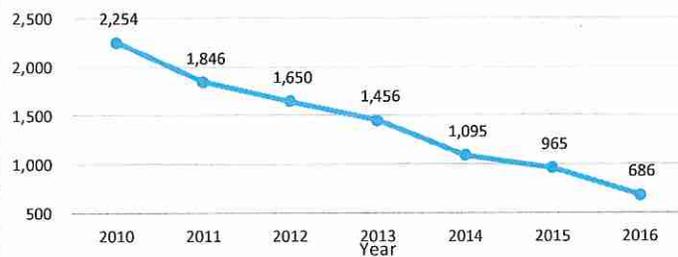
### Emergency Detentions



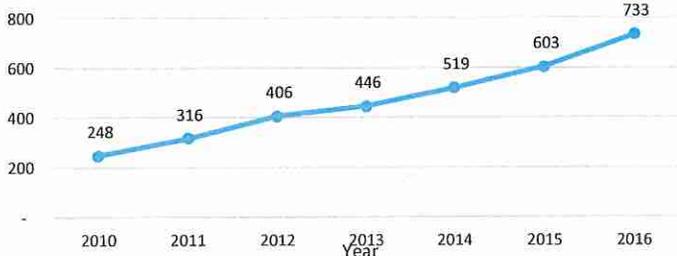
### Certified Peer Specialists (Milwaukee & Waukesha Counties)



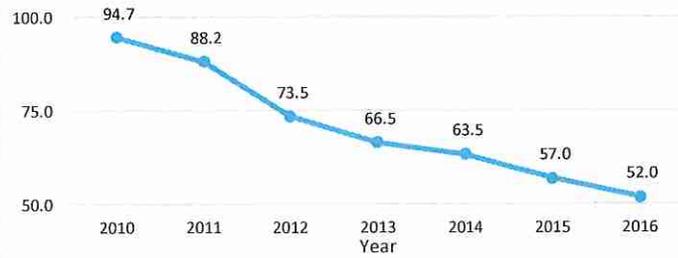
### Acute Adult Admissions



### Recovery-Oriented Supporting Housing



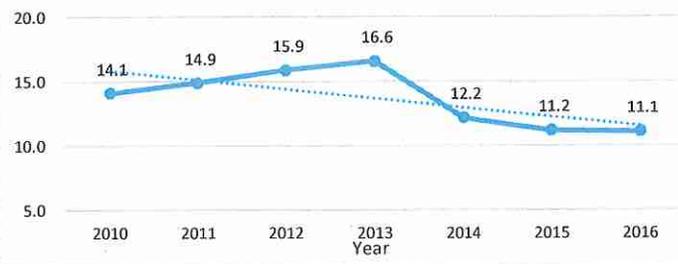
### Acute Inpatient Average Daily Census



### Acute Adult Inpatient MHSIP Satisfaction Survey (Positive Rating)



### Acute Adult 30-Day Readmission Rate





Milwaukee County Behavioral Health Division  
2016 Key Performance Indicators (KPI) Dashboard

# Quality Committee Item 3

Program	Item	Measure	2016 Quarter 1	2016 Quarter 2	2016 Quarter 3	2016 Projection	2016 Target	2016 Status (1)	2015 Actual	Benchmark Source
Community Access To Recovery Services	1	Service Volume - All CARS Programs* Discharge (Client Discharged During Quarter Who Stayed in Services 6 Months or Less)	4,777	4,955	4,984	8,797	9,742		9,624	BHD (2)
	2	Inpatient Utilization Offset	NA	27.72%	11.11%	27.72%	-		-	BHD (2)
	3	Abstinence from drug and alcohol use	26.8%	18.98%	26.00%	22.9%	-		-	BHD (2)
	4	Reduction in Homelessness or in Shelters	14.3%	21.49%	40.00%	17.9%	-		-	BHD (2)
	5	Increase in Employment* 6 Month Follow Up (First 6 Month Follow Up for Clients Open in Services During Quarter)	9.4%	40.87%	-6.67%	25.1%	-		-	BHD (2)
	6	Inpatient Utilization Offset	60.4%	75.20%	40.08%	67.8%	61.0%		60.3%	BHD (2)
	7	Abstinence from drug and alcohol use	45.5%	5.20%	-1.60%	25.3%	83.8%		82.5%	BHD (2)
	8	Reduction in Homelessness or in Shelters	50.0%	33.00%	30.00%	41.5%	78.1%		77.3%	BHD (2)
	9	Increase in Employment* By Quarter	45.5%	-22.35%	47.06%	11.6%	34.2%		33.9%	BHD (2)
	10	Percent of clients returning to Detox within 30 days	48.02%	58.52%	42.14%	53.3%	NA(s)		19.6%	BHD (2)
Wraparound	11	Families served in Wraparound HMO (unduplicated count)	1,921	2,521	3,032	3,400	3,300		3,329	BHD (2)
	12	Annual Family Satisfaction Average Score (Rating scale of 1-5)	4.5	4.5	4.6	4.6	> = 4.0		4.6	BHD (2)
	13	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	59.6	59	59.2	59.0%	> = 75%		62%	BHD (2)
	14	Average level of "Needs Met" at disenrollment (Rating scale of 1-5)	3.12	2.94	2.8	2.9	> = 3.0		3.2	BHD (2)
	15	Percentage of youth who have achieved permanency at disenrollment	55%	52%	55%	52.0%	> = 70%		58%	BHD (2)
16	Percentage of Informal Supports on a Child and Family Team	42.30%	42.90%	43.50%	43.0%	> = 50%		42%	BHD (2)	
Crisis Service	17	Admissions	2,138	2,169	2,073	8,507	9,000		10,173	BHD (2)
	18	Emergency Detentions	1,074	1,118	978	4,227	4,500		5,334	BHD (2)
	19	Percent of patients returning to PCS within 30 days	7.7%	7.2%	7.5%	7.5%	8%		8%	BHD (2)
	20	Percent of patients returning to PCS within 30 days	24.5%	24.4%	24.2%	24.4%	20%		25%	CMS (4)
	21	Percent of time on waitlist status	76.4%	72.3%	83.8%	77.5%	10%		16%	BHD (2)
Acute Adult Inpatient Service	22	Admissions	193	176	158	703	850		965	BHD (2)
	23	Average Daily Census	45.4	46.0	46.4	45.9	48.0		47.2	BHD (2)
	24	Percent of patients returning to Acute Adult within 30 days	11.4%	10.7%	10.9%	11.0%	7%		11%	NRI (3)
	25	Percent of patients responding positively to satisfaction survey	76.8%	69.0%	70.9%	72.2%	74%		73%	NRI (3)
	26	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	64.3%	54.4%	53.4%	57.4%	65%		63%	BHD (2)
	27	HBIPS 2 - Hours of Physical Restraint Rate	3.05	2.97	5.99	4.00	0.66		7.2	CMS (4)
	28	HBIPS 3 - Hours of Locked Seclusion Rate	0.54	0.63	0.50	0.60	0.14		0.47	CMS (4)
	29	HBIPS 4 - Patients discharged on multiple antipsychotic medications	13.7%	17.9%	24.1%	18.6%	9.5%		18%	CMS (4)
	30	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	96.2%	96.7%	89.7%	94.2%	32.8%		98%	CMS (4)
Child / Adolescent Inpatient Service (CAIS)	31	Admissions	193	167	113	631	800		919	BHD (2)
	32	Average Daily Census	9.3	10.1	6.3	8.6	11.0		9.8	BHD (2)
	33	Percent of patients returning to CAIS within 30 days	15.1%	14.9%	14.2%	14.7%	11%		16%	BHD (2)
	34	Percent of patients responding positively to satisfaction survey	83.8%	79.7%	77.0%	80.2%	74%		71%	BHD (2)
	35	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	77.8%	73.7%	78.9%	76.8%	80%		74%	BHD (2)
	36	HBIPS 2 - Hours of Physical Restraint Rate	5.31	3.44	5.85	4.87	0.22		5.2	CMS (4)
	37	HBIPS 3 - Hours of Locked Seclusion Rate	0.17	0.00	0.03	0.07	0.34		0.42	CMS (4)
	38	HBIPS 4 - Patients discharged on multiple antipsychotic medications	2.60%	1.80%	0.01%	1.5%	3.0%		2%	CMS (4)
39	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	100.0%	66.6%	100.0%	88.9%	39.9%		100%	CMS (4)	
Financial	40	Total BHD Revenue (millions)	-	-	-	\$129.4	\$129.4		\$120.2	
	41	Total BHD Expenditure (millions)	-	-	-	\$188.2	\$188.2		\$173.5	

Notes:

(1) 2016 Status color definitions: Red (below 20% of benchmark), Yellow (within 20% of benchmark), Green (meets or exceeds benchmark)

(2) Performance measure target was set using historical BHD trends

(3) Performance measure target was set using National Association of State Mental Health Directors Research Institute national averages

(4) Performance measure target was set using Centers for Medicare & Medicaid (CMS) Hospital Compare national averages

(5) The 2016 target for detox is currently under revision for two reasons: a) We have revised the way we calculate this outcome, which has had a significant impact on the readmission rates, and

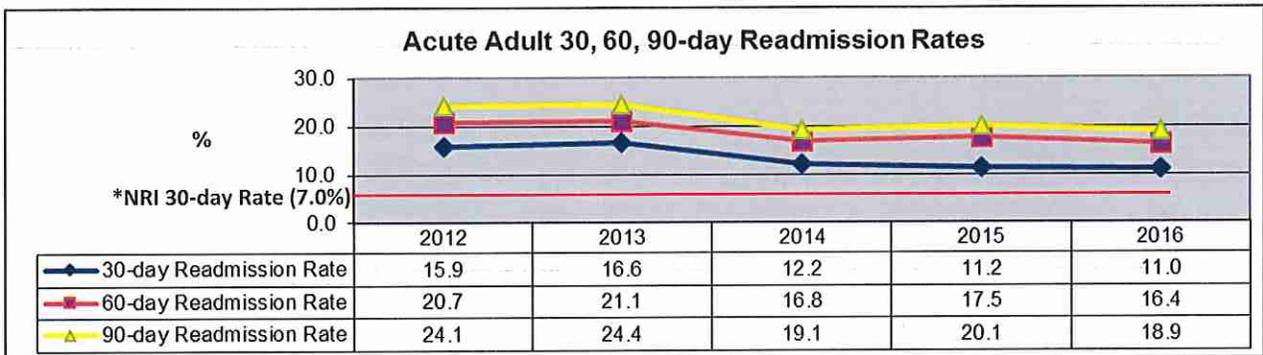
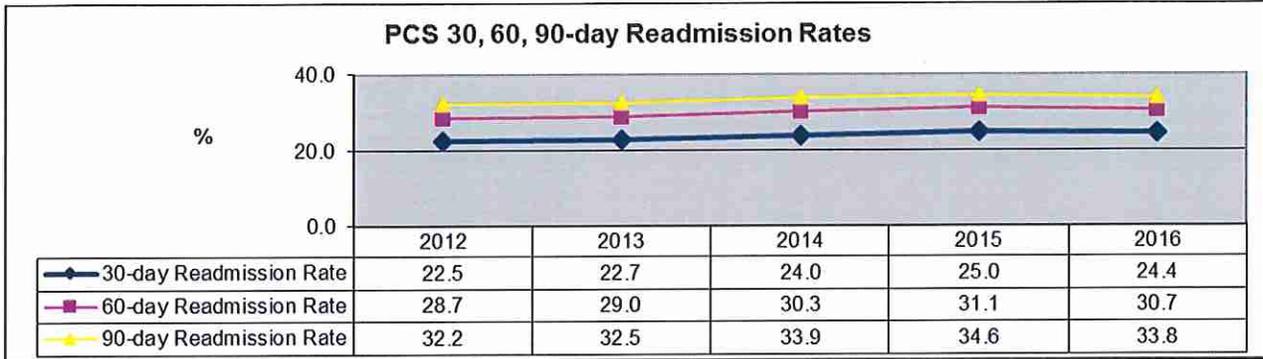
(6) We have expanded the scope of detox clients to be included in the outcome (expanding from 75.07 to both 75.07 and 75.09 levels of care)

(7) Because we now have the ability to collect uniform data on all clients, this is the first quarter in which we will be included both sheltered employment and student status as part of our overall "employed" status

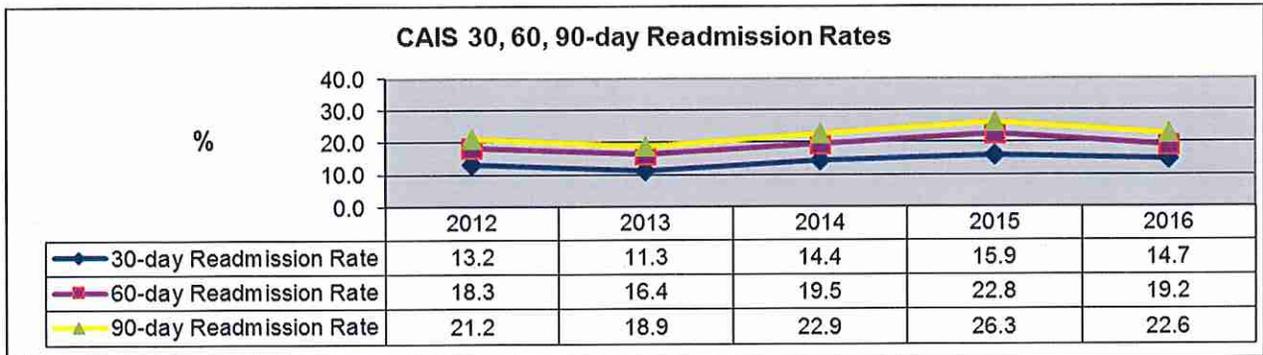
(8) Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.

