BSG Analytics™ LLC

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION (BHD)
OPPORTUNITY ANALYSIS FOR HEALTH INSURANCE EXCHANGE ENROLLMENT
EXECUTIVE SUMMARY
AUGUST 17, 2017

Project Overview Phase I (from the Statement of Work)

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

SUMMARY CONCLUSION

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

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

Special Issues to Be Considered

1. This analysis offers a short-term scenario under the current Affordable Care Act. Based on the reconciliation bills that passed the U.S. House of Representatives, there are potential changes that could affect this analysis, namely:
    a. Reduction of federal health care spending for ACA, especially the Exchange plan subsidies
    b. Redesign of tax credits for certain individuals who do not have access to employer-sponsored coverage
    c. Restructuring and capping of federal Medicaid funding to the states
    d. Provide $138 billion over 10 years in federal funding for state programs intended to help stabilize and reduce health insurance premiums in the non-group market (Source: Kaiser Family Foundation).
2. BHD must be able to successfully answer the following questions. First, are the services being provided by BHD to the patient being enrolled in ACA coverage, eligible for reimbursement? Where we know the answer to be "yes", we must confirm that BHD is eligible for reimbursement as a covered provider.
    a. An additional note are patients pursuing Emergency services. From what we could discern in the data, emergency department utilization is nominal, and we therefore must be an in-network provider to yield a successful result.
3. In the event that BHD develops a partnership arrangement to provide some or all of the current inpatient services, the following should be considered:
    a. If the partnership is in one of the Exchange plans provider networks, it will be eligible to be reimbursed by insurance payers.
    b. If Milwaukee County continues to be the fiduciary agent, then premiums can likely still be paid for uninsured patients enrolling in an Exchange plan.
    c. If the new joint venture is the fiduciary, then a fund would need to be established through a separate non-profit entity in order to pay the premiums. This was successfully done by UW Health in Madison with the United Way (source: United Way Health Connect).
    d. The strategy of outsourcing becomes the most expedient way to secure an in-network, reimbursable position.
4. The stability of the insurance markets, especially the Exchange insurance markets should be monitored closely. Cuts to funding, services, subsidies and changes to the ACA law can affect how the insurance markets react. Tightening of restrictions may also cause some challenges. For instance, members who are moving and are seeking coverage must have had coverage within the last 60 days in order to gain enrollment. Also, members must now prove their qualifying event for special enrollment (as opposed to previously just getting the bill and already being enrolled).
5. If any portion of BHD patients' care is to be subsidized, then careful consideration of the process should be implemented. BHD would want to avoid scenarios of patients seeking inpatient admissions in order to take advantage of the subsidized medical care.
6. During open and special enrollment, all Exchange plans are "guarantee issue" and cover pre-existing conditions. All additional times of the year, patients must enroll in short term medical coverage where patients can be denied coverage due to pre-existing condition limitations in effect currently, at least through 2018.
7. According to Kaiser, 7% of the Wisconsin population has no coverage (this includes government programs).

Opportunity Data Analysis

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

MILWAUKEE COUNTY EXCHANGE PLAN OPTIONS				
MAXIMUM AGE	SILVER SUBSIDIZED RATES	SILVER UNSUBSIDIZED RATES	GOLD SUBSIDIZED RATES	SHORT TERM UNSUBSIDIZED RATES
20	$135	$241	$183	$191
30	$263	$517	$323	$403
40	$289	$586	$431	$464
50	$371	$819	$570	$639
60	$522	$1,244	$823	$985
65	$568	$1,375	$901	$1,089
Average	**$358**	**$637**	**n/a**	**$629**