## 2012-2016 BHD Crisis Service & Acute Inpatient Readmission Rates

11/16/16



\*National Association of State Mental Health Program Directors Research Institute (NRI) national 30-day benchmark





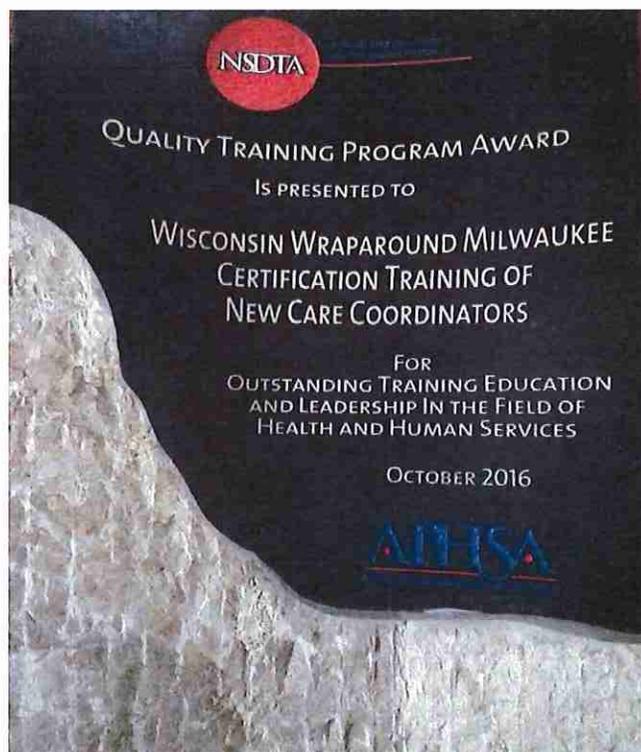
# Quality Committee Item 4

## Wraparound Milwaukee Quality Initiatives/Information

Presented at the QA Mental Health Board Meeting on 12/5/16

1. **2015 Wraparound Milwaukee Annual Report** – See report. Some “quality” highlights include:
  - No formal grievances were filed. Twenty (20) formal complaints were received representing only 1% of the families served. (Page 7)
  - 92% of the 271 youth successfully completing the program were in a permanent setting when disenrolled. (Page 9)
  - Youth in the program, on average, attended school 88% of the time. (Page 10)
  - Family Satisfaction with their Care Coordination services, on average, was 4.4 on a scale of 1-5, 5 being Very Satisfied. (Page 10)
  - Our Mobile Urgent Treatment Team provided crisis services to over 1,000 families in Milwaukee County. (Page 12)
  - The CORE Program (Coordinated Opportunities for Recovery and Empowerment) was established. CORE is designed to provide support to individuals ages 15-23 who are experiencing their first episode of psychosis. (Page 15)
2. **Wraparound Milwaukee was awarded the Quality Training Program Award** through the National Staff and Development Training Association (NSDTA). NSDTA was founded in 1983 and incorporated as an affiliate of the American Public Human Services Association (APHSA) in 1985 to support persons responsible for human service training and staff development on the local, state, or federal level. The mission of NSDTA is to build professional and organizational capacity in the human services field through a national network of membership sharing ideas and resources on organizational development, staff development, and training.

The award recognized Wraparound Milwaukee's Care Coordination Certification Training program. Over the past couple of years, our Training Coordinator, Ms. Leanne Delsart, has revamped the program to further integrate best practice standards, a Trauma Informed Care focus and Motivational Interviewing techniques. There are fifteen Modules, with over 100 hours of training, that focus on topics from wraparound philosophy and values, to best practice documentation, to transition planning, to working with the school system. We also offer additional trainings to other service providers in the Wraparound Milwaukee Provider Network.



3. **New Plan of Care Rubric and auditing process established** - See attached. The Plan of Care auditing process and auditing tool were extensively reviewed and revised. A new tool, the POC Rubric, was created, several trainings and opportunities for assessing the reliability of the tool were conducted and a pilot project to assess the functionality of the tool and quality improvement efforts began on November 7<sup>th</sup>.

# POC Best Practice Rubric

***\*\*Items in blue italics should be considered ONLY if the youth is in Out of Home Care (Prior Auth.) at the time of this review\*\****

**FINAL SCORE:** \_\_\_\_\_ out of 36 or \_\_\_\_\_ %

Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of review: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Care Coordinator/Agency: \_\_\_\_\_ Supr/Lead who approved: \_\_\_\_\_

POC Date/Number: \_\_\_\_\_ Program (circle): WRAP REACH CORE FOCUS High Risk? YES  NO

Associated with a Prior Auth? YES  NO  If yes, (circle): Residential Group Home Foster Care Independent Living Day Treatment

Review next POC? YES NO

POC Review Questions	Skill Development Needed (No) 1	Emerging Skills (Partial) 2	Evidence of Mastery (Yes) 3	Comments
1. Are all strengths functional?	<input type="checkbox"/> <b>None</b> of the strengths appear functional  Strengths reflect descriptions of characteristics, attributes or interests, but <b>do not</b> offer utility.  <i>Example: "she likes basketball", "is a good cook", "loves her children" "is resourceful"</i>	<input type="checkbox"/> <b>Some</b> of the strengths appear functional  <b>At least one, but not all</b> , of the strengths, outline how characteristics, attributes, or interests are helpful or can be used in action.	<input type="checkbox"/> <b>All</b> of the strengths appear functional  <b>Functional:</b> Strengths that outline how characteristics, attributes, or interests are helpful and can be used in action.  <i>Example: "she likes basketball and plays as a way to relieve stress and enjoy time with positive peers" "she loves her children and is willing to attend parenting classes to learn safe ways to discipline them".</i>	
2. Are strengths inclusive of all team members and a Community Resource?	<input type="checkbox"/> <b>None</b> of the team members have a corresponding identified strength nor is there a community resource identified	<input type="checkbox"/> <b>Some</b> of the team members have a corresponding identified strength and there may or may not be a Community Resource identified	<input type="checkbox"/> <b>All</b> team members have a corresponding identified strength. One Community Resource (CR) is identified in the strengths list. Youth and family member's strengths are numerous/pervasive	

<p>3. Does the initial family narrative include all mandated areas?</p>	<p><input type="checkbox"/> <b>None</b> of the mandated areas are present, narrative is not comprehensive, narrative does not reflect the families evolution and is not written in the families language</p>	<p><input type="checkbox"/> <b>Some</b> of the mandated areas are present and/or narrative is somewhat comprehensive and/or narrative somewhat reflects the families evolution and/or narrative is somewhat written in the families language</p>	<p><input type="checkbox"/> <b>All</b> of the mandated areas are present. Narrative is comprehensive and describes the families evolution, and is written in the family's language</p> <p><b>Mandated areas Include:</b></p> <p><b>1. Family Background</b></p> <ul style="list-style-type: none"> <li>a. Describe family composition, including extended family members.</li> <li>b. Ask the family to discuss what led them to this point, as well as the reason for referral.</li> <li>c. Discuss the family's values, beliefs, traditions, daily routines and employment.</li> <li>d. Describe any mental health history or concerns and other significant factors (<i>i.e., incarcerations, abuse history, etc.</i>) for family members.</li> <li>e. Discuss any out-of-home placements for the enrolled youth or other family members.</li> </ul> <p><b>2. Behavioral History/Concerns</b></p> <ul style="list-style-type: none"> <li>a. Describe the youth's past and present behavioral concerns.</li> <li>b. Discuss interventions tried in the past – especially what worked, but also what did not.</li> <li>c. Discuss any school-related issues.</li> <li>d. Discuss any legal involvement, charges and offense history (<i>including gang involvement or runaway history</i>).</li> <li>e. Describe any significant peer relationships.</li> </ul> <p><b>3. Permanency Planning</b></p> <ul style="list-style-type: none"> <li>a. Discuss the permanency plan for this youth and any barriers or concerns in this area (if applicable).</li> </ul>	
---	--	--	--	--

POC Review Questions	Skill Development Needed (No) 1	Emerging Skills (Partial) 2	Evidence of Mastery (Yes) 3	Comments
4. Is the family vision clear, concise, in the family's words, reflects hope/purpose for the future, and inclusive of the whole family (or the youth if age 17 or older)?	<input type="checkbox"/> The family vision <b>is not</b> inclusive of any of the family members (or youth if age 17 or older), does not provide a sense of purpose/hope for the future, is not clear or concise, and is not in the families language	<input type="checkbox"/> The family vision is <b>partially inclusive</b> of all family members (or the youth if age 17 or older) and reflects some sense of hope/purpose for the future, is somewhat clear and concise and appears to be in the families language	<input type="checkbox"/> The family vision is <b>fully inclusive</b> of all family members (or the youth is age 17 or older), expresses hope/purpose for the future, is clear and concise, and is in the family's language	
<i>Does the vision reflect the Permanency Plan?</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Does the POC reflect underlying needs?	<input type="checkbox"/> <b>None</b> of the Need Statements appear to be reflective of underlying needs  Need statements reflect services, strategies, or goals rather than the root cause of the behavior, what is missing that the behavior makes up for, or what the behavior is communicating.  <b>Example:</b> Johnny needs a tutor.	<input type="checkbox"/> <b>Some</b> of the Need Statements appear to be reflective of underlying needs  <b>Some</b> need statements reflect services, strategies, or goals and <b>some</b> reflect the root cause of the behavior, what is missing that the behavior makes up for, or what the behavior is communicating.  <b>Example:</b> Johnny needs help to focus in the classroom.	<input type="checkbox"/> <b>All</b> of the Need Statements reflect underlying needs  <b>All need statements</b> reflect the root cause of the behavior, what is missing that the behavior makes up for, or what the behavior is communicating.  <b>Example:</b> Johnny needs to feel safe in the classroom so he can focus.	
<i>Does the level of care being utilized or requested match the Need(s)?</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

POC Review Questions	Skill Development Needed (No) 1	Emerging Skills (Partial) 2	Evidence of Mastery (Yes) 3	Comments
6. Do the Needs in the Plan reflect the required Domains and those Domains identified as High or Medium?	<input type="checkbox"/> <b>None</b> of the needs are reflective of any of the required domains or domains that are identified as high or medium	<input type="checkbox"/> <b>Some</b> of the needs are reflective of the required domains and/or those that are identified as high or medium	<input type="checkbox"/> <b>All</b> of the needs are reflective of the required domains and those that are identified as high or medium  <b>In the FIRST POC must have Family, Mental Health, Educational/ Vocational and Crisis/ Safety Domains. In 2<sup>nd</sup>+ POC's must at least have Mental Health and Crisis /Safety Domains.</b>  <b>At any time - If on medications, this must be addressed in a Health and Well-being Domain.</b>	
<i>If living OOH are the domains of Living Situation, Family and Legal addressed within the needs?</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Are the benchmarks measurable, observable and attainable?	<input type="checkbox"/> <b>None</b> of the benchmarks are measurable, observable or attainable  <b>Example: James will interact with his family.</b>	<input type="checkbox"/> <b>Some or all</b> of the benchmarks, meet <b>some or all</b> of the criteria (measurable, observable and attainable)  <b>Example: James will eat dinner with his family.</b>	<input type="checkbox"/> <b>All</b> of the benchmarks are measurable, observable and attainable  <u>Benchmarks</u> should be written from a positive frame of reference.  To be "Measurable" speaks to being able to numerically quantify a change.  To be "Observable" means to be visible, evident, or noticeable.  To be "Attainable" means to be realistic, developmentally appropriate, and achievable.  <b>Example: James will eat dinner with his family four times per week.</b>	
<i>Do the benchmarks reflect movement toward a less restrictive setting for both the youth and the family?</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

POC Review Questions	Skill Development Needed (No) 1	Emerging Skills (Partial) 2	Evidence of Mastery (Yes) 3	Comments
<p>8. Do strategies reflect progression towards the benchmarks and include who will do what, where, when, how and why?</p>	<p><input type="checkbox"/> <b>None</b> of the strategies reflect progression towards the benchmarks nor do they include who will do what, where, when, how and why</p>	<p><input type="checkbox"/> <b>Some, but not all,</b> of the strategies reflect who will do what, where, when, how and why and evidence progression towards the benchmarks, <b>and/or</b> reflect <b>some, but not all,</b> of the criteria and/or evidence <b>some</b> progression towards the benchmarks</p>	<p><input type="checkbox"/> <b>All</b> of the strategies reflect who will do what, where, when, how and why and reflect progression towards the benchmarks</p> <p><b>Example:</b> Beth (tutor) will meet James at the North Avenue Library on M and W from 3:00p.m. to 4:30p.m. to tutor him in math homework in an effort to increase his math grade from a D to a C to allow him to be eligible to play football.</p>	
<p>9. Do strategies reflect a plan for task shifting and movement towards sustainability?</p>	<p><input type="checkbox"/> <b>None</b> of the strategies reflect task shifting and movement towards sustainability</p> <p>No natural/informal supports or community resources (CR's) are identified to replace the paid providers upon disenrollment nor is there a plan identified to do so</p>	<p><input type="checkbox"/> <b>Some</b> of the strategies reflect task shifting and movement towards sustainability</p> <p>Natural/Informal supports and CR's are identified to replace paid providers, but no transition plan is in place to transfer knowledge/skills and/or a transition plan is identified but no natural/informal supports or CR's are identified to transfer into that role</p>	<p><input type="checkbox"/> <b>All</b> of the strategies reflect task shifting and movement towards sustainability</p> <p>For all strategies that involve a <b>paid provider</b> who will <b>not</b> continue, a plan is clearly outlined to replace the paid provider with a natural/informal support, CR, or other Team member. The plan includes identifying, supporting, and coaching that person(s) by the provider sharing knowledge, skills, and collaborating with the person who will replace them in addition to the other Team members.</p> <p><b>Example:</b> The crisis stabilizer (CS) will call Uncle Joe on his way to responding to the school. Uncle Joe will meet CS at the school to observe CS de-escalate Johnny in order to help Johnny see Uncle Joe as someone he can rely on to help him be safe. By X date, the teachers will begin to call Uncle Joe directly. Uncle Joe will then call CS to meet him at the school as a supportive presence, but Uncle Joe will take the lead.</p>	

POC Review Questions	Skill Development Needed (No) 1	Emerging Skills (Partial) 2	Evidence of Mastery (Yes) 3	Comments
10. Is the crisis plan reflective of the relevant/identified safety/crisis needs?	<input type="checkbox"/> The crisis definitions and plan <b>do not reflect any</b> relevant/identified safety/crisis needs	<input type="checkbox"/> The crisis definitions and plan reflect <b>some</b> relevant/identified safety/crisis needs	<input type="checkbox"/> The crisis definitions and plan are <b>reflective of all</b> relevant/identified safety/crisis needs  The identified crisis definitions are tied to the reason for referral, legal history or behavioral/physical health needs, i.e. – runaway history, substance abuse, violence, panic attacks, exploitation, self-harm, suicidality. <b>If on the high-risk list, the safety related behavior is addressed in the crisis plan.</b>	
11. Does the crisis plan speak to safety and crisis management specific to home, school and/or community, and the current out of home setting (if applicable)?	<input type="checkbox"/> The crisis plan <b>does not speak to any</b> crisis and safety management plans for any settings	<input type="checkbox"/> The crisis plan speaks to a crisis and safety management plan for <b>some applicable</b> settings	<input type="checkbox"/> The crisis plan speaks to a crisis and safety management plan for <b>all</b> applicable settings in <b>both reactive and preventative sections</b> of the crisis plan	
12. Within each identified setting, does the crisis plan identify a comprehensive (specific and detailed) approach in dealing with the crisis?	<input type="checkbox"/> The crisis plan <b>does not</b> identify a comprehensive approach in resolving a crisis <b>in any setting</b>	<input type="checkbox"/> The crisis plan identifies a comprehensive approach in resolving a crisis <b>in some, but not all settings</b>	<input type="checkbox"/> The crisis plan identifies a <b>comprehensive</b> approach in resolving a crisis <b>in all identified settings</b>  A “comprehensive” approach should be safety oriented and should take into account the youths’ developmental age, the dynamics/structure of the setting, i.e. – home vs. RCC, triggers, available supports, who will do what and how.	

DO NOT include blue box scores in the final scores. →

Score: \_\_\_\_\_

Score: \_\_\_\_\_

Score: \_\_\_\_\_

Total Score: \_\_\_\_\_

22

36

# Quality Committee Item 5

## CARS Referral Process Improvement NIATx Project

### Reducing Time from Referral to Admission

**Scope:** In the last 3-4 years, the number of referrals to CARS for services has increased by almost 70%. The number of staff to process referrals has not increased in a commensurate way, nor has capacity in the various programs. As such, the time from referral to enrollment in services is hovering around 65 days, and most programs have a wait list for admission.

**AIM:** Reduce time from referral to admission by at least 25%.

#### Silent Idea Generation (Plan):

- Align paper referral form to Avatar referral
- Increase responsibility of clerical staff
- One service manager responsible for intake process and supervise staff
- Determine current referral rate and set standard for number of screens and AC assignments
- Set standard for number of days to get screens done and measure it
- Minimize what is needed for a complete referral – only require what is needed for eligibility determination
- Move TCM services to a FFS environment

#### Redesign Recommendations (Do):

- Create a dedicated Intake Team (for TCM, CSP, Day Tx and CBRF)
  - 1 New Service Manager
  - 8 Dedicated Admin Coordinators
  - Dedicated clerical support to assist with data entry of referrals and/or sending information to providers to verify diagnosis/get records
  - Screening process is removed – ACs complete referral from start to finish
  - Set benchmarks starting with referral: face to face visit for assessment, completion of CARS referral form, completion of CARP, verify diagnosis, make LOC recommendation and place on wait list (taking client choice of agency into account)

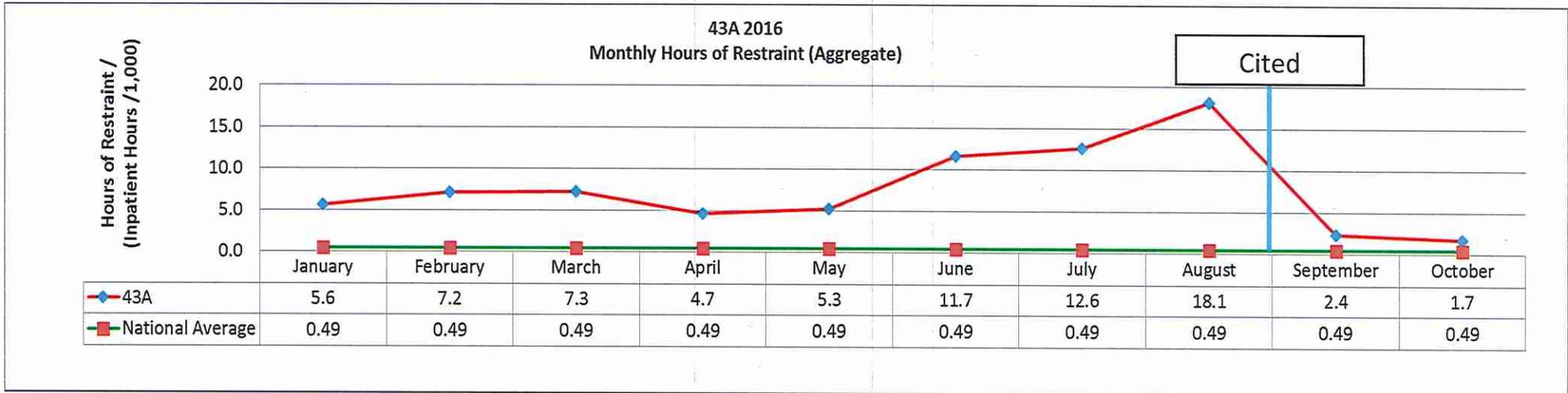
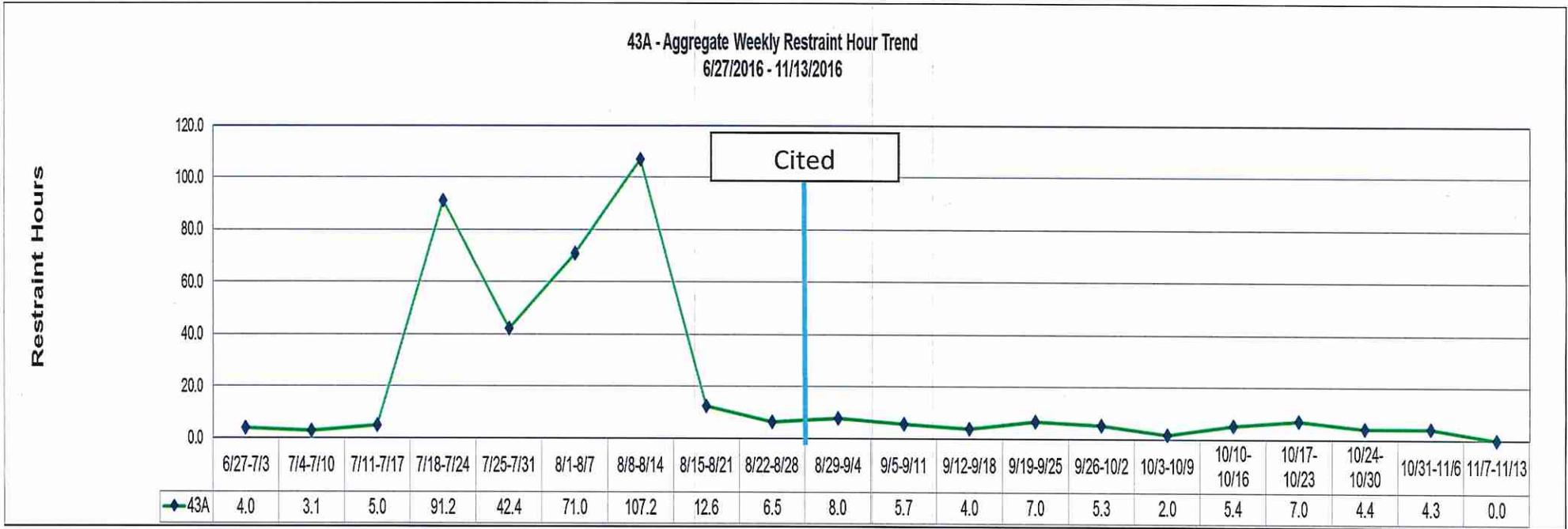
#### Analysis (Study):

- Measure following timeframes:
  - Date referral received to date referral considered complete
  - Date completed referral is assigned to date assessment is complete
  - Date placement decision is made to date of program admission
- Compare actual results to predicted results. Has the change resulted in improvement?
  - **10 of 27 TCM referrals since 10/1 admitted in less than 30 days**
- What have we learned?

#### Next Steps (Act):

- Should the change be permanently adopted or adjusted?
- What should the next cycle be? Adopt which ideas from earlier planning?

# Quality Committee Item 6







# Quality Committee Item 7

## MENTAL HEALTH BOARD QUALITY COMMITTEE QUARTERLY REPORT

### CONTRACT PERFORMANCE MEASURES UPDATE

NOVEMBER 10, 2016

The Contract Performance Measures (CPM) team has now developed four sets of CPMs, Targeted Case Management services, Detoxification services, Warmline services, and AODA Residential services. Our team also decided that, in order to provide clearer justification and rationale for the development of the CPMs, we needed to create a standardized process for CPM development. This process, which was articulated after the four abovementioned CPMs were developed, will guide development and revision of all future CPMs. The basic highlights of this process, not exhaustive, includes:

1. Review of applicable State and Federal guidelines and regulations, evidence-based best practices in the research literature and/or in other systems of care
2. Review of our own internal data, where applicable and available
3. Feedback from internal experts, providers, and consumers in the item development/selection phase
4. Implementation and review of results and feedback for further item refinement and/or removal and selection with consideration of the consumer experience, validity, and agency performance/quality improvement targets

The following graphic presents a draft of the CPM development process, which has been reviewed by the CPM team and will be presented to the BHD Quality Committee and Executive Team for approval. This process will be applied to the development of the Outpatient CPMs, which are currently underway and are slated for completion by the end of the year.

# Contract Performance Measures Development Process



# Quality Committee Item 8

**COUNTY OF MILWAUKEE**  
**Behavioral Health Division Administration**

**DATE:** December 5, 2016

**TO:** Dr. Robert Chayer, Chairperson, Quality Sub-Committee,  
Mental Health Board

**FROM:** Matt Krueger, IMSD Project Manager

**SUBJECT:** Informational Report: Quality Technology Project updates

The Milwaukee County Behavioral Health Division has a number of technology projects focused on improving the quality of Healthcare Delivery. The following two are high priorities for the organization:

- **One Recovery Plan:** Today the Behavioral Health Division has 2 recovery plans on paper and 3 electronic forms in the Electronic Medical Record, none of which are truly integrated. This project will bring them all together on one integrated platform, aligning data elements and processes so both clinicians and patients have 'One Recovery Plan'. Day Treatment has been selected as the Pilot program, and we are wrapping up requirements and heading into the design phase. In addition, the Steering Committee has selected CSP as the Community Program to be built and tested in parallel, ensuring the solution can handle a broad range of requirements. The pilot is currently scheduled for mid-February.
- **Incident Reporting:** The Behavioral Health Division documents incidents primarily on paper, Wraparound Milwaukee being the exception. This can make it challenging to track follow through on an incident that has been reported. A solution has been selected that brings best practices and allows us to automate workflow and better manage incidents through resolution. In addition it will eventually allow us to better manage our risk, through assessing trends and being more prescriptive. Contracting is scheduled to wrap up by the end of November and we will move into implementation.