SAVINGS SCENARIOS BACKGROUND and ASSUMPTIONS

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

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

Scenario I Open Enrollment Period: November 1, 2015 – December 15, 2015 Dates of coverage for **12 months**: January 1, 2016 – December 31, 2016	
Total IP Patients During Open Enrollment	214
Unique IP Patients w/o Coverage	107
Original BHD Total Write-off Amount (IP Only)	$5,012,025
Premiums Paid to Exchange Plan	$459,672
Exchange Plan Total OOP Expense to Patient (BHD)	$214,000
Billed Dollars to Insurance	$1,819,624
Potential Net Difference to BHD Write-off	**$1,145,952**

Scenario II Open Enrollment Period: November 1, 2015 – December 15, 2015 Dates of coverage for **3 months**: January 1, 2016 – March 31, 2016	
Total IP Patients During Open Enrollment	214
Unique IP Patients w/o Coverage	107
Original BHD Total Write-off Amount (IP Only)	$5,012,025
Premiums Paid to Exchange Plan	$114,918
Exchange Plan Total OOP Expense to Patient (BHD)	$214,000
Billed Dollars to Insurance	$1,071,769
Potential Net Difference to BHD Write-off	**$742,851**

Definitions for Analysis

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

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Nurse Recruitment Campaign Results & Recommendations

February 13-May 7

Presented June 8, 2017

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Agenda

- Value of recruitment discussion
- Review campaign goals/strategies
- Campaign highlights
  - PR highlights
  - Social media highlights
  - Paid media highlights
- Recommendations
- Goal planning

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Questions for Discussion

Where are our numbers?

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

How much is one new nurse hire worth?

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

http://www.nsinursingsolutions.com/Files/assets/library/retention-institute/NationalHealthcareRNRetentionReport2016.pdf
https://www.afscme.org/news/publications/health-care/solving-the-nursing-shortage/the-cost-of-failure

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Recommendations & Goals Review

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Fall 2016
Paid Advertising Refresher

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

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Communication Opportunity

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

BHD MILWAUKEE COUNTY Behavioral Health Division

Communication Objectives

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

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Key Performance Indicators

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

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Campaign Strategy

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

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Target Audience

ALYSSA

Age 25 | Thrill-Seeker/Giver Hybrid

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

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

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

JEAN

Age 41 | No-nonsense Super Mom

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

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

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

Campaign Results

BHD MILWAUKEE COUNTY Behavioral Health Division

Key Performance Indicators

1. Website traffic to Careers page
   a. 8,634 visits - timing tied to paid media spend
2. Ad click-through-rates
   a. 0.37% - **18 times higher than national average**
3. Ad impressions
   a. 13 million

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Campaign Highlights

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

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Campaign Highlights

- 13 million impressions
  - $1.6 million in negotiated overrun & added-value
    - $32k value
    - Majority of overrun from Clear Channel Outdoor
- 0.37% digital click-through rate
  - National average is 0.02-0.07
  - $3.68/click
- 120k+ video views
- 8,634 BHD.com/nursing visits
- Earned media coverage by 12 media outlets
  - 2,620 words in print/online (not including social)
  - 45 minutes on air (TV and radio)

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Campaign Highlights

1. Facebook was the most efficient digital component used when analyzing cost per click (CPC) data
2. Mobile video pre-roll had a higher cost per click (CPC) but the video completion rate produced higher numbers (.35% vs. .29%)
3. Contextual targeting was almost 3x more effective than the industry standard click thru rate (CTR)
4. Additional 153K impressions were served above and beyond the guaranteed campaign amount