## PCS Hospital Transfer Waitlist Report

Third Quarter Update

# 2016

---

This report contains information describing the first nine (9) of 2016 are summarized as follows:

- 9 hospital transfer waitlist events occurred
- PCS was on hospital transfer waitlist status 79.4%
- The 1,298 individuals delayed comprised 20.3% of the total PCS admissions (6,380)
- The median wait time for all individuals delayed was 5.2 hours
- The average length of waitlist per patient is 8.0 hours

Prepared by:  
Quality Improvement Department

Date: October 27, 2016

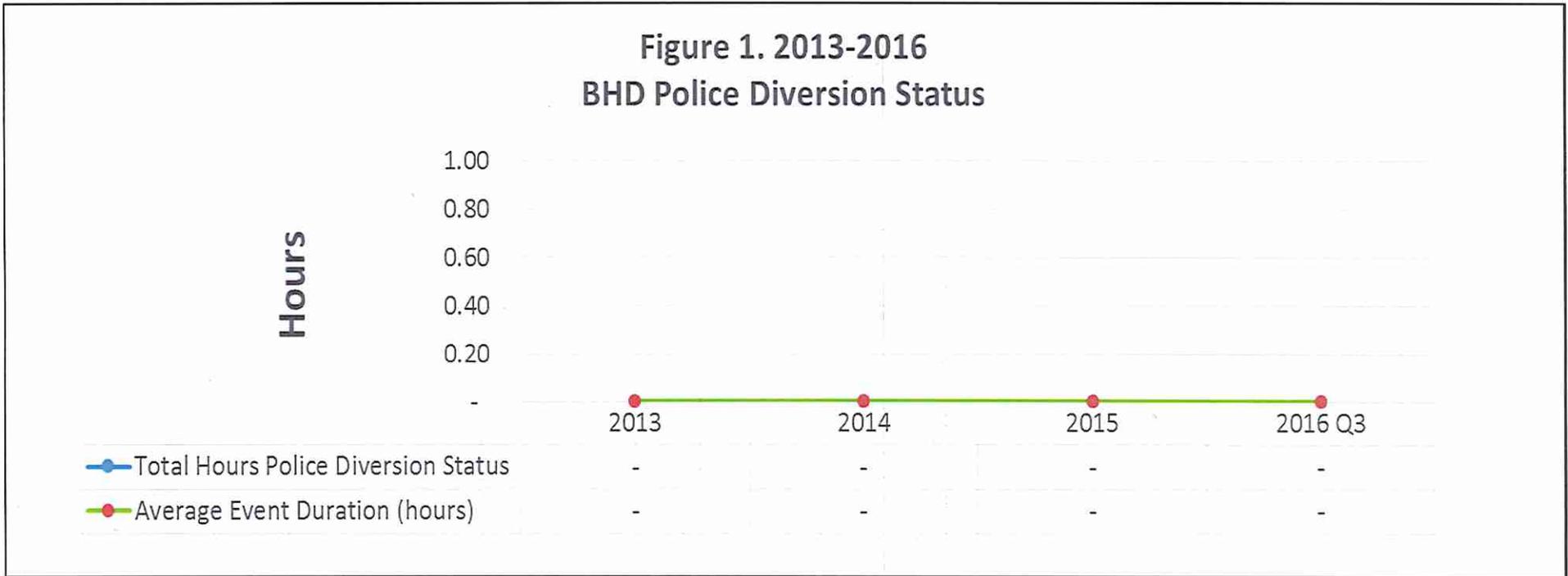
### **Definitions:**

**Waitlist:** When there is a lack of available beds between the Acute Inpatient Units and the Observation Unit. Census cut off is 5 or less open beds. These actions are independent of acuity or volume issues in PCS.

**Diversion:** A total lack of capacity in PCS and a lack of Acute Inpatient and Observation Unit beds. It results in actual closing of the door with no admissions to PCS allowed. Moreover, it requires law enforcement notification and Chapter 51 patients re-routed.

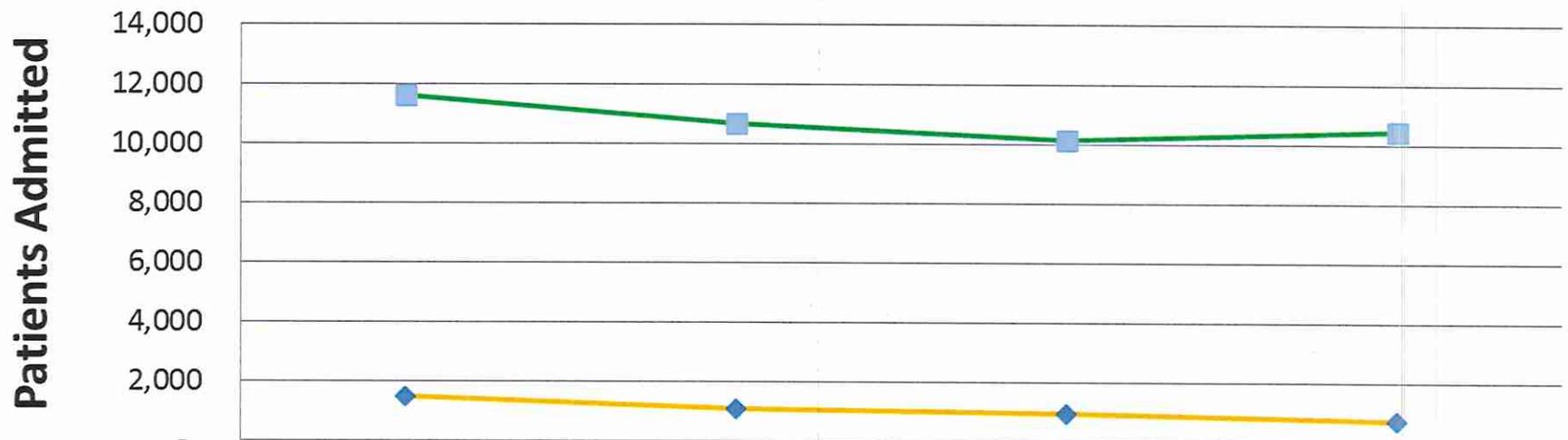
**Reporting Time Period:** The data in this report reflects three (3) years or the last twelve (12) quarters, unless specified otherwise.

Figure 1. 2013-2016  
BHD Police Diversion Status



\*There have been no police diversion in the last 7 year, last police diversion was in 2008

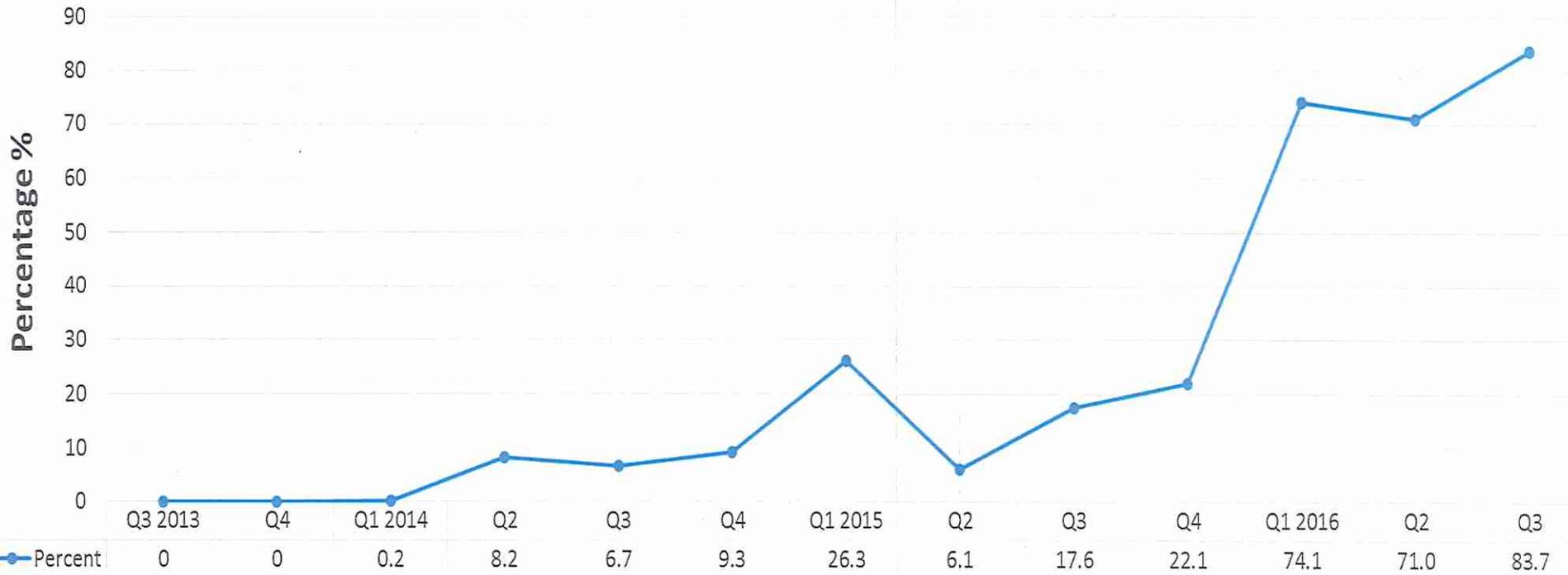
**Figure 2. 2013-2016  
PCS and Acute Adult Admissions**



	2013	2014	2015	2016 Proj.
◆ Acute Adult Admissions	1,489	1,093	965	738
■ PCS Admissions	11,644	10,698	10,173	10,464

\*Projected PCS Admissions = Projected Waitlist Clients + Projected PCS Clients

Figure 3. 2013-2016  
Percent of Time on Waitlist Status



\*Waitlist Percent = Waitlist Duration/ (Number of day in the quarter\*24)

Figure 4. 2013-2016  
Patients on Hospital Transfer Waitlist

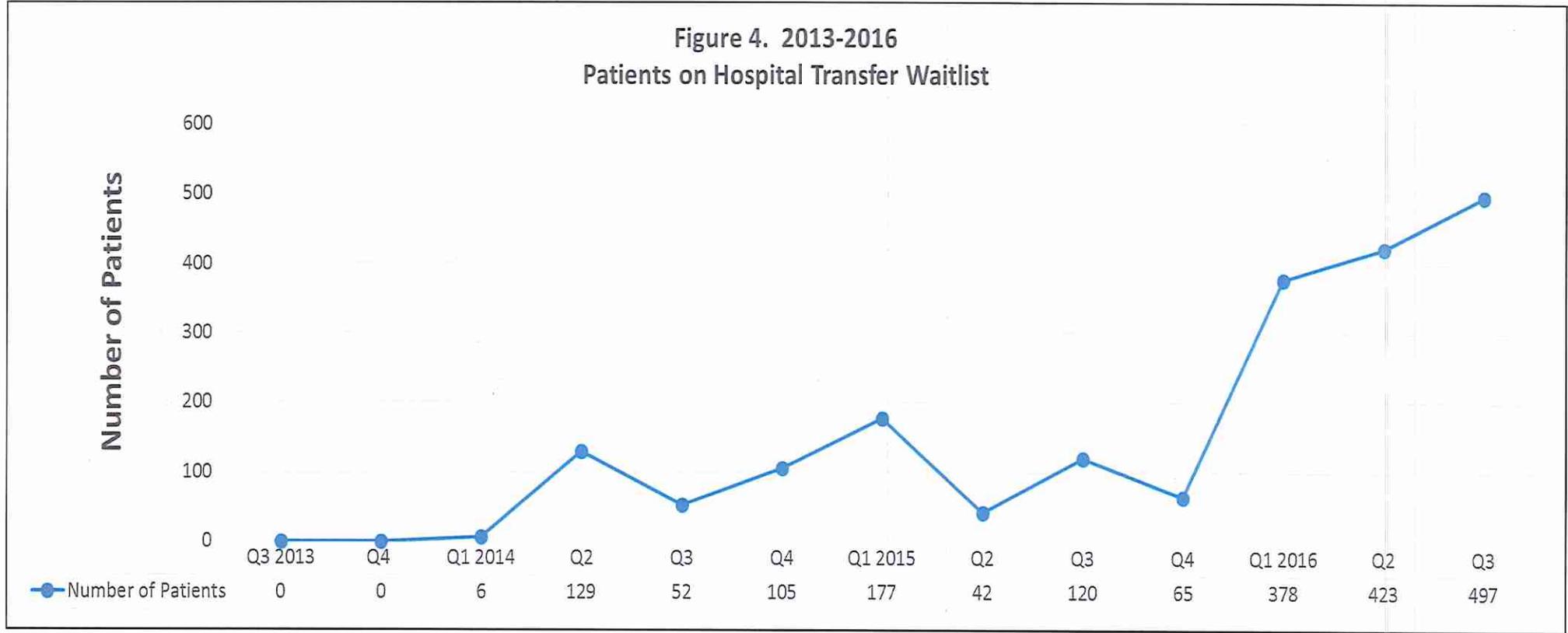


Figure 5. Waitlist Events  
2013-2016



Figure 6. 2013-2016  
Average Duration of Event  
(Hours)

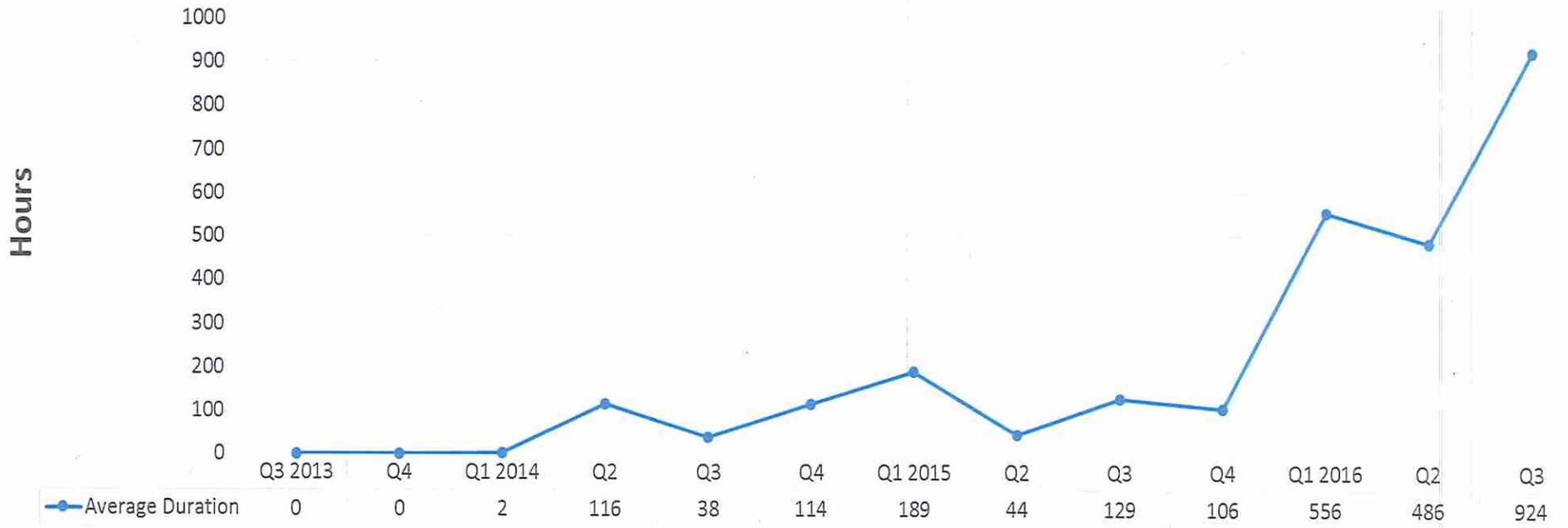


Figure 7. 2013 - 2016  
Median Wait Time For Individuals Delayed  
(Hours)