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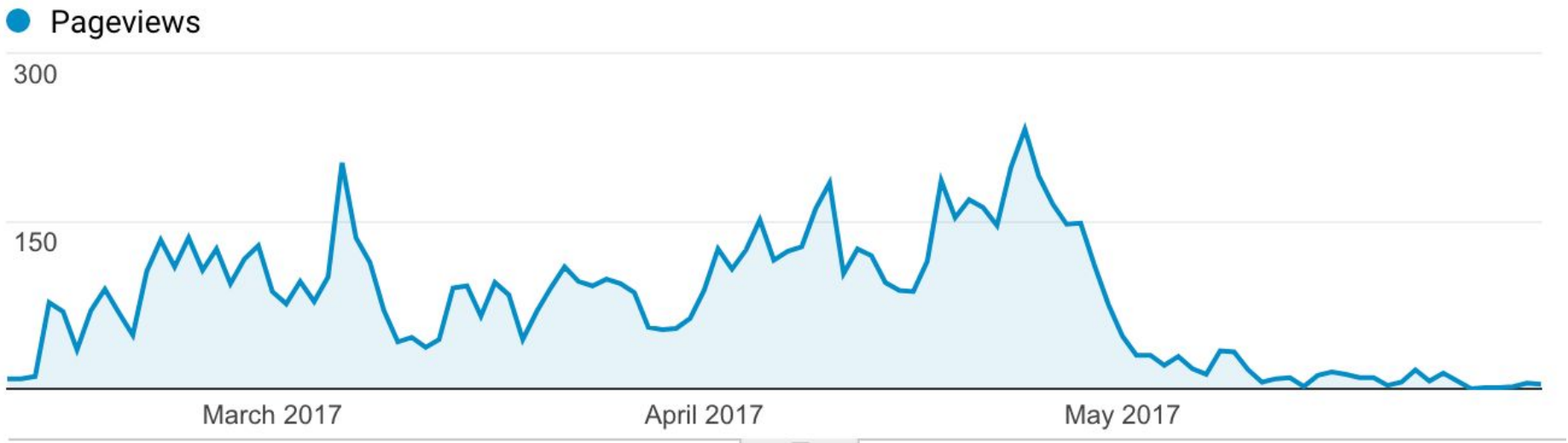
Website Traffic

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



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Public Relations

Online

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

Radio

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

TV Broadcast

- Media campaign aims to showcase the work of nurses

BHD | MILWAUKEE COUNTY Behavioral Health Division

Guidelines for our brand messaging and graphics

Brand Standards

The goal of this brand standards guide is to communicate BHD's commitment to our values and unique identity. These standards will provide clarity and efficiency for anyone creating BHD branded communications.

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

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

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

Please take the time to learn the specifics behind our brand strategy, creative expression and communication tools.

KNOW THE BRAND

PURPOSE STATEMENT

Empowering safe, healthy and meaningful lives by ensuring that everyone gets connected to great behavioral health care.

BHD's GOLDEN CIRCLE

What we do:

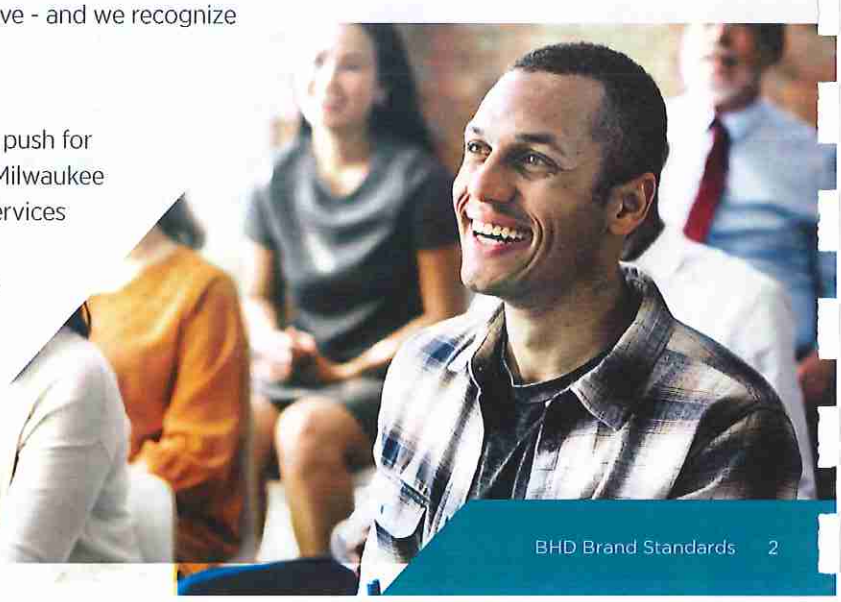
We connect the people of Milwaukee County with dependable, high-quality behavioral health services - no matter their severity of need or ability to pay.