Figure 8. 2013-2016  
Average Length of Waitlist For Individuals Delayed  
(Hours)

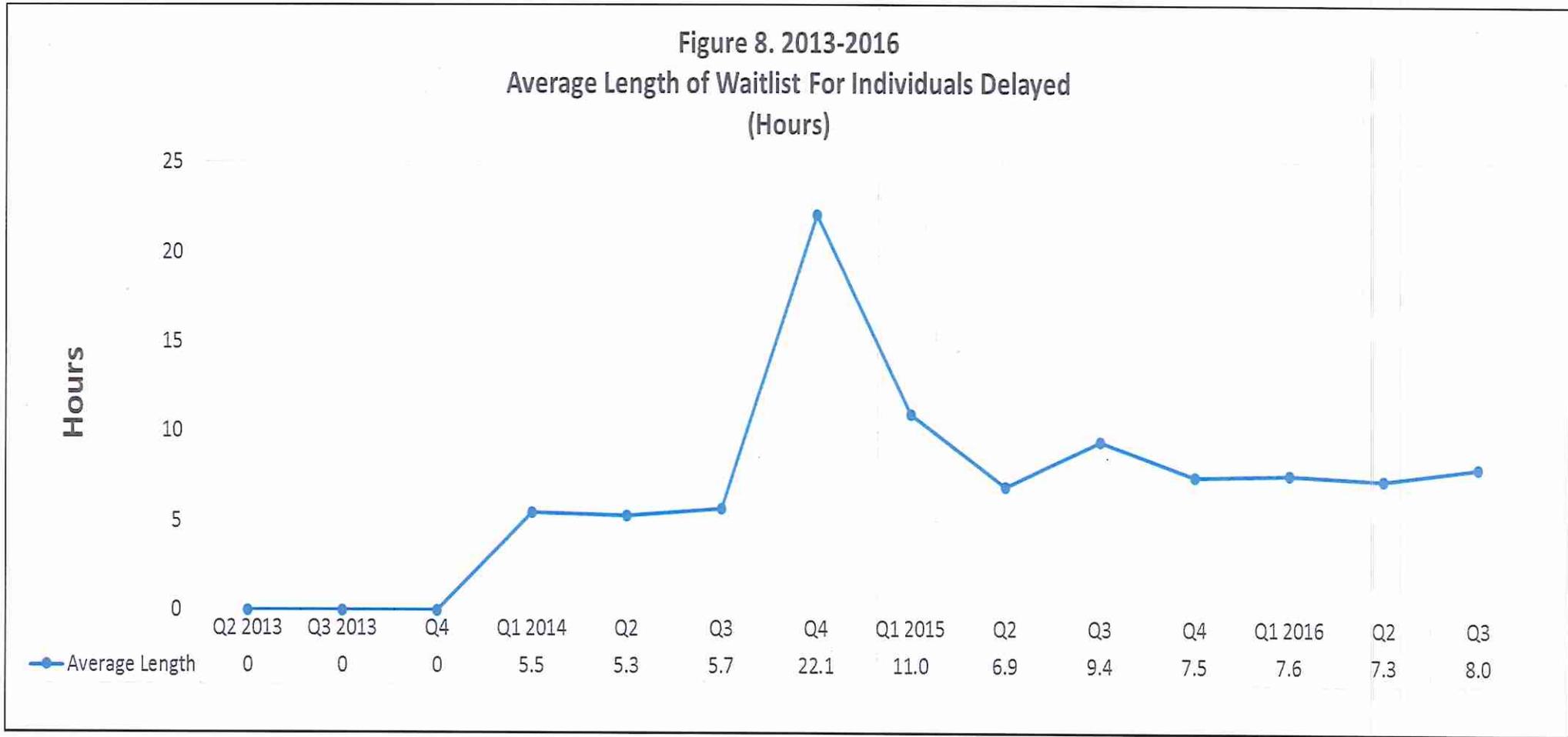
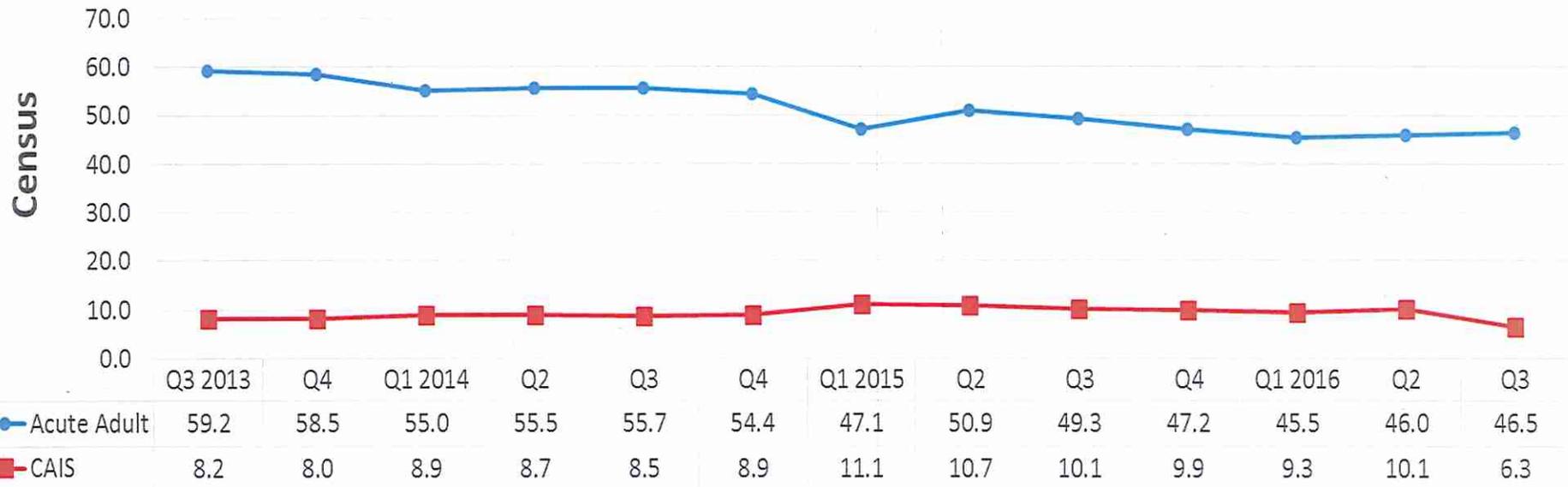
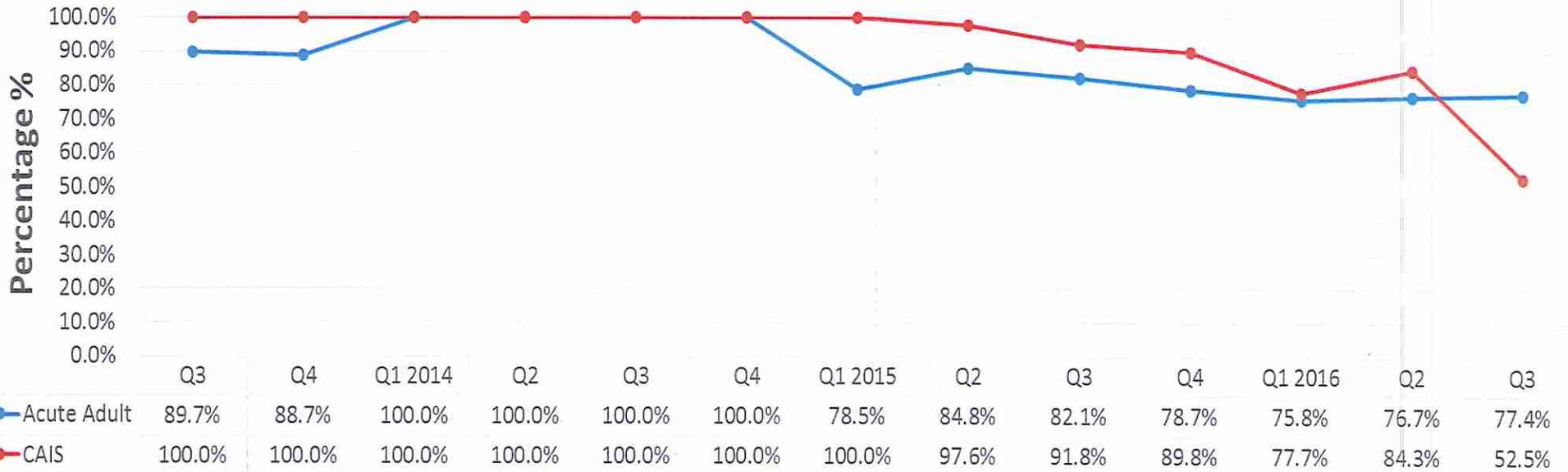


Figure 9. 2013-2016  
Acute Adult/CAIS  
Average Daily Census



\*Average Daily Census = Patient days/amount of days per quarter

Figure 10. 2013-2016  
Acute Adult/CAIS  
Budgeted Occupancy Rate



\*Occupancy Rate = Patient's Day/ (Number of day in the quarter\*number of beds budgeted)

\*Reduced staffing impacted operation bed count

**Figure 11. 2013-2016**  
**Number of patients on waitlist for 24 hours or greater**

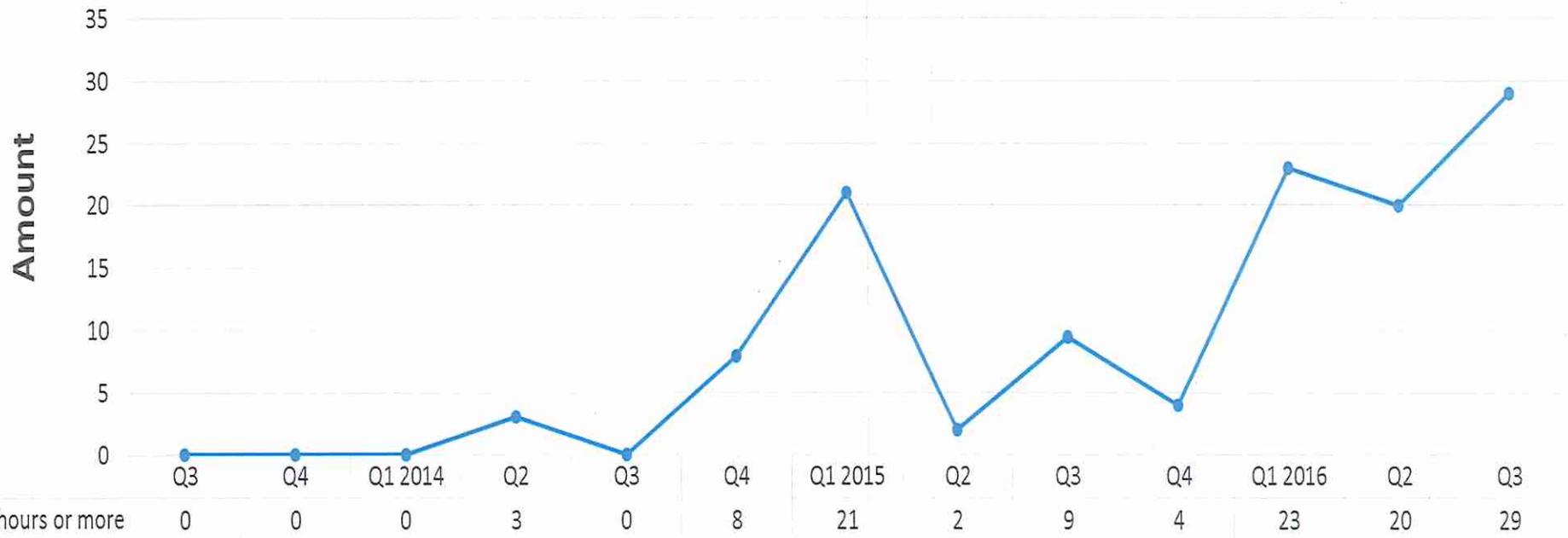
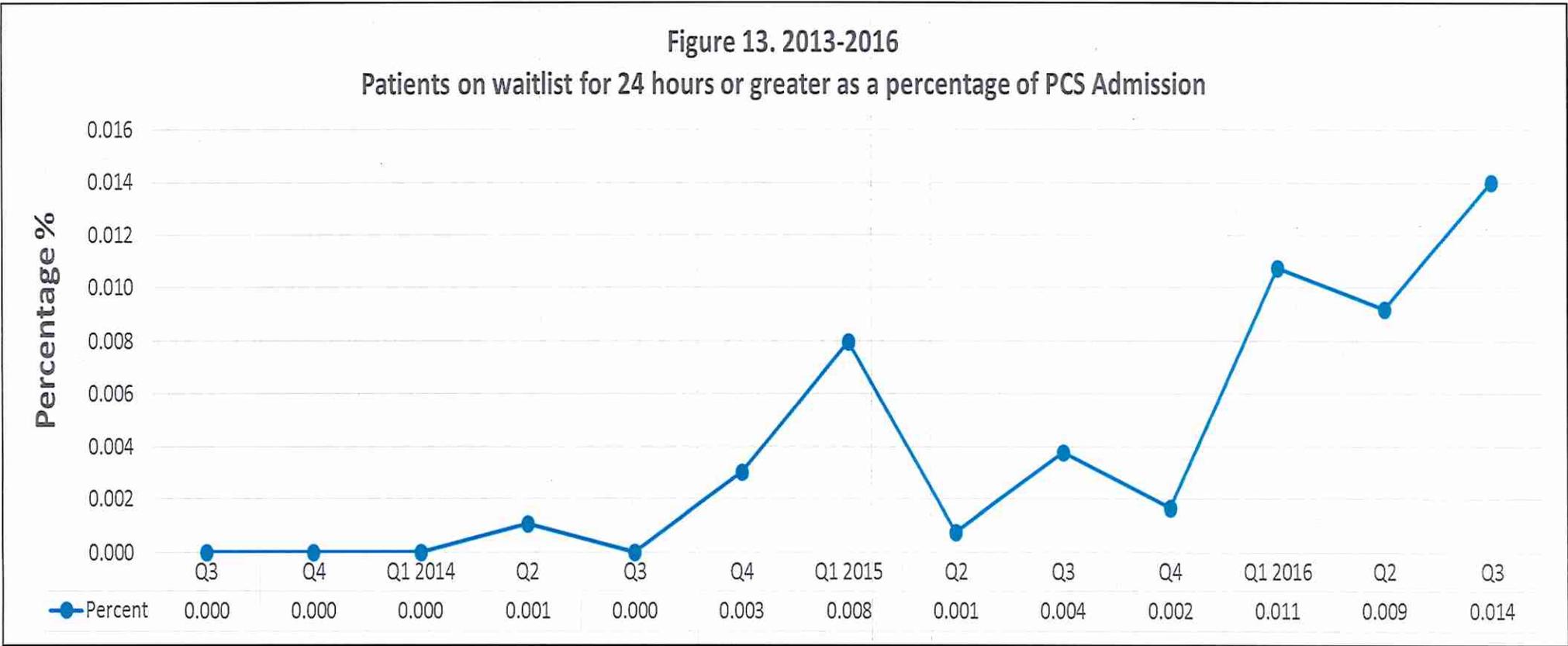


Figure 12. 2013-2016  
Patients on waitlist for 24 hours or greater as a percentage of number of clients waitlisted



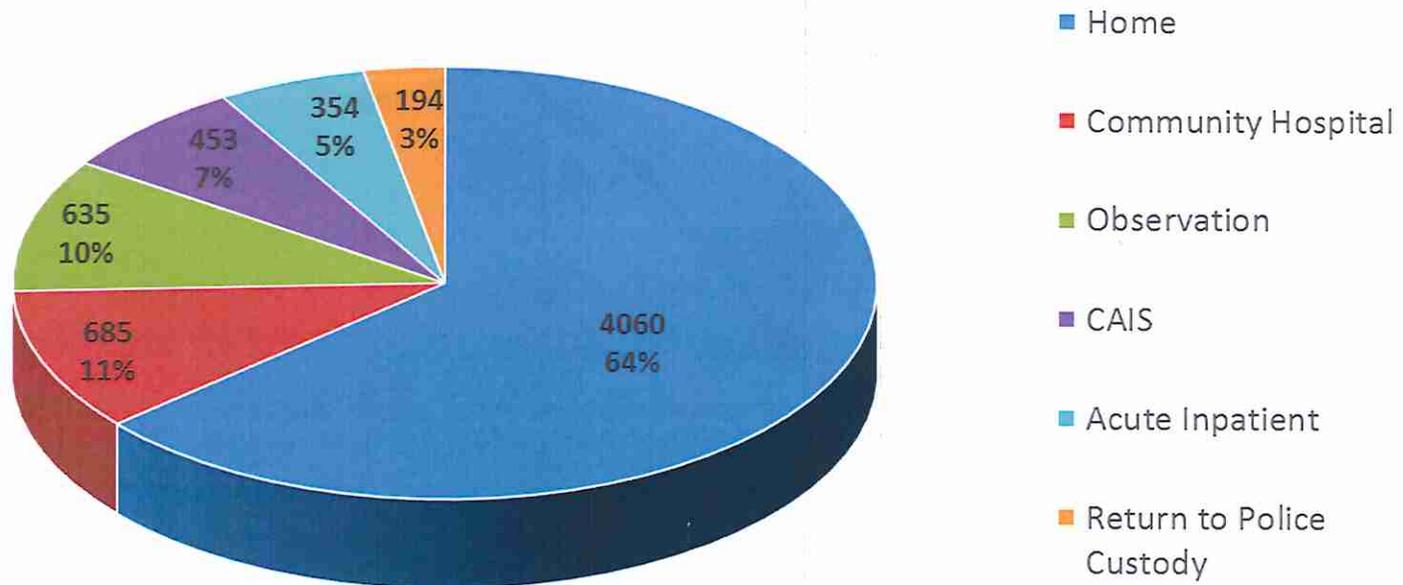
\*Percent = Number of Patients on waitlist for 24 hours or greater/Number of Clients Waitlisted

Figure 13. 2013-2016  
Patients on waitlist for 24 hours or greater as a percentage of PCS Admission



\*Percent = Number of Patients on waitlist for 24 hours or greater/PCS Admission

Figure 14. 2016 (January 1 to September 30)  
Disposition of all PCS admission



**Chairperson:** Thomas Lutzow  
**Senior Executive Assistant:** Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
FINANCE COMMITTEE**

**Thursday, December 8, 2016 - 1:30 P.M.**  
**Milwaukee County Mental Health Complex**  
**Conference Room 1045**

**REVISED  
A G E N D A**

**SCHEDULED ITEMS:**

1.	Welcome. <b>(Chairman Lutzow)</b>
2.	2016 Financial Results. <b>(Randy Oleszak, Behavioral Health Division/Informational)</b>
3.	2017 Budget Update. <b>(Randy Oleszak, Behavioral Health Division/Informational)</b>
4.	2018 Budget Timeline Schedule. <b>(Randy Oleszak, Behavioral Health Division/Recommendation Item)</b>
5.	Contract Approval Recommendations. <b>(Alicia Modjeska, Behavioral Health Division/Recommendation Item)</b> <ul style="list-style-type: none"><li>• 2017 Purchase-of-Services Contracts</li><li>• 2017 Professional Services Contracts</li></ul>
6.	Employee Agreements. <b>(Dr. John Schneider, Behavioral Health Division/Recommendation Item)</b>
7.	Adjournment.

**The next regular meeting of the Milwaukee County Mental Health Board Finance Committee is Thursday, February 23, 2017, at 7:00 a.m., at the Zoofari Conference Center 9715 West Bluemound Road**

*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.*

# Finance Committee Item 2

BEHAVIORAL HEALTH DIVISION

DASHBOARD REPORT

3rd Quarter 2016

## Table of Contents

PAGE 2	Table of Contents
PAGE 3	BHD Combined
PAGE 4	Acute Adult Inpatient
PAGE 5	Child and Adolescent Inpatient (CAIS)
PAGE 6	Psychiatric Crisis Services
PAGE 7	Wraparound
PAGE 8	TCM (Targeted Case Management)
PAGE 9	CCS (Comprehensive Community Services)
PAGE 10	CSP (Community Support Program)
PAGE 11	CRS (Community Recovery Services)

# BHD COMBINED DASHBOARD

3rd Quarter 2016

## 2016 Budget Initiatives

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

Complete ↑ Not Done ↓ Progressing →

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

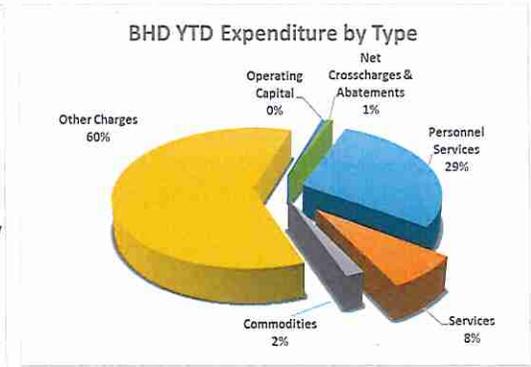
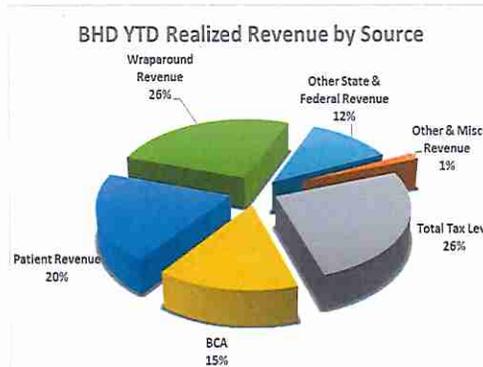
Percentage Spent 63%

Percentage Yr Elapsed 75%

## 3rd Quarter Financial Highlights

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

## 2016 YTD Revenues & Expenses by Percentage



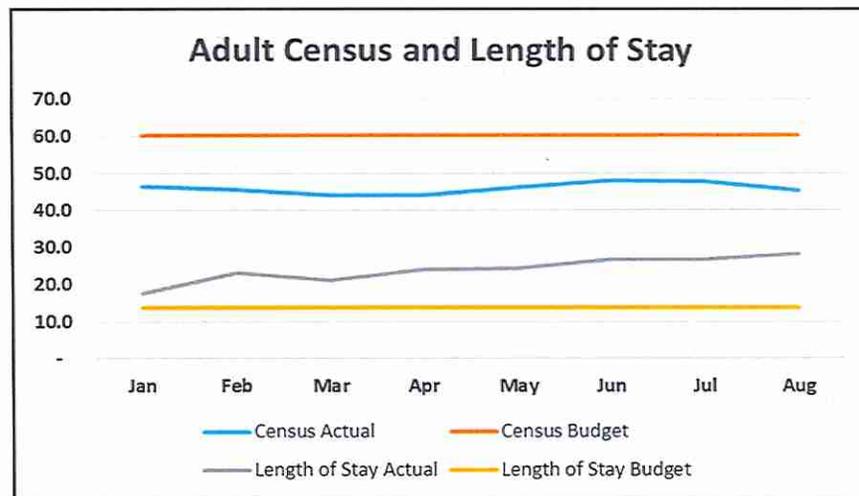
Note: "Other Charges" in Expenditures include all Provider Payments - Fee For Service, Purchase of Service and other contracted services.

# ACUTE ADULT INPATIENT DASHBOARD

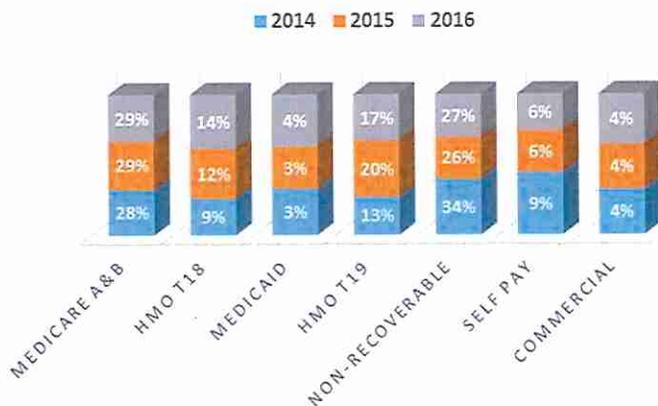
3rd Quarter 2016

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

Percentage Spent 60%  
 Percentage Yr Elapsed 75%



## ADULT INPATIENT PAYER SOURCES



## Adult Inpatient Hours Worked by Pay Period

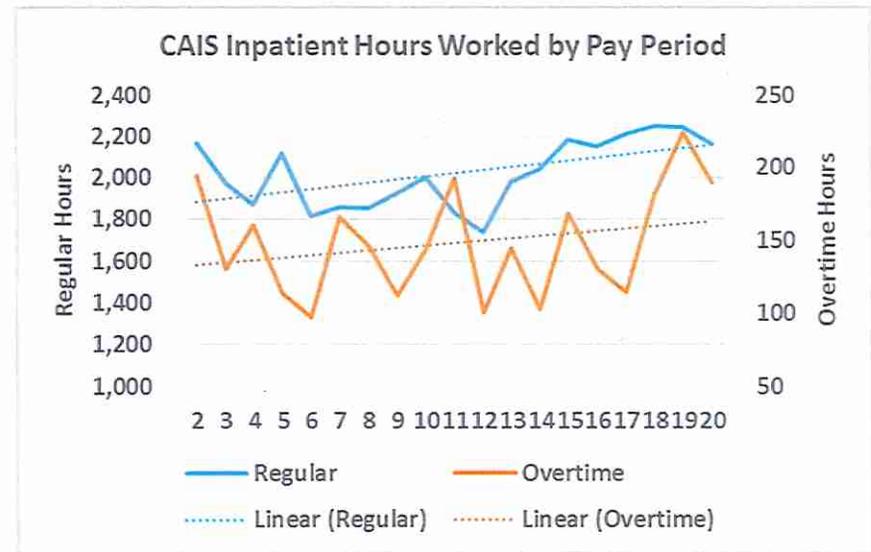
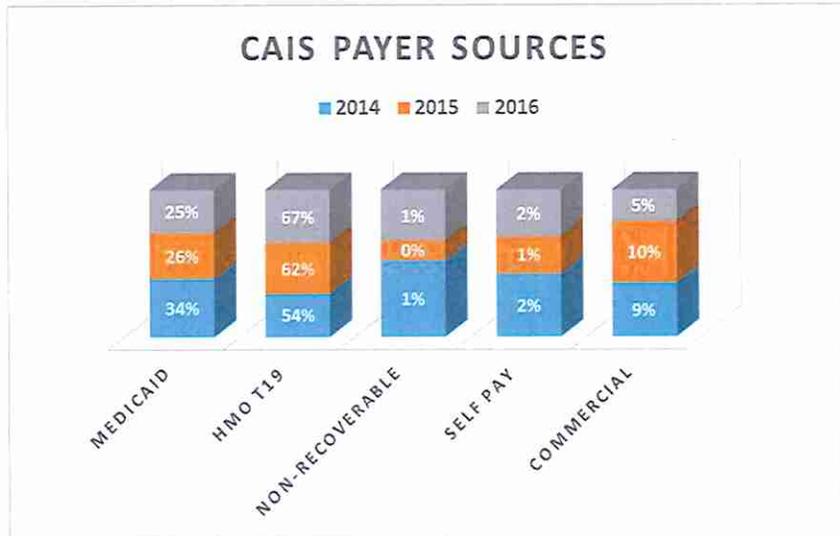
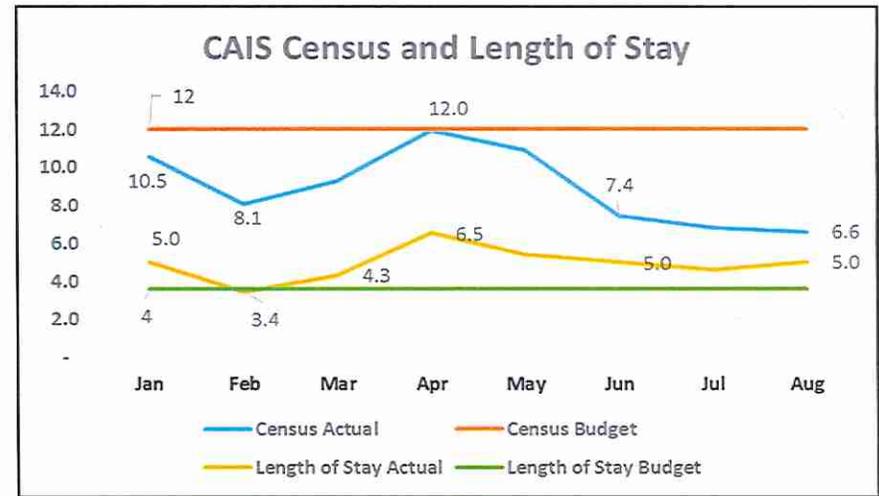