How we do it:

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

Why we do it:

It's in our DNA to constantly and courageously push for better in our community because everyone in Milwaukee County deserves access to behavioral health services that can help them and change their lives. Because every single person deserve access to compassionate, quality care, no matter their ability to pay.



BRAND PERSONALITY

Every single day we are all united in our push for better in everything we do. We are focused not on what behavioral health simply is today, but we are driving what it could be tomorrow for the people and community we serve. We are caregivers with the ultimate goal of helping others. We are motivated. We listen and deliver care for the welfare of others and are optimistic about the impact we can make by always doing the right thing by those we serve. We remain calm during a crisis and are patient and empathetic. Our focus is outward on those we serve, rather than on ourselves.

BRAND VOICE

The Milwaukee County Behavioral Health Division is:

- Compassionate NEVER Pitying
- Fearless NEVER Reckless
- Proud NEVER Boastful
- Protective NEVER Combative
- Motivated NEVER Competitive

BRAND TONE

- Uplifting
- Inspiring
- Empowering
- Focused
- Confident

BRAND PROMISE

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

POSITIONING STATEMENT

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

OUR MANTRA

Everyone gets connected to great care.

AUDIENCE NEEDS

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

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

Milwaukee County health care professionals

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

KEY MESSAGES

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

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

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

1. Crisis services

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

2. Community-based services

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

3. Hospital services

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

KEY MESSAGES CONT.

4. Child & adolescent services

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

The Milwaukee County Behavioral Health Division is home to the only Psychiatric Emergency Room in the state of Wisconsin.

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

BHD is home to a nationally-renowned Psychiatric Emergency Room - regularly modeled after by other psychiatric ERs around the country.

- Our leadership team consults with psychiatric ERs during their build process to advise them on best practices.
- Members of BHD's medical staff are the first option for most health care systems when seeking effective education on behavioral health-related topics such as civil commitment, treatment of aggressive behavior, mental health crises, etc.

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

City-County Heroin, Opioid and Cocaine Task Force

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

Community Consultation Team

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

Crisis Assessment Response Team (CART)