# CAIS (Child & Adolescent Inpatient) DASHBOARD

3rd Quarter 2016

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

Percentage Spent 61%  
 Percentage Yr Elapsed 75%

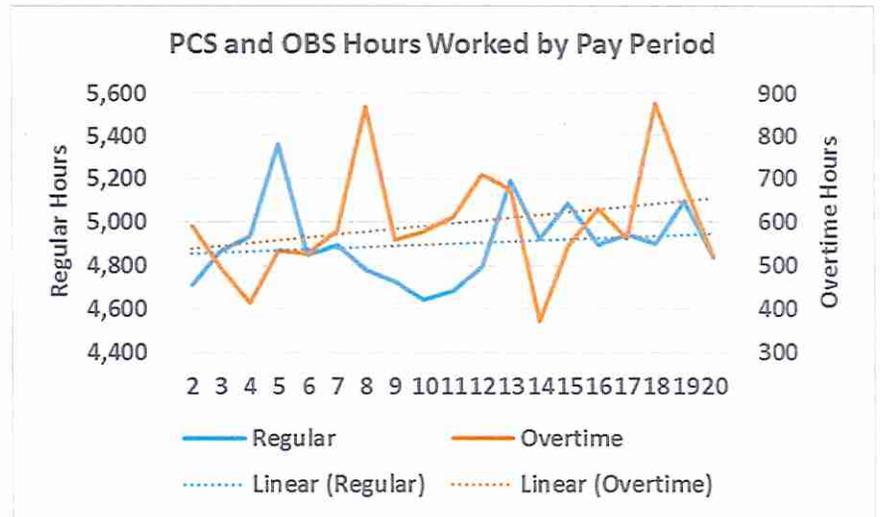
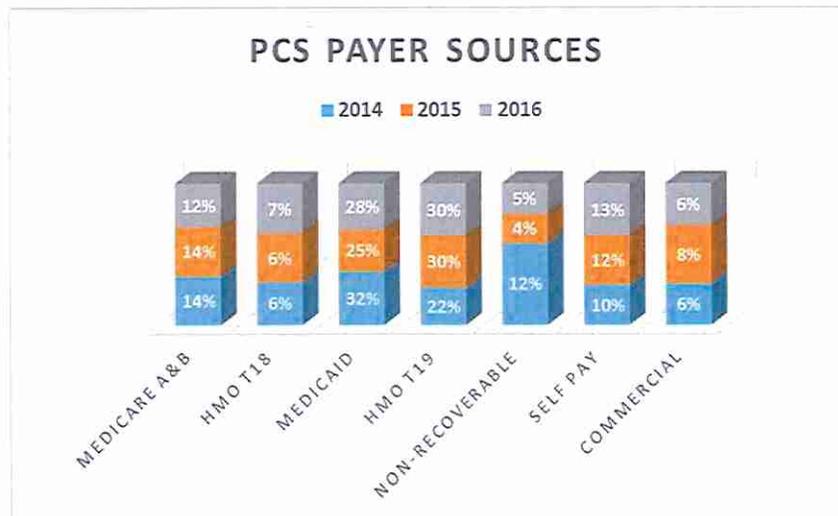
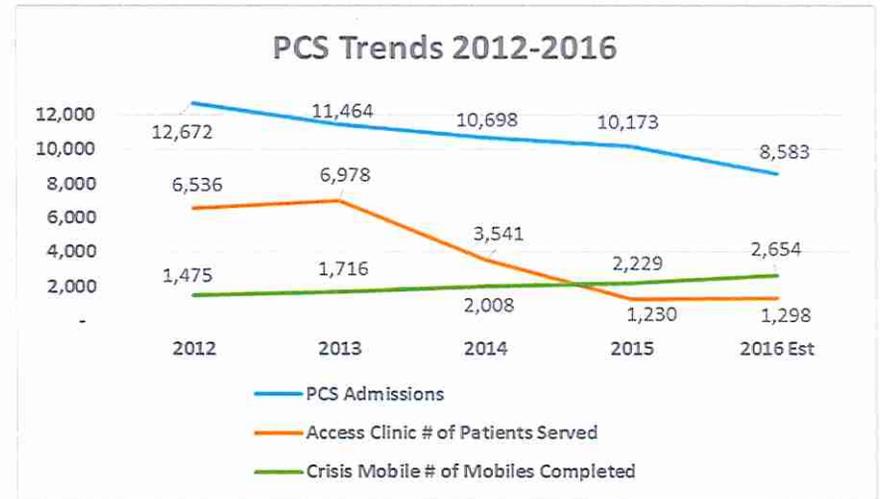


# PCS (ER/Obs + Access/Mobile in 2016) DASHBOARD

3rd Quarter 2016

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

Percentage Spent 60%  
 Percentage Yr Elapsed 75%

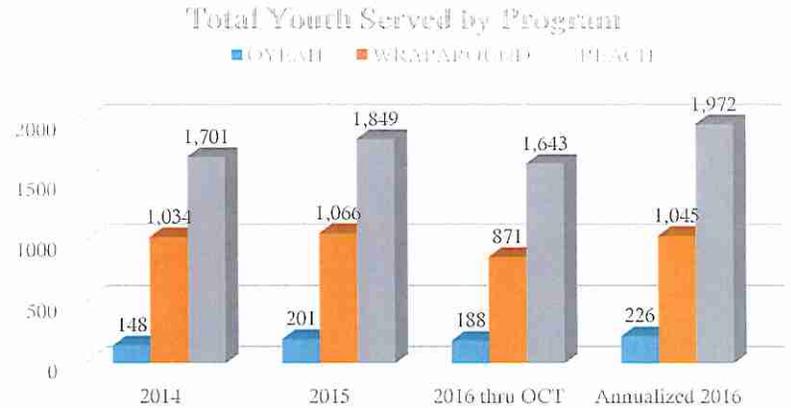


## WRAPAROUND DASHBOARD

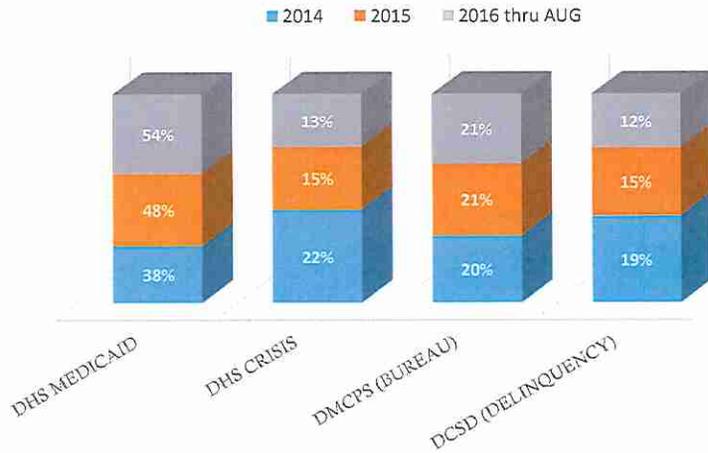
3rd Quarter 2016

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

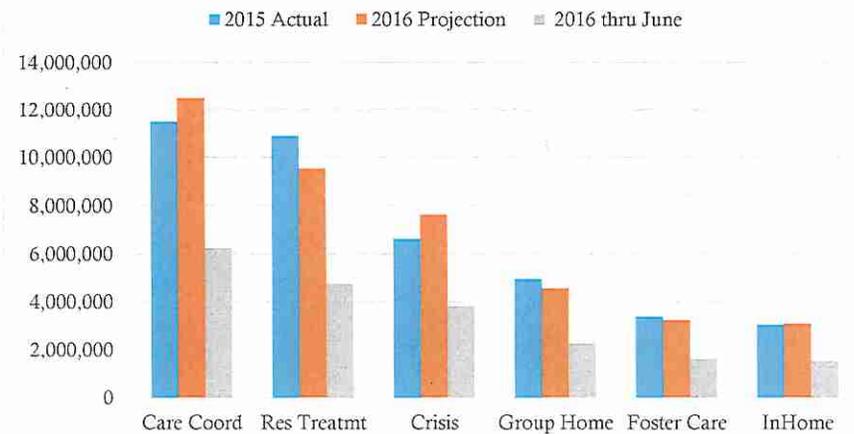
Percentage Spent 72%



### WRAP PAYOR SOURCES



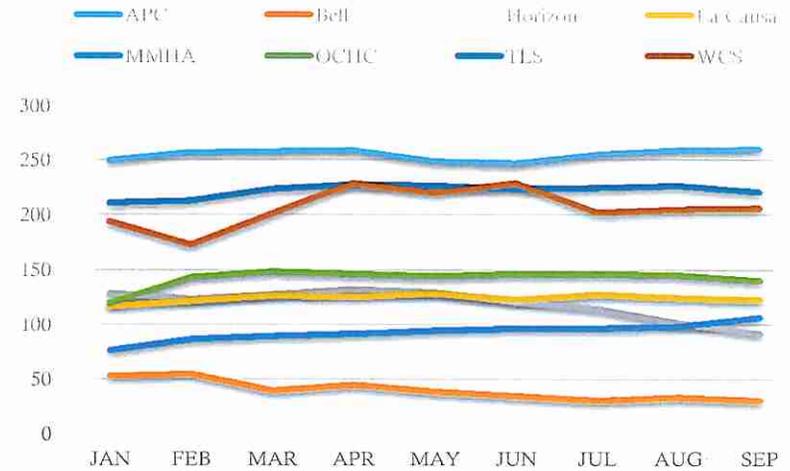
### Top 6 Service Groups by Expenditure



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

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

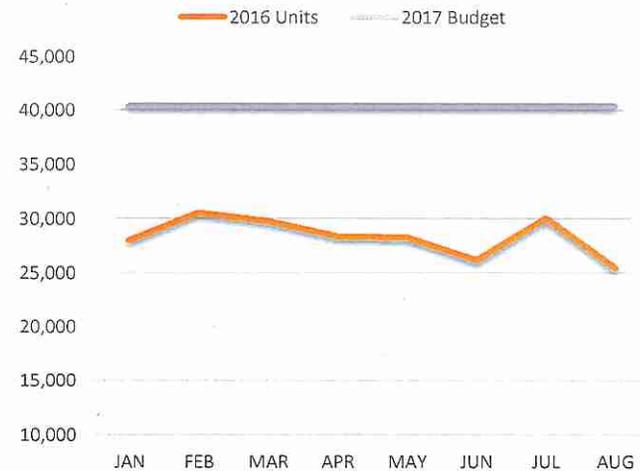
**Distinct Clients by Provider**



**Units by Provider - September 2016**

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

**Total Units over Time**



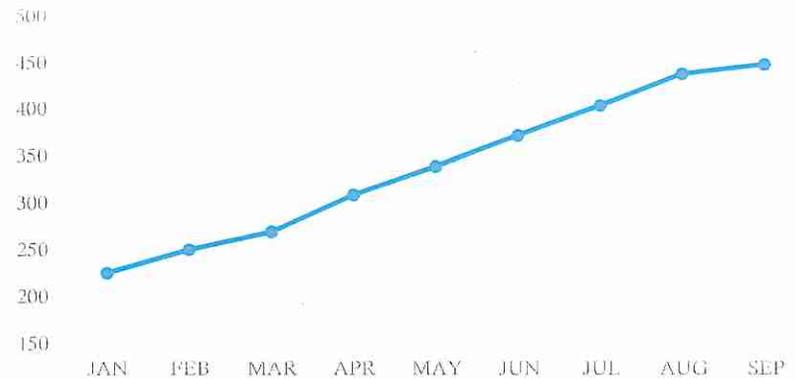
# CCS (Comprehensive Community Services) DASHBOARD

3rd Quarter 2016

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

Average Enrollment	347	560	560
--------------------	-----	-----	-----

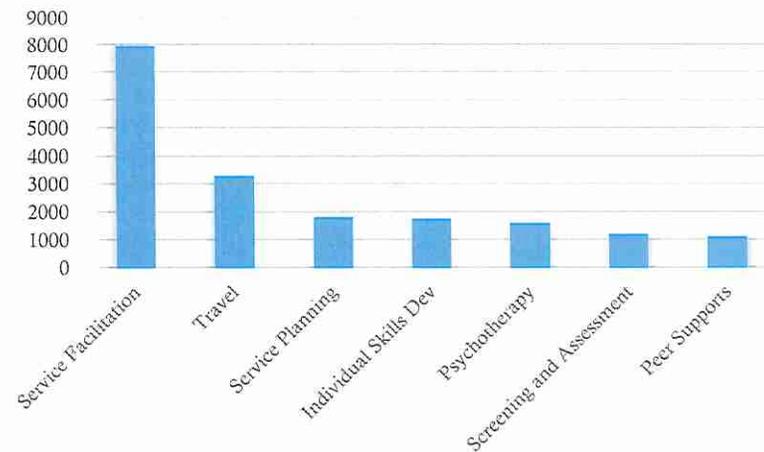
Distinct Clients Served 2016



Units by Provider - September 2016

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

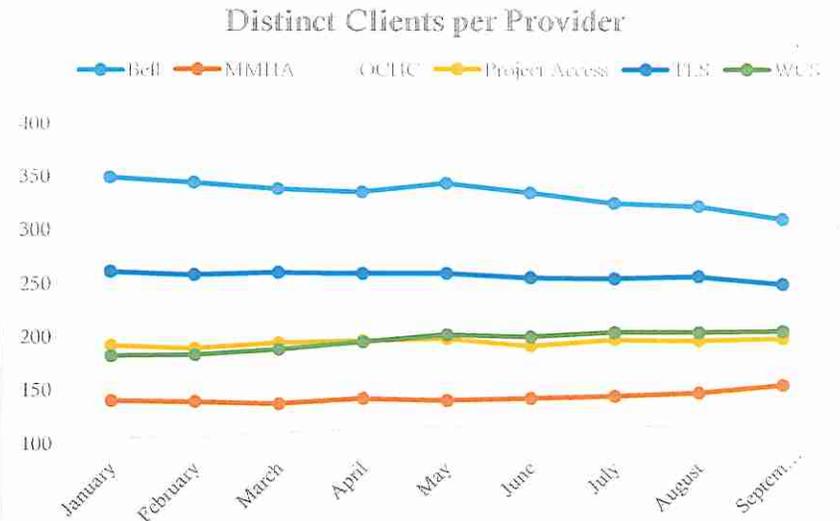
TOP 7 CCS SERVICES BY UNITS



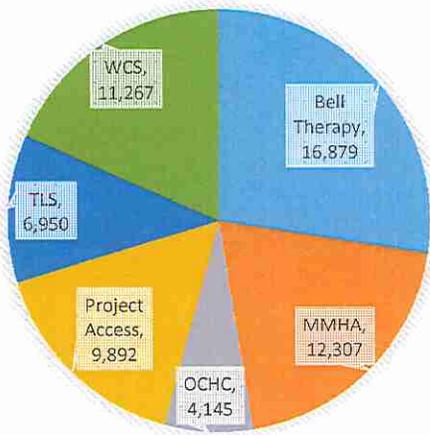
## CSP (Community Support Program) DASHBOARD

### 3rd Quarter 2016

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



### Units of Service per Provider - Sept 2016

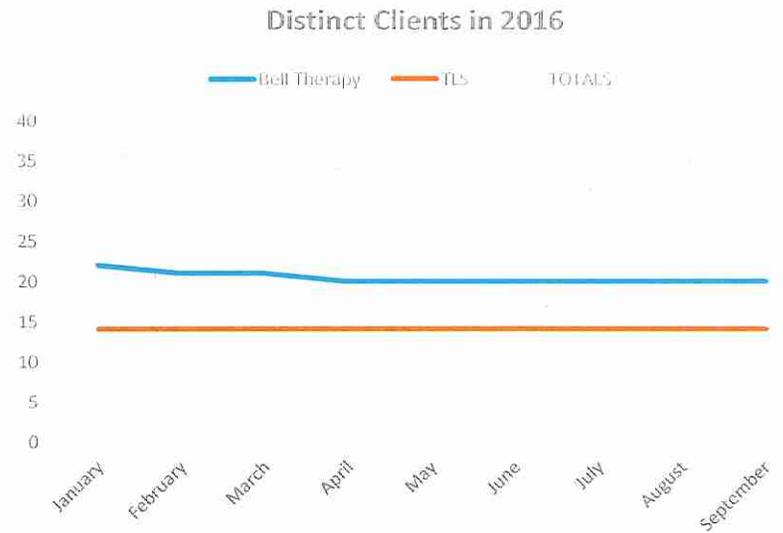


<u>Agency</u>	<u>September</u>	<u>YTD Total</u>
Bell Therapy	16,879	161,380
MMHA	12,307	105,988
OCHC	4,145	46,097
Project Access	9,892	91,900
TLS	6,950	88,820
WCS	11,267	101,108
<b>Grand Total</b>	<b>61,440</b>	<b>595,293</b>

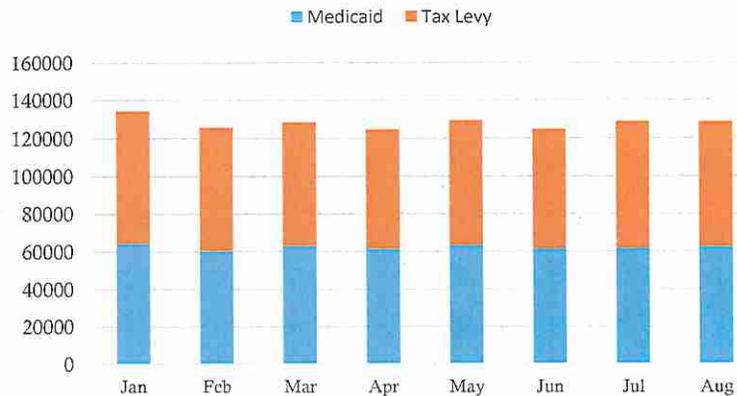
## CRS (Community Recovery Services) DASHBOARD

### 3rd Quarter 2016

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



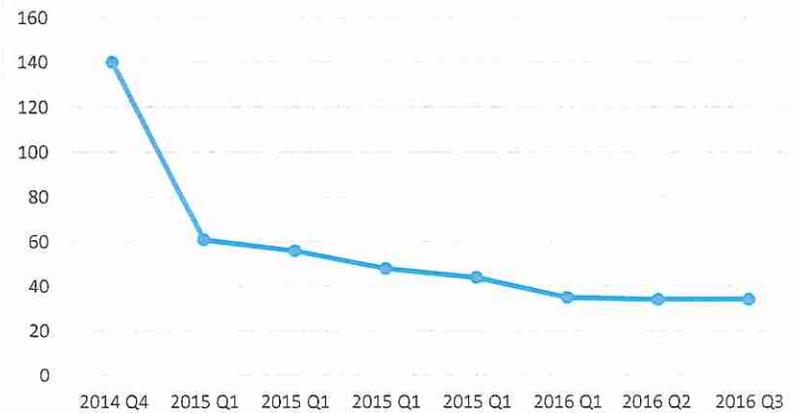
### Cost by Medicaid vs Tax Levy



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

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

### Individuals Served over Life of Program



# Finance Committee Item 3

## BEHAVIORAL HEALTH DIVISION

### 2017 BUDGET INITIATIVES

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

### 2017 Budget Financial Risks

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

## 2017 Budget Financial Opportunities

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

Behavioral Health Division **Finance Committee Item 4**  
 2018 Budget  
 Board/Committee Dates & Deliverables

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

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

**DATE:** December 9, 2016

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

**FROM:** Hector Colon, Director, Department of Health and Human Services  
*Approved by Mike Lappen, Administrator, Behavioral Health Division*

**SUBJECT:** **Report from the Director, Department of Health and Human Services  
Requesting Authorization to Execute 2016 Professional Services Contract  
Amendments and 2017 Purchase-of-Service and Professional Services Contracts**

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

**CARS Program and Service Descriptions**

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

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

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

## **Community Based Crisis Services**

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

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

### *Crisis Mobile Team*

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

### *Crisis Stabilization*

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

### *Crisis Resource Center (CRC)*

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

### *Community Consultation Team (CCT)*

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

## **Mental Health Purchase of Service**

### *Community Support Programs*

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

### *Outpatient Mental Health Clinics*

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

### *Clubhouse Model*

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

### *Drop-in Center*

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

*Office of Consumer Affairs*

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

*Peer Run Recovery Center*

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

*Consumer Satisfaction Evaluation and Advocacy*

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

*Benefits Advocacy*

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

*Information and Referral*

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

*IMPACT 211 Line*

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

**Substance Abuse Services**

*Community Advocates*

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

*AIDS Resource Center of Wisconsin (ARCW)*

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

*Meta House*

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

*Families Moving Forward*

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

*United Community Center (UCC) – Familias Sanas*

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

*Mental Health America – Suicide Prevention*

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

*Detoxification Services*

CARS ensures medically monitored and ambulatory detoxification services for immediate and short-term clinical support to individuals who are withdrawing from alcohol and other drugs. An assessment is conducted to determine whether a risk exists based on the individual's level of intoxication and whether a risk exists for severe withdrawal symptoms or seizures, based on the amount, frequency, chronicity, and recency of discontinuation or significant reduction in alcohol or other drug use. We recommend a contract with Matt Talbot for a maximum of \$2,572,145 to continue providing these services in 2017. The actual amount paid will depend on allowable costs and the achievement of certain performance measures.

*Access Points (formerly Central Intake Units)*

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

### *Training and Technical Assistance Coordination*

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

### **Wraparound Milwaukee Programs and Service Descriptions**

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

### **Care Coordination Services**

Care Coordination is a key service in Wraparound as they are the staff who facilitate the child and family team, help the family develop and then document the individual treatment plans (Plans of Care), coordinate the provision of mental health and other services to the youth and family, and provide reports to and testify at Children's Court. AJA Counseling Center, Alternatives in Psychological Consultation, LaCausa, Inc., SaintA, St. Charles Youth and Family Services, and Willowglen Community Care were the six agencies providing care coordination services in 2016; these agencies will remain providers of care coordination for 2017.

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

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

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

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

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

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

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

### **Mobile Urgent Treatment Services**

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

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

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

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

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

### **Update on 2016 Initiatives**

In 2015, the City of Milwaukee Health Department contracted with BHD-Wraparound Milwaukee to fund two MUTT staff positions for a MUTT Trauma Team to work directly with Police Officers in District 7. The Police Officers identify youth who are exposed to traumatic events during the course of a police response. With the consent of the family, the Officers may refer a youth to the MUTT Trauma team, who call the family to arrange a follow up visit and provide support/services as needed. MUTT staff then communicate with the referring Officers to 'close the loop' and let the Officers know that contact has been made. This initiative has served over 275 youth to date. Wraparound Milwaukee will expand this initiative to District 5 in 2017 using the same funding. In 2015 this initiative brought in \$131,215. We anticipate \$186,748 for 2016 services, and a similar amount for 2017.

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

### **Journey House**

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

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

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

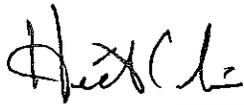
The assessment services component of FISS is targeted to conduct about 600 assessments in 2016 as well as serve over 120 families in the case management component. FISS targets adolescents who are experiencing parent-child conflicts manifesting in school truancy, chronic running away from home, and other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

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

**Fiscal Effect**

The total amount recommended in 2017 Purchase-of-Service Contracts for the Community Access to Recovery Services (CARS) is \$42,309,569. This amount reflects a total of \$25,631,361 for the Community Services Branch and \$16,678,208 for Wraparound. The total cost of these contracts are contained in BHD's 2017 Budget. There is a summary attached detailing all contracts discussed in this report.

Respectfully Submitted:



---

Héctor Colón, Director  
Department of Health and Human Services

**2017 Purchase of Service Contracts Summary  
CARS and Wrap**

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

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

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

**SUMMARY FOR PROFESSIONAL SERVICES CONTRACTS**

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

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

Background

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

Fiscal Impact

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

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

Background

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

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

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

Fiscal Impact

Costs of this contract are offset by staffing vacancies.

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

Background

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

Fiscal Impact

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

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

Background:

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

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

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

Fiscal Impact

Funding included in the 2017 budget.

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

Background:

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

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

Fiscal Impact

Funding included in the 2017 budget

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

Background:

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

Fiscal Impact

Funding for this increase will be absorbed through operations.

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

Background:

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

Fiscal Impact

Costs of this contract are offset by staffing vacancies.

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

**DATE:** November 17, 2016

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

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

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

**Issue**

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

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

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

**Discussion**

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

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

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

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

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

**Recommendation**

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

### **References**

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

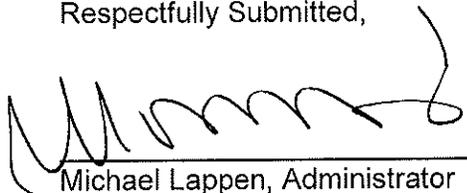
Wis. Stats. 51.41(10): MENTAL HEALTH CONTRACTS. Any contract related to mental health with a value of at least \$100,000, to which Milwaukee County is a party may take effect only if the Milwaukee County mental health board votes to approve, or does not vote to reject, the contract within 28 days after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

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

### **Fiscal Effect**

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

Respectfully Submitted,



---

Michael Lappen, Administrator  
Behavioral Health Division

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