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

Crisis Resource Center and CLASP

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

Housing First Initiative

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

Mobile Urgent Treatment Team

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

Trauma Response Team

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

THE BHD BRAND STORY

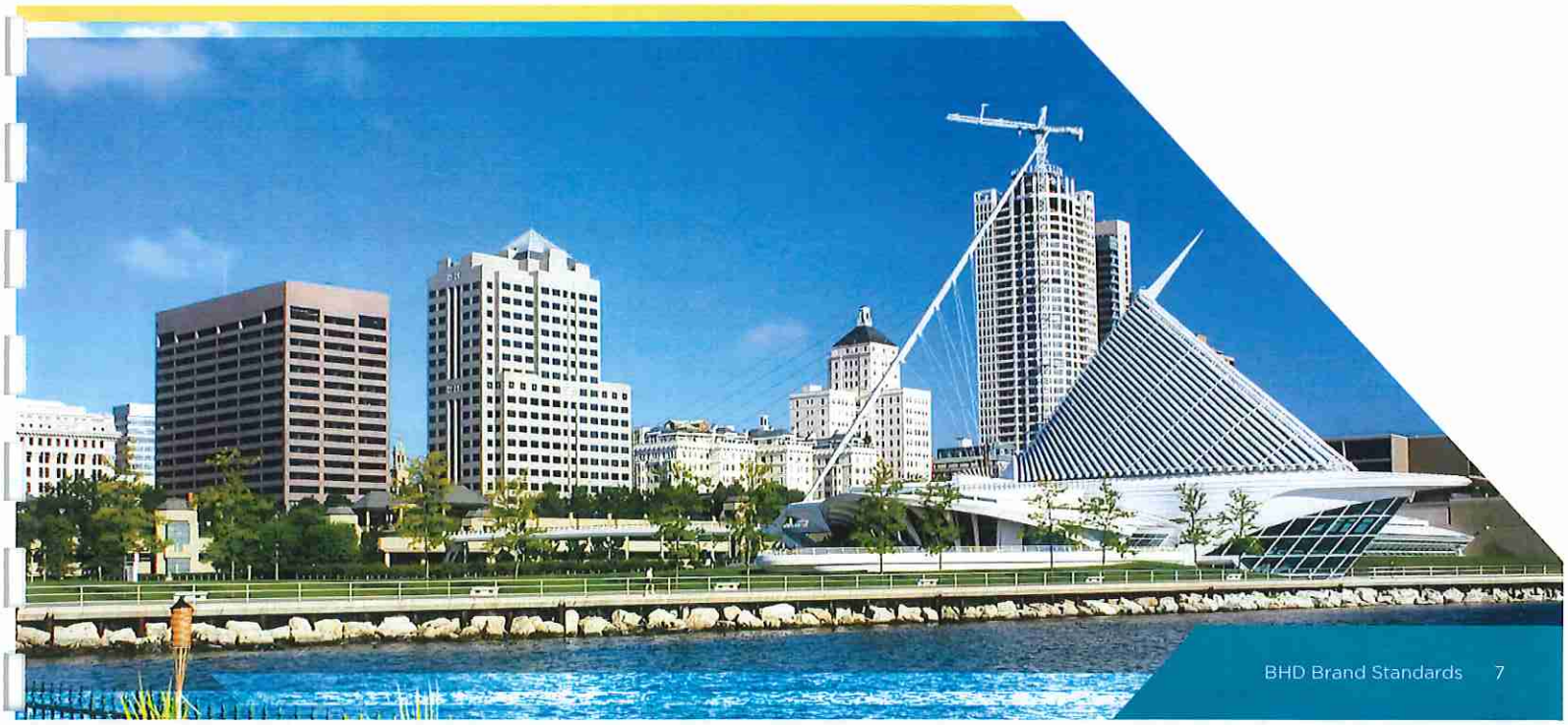
Simply put, the behavioral health of our community is now, more than ever, in a state of need. There's a stigma associated with what it means to be grappling with behavioral health, and that needs to change. Much like that stigma, health care is changing, and not just from the business side of things.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

A Compassionate Connector

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

Our Relentless Pursuit to Improve the Behavioral Health of Our Community

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



Department of Health and Human Services

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

DHHS BRAND VALUES

P.R.I.D.E.

- When you see **PARTNERSHIP,** you see people building relationships with colleagues and customers. You see a colleague mentoring others, working with people in other divisions to help a customer, and finding ways to come together to put our community first.
- When you see **RESPECT,** you see colleagues treating customers and each other with kindness, admiration, and putting those we help first. You see self-awareness when dealing with difficult situations, commitment to fulfilling promises and delivering quality outputs.
- When you see **INTEGRITY,** you see colleagues holding themselves and each other to the same standards for everyone who comes into the door or calls. You see honesty in all things, and the dedication to do the right thing, especially when it is the really difficult thing.
- When you see **DIVERSITY,** you see colleagues respecting and experiencing cultures and values other than their own. You see the sharing and understanding of ideas, culture, concepts, and differences in a way that ultimately serves to come together and work toward solutions.
- When you see **EXCELLENCE,** you see people working to go beyond expectations, and doing the next thing that takes their work from "good" to "extraordinary." You see colleagues stepping up to embrace innovation, help with positive change, and proudly represent DHHS in the broader community.

DHHS ON-BRAND BEHAVIORS

Partnership

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

Respect

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

Integrity

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

Diversity

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

Excellence

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

BRAND LOGO USAGE

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

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

"BHD" is PMS 321 C or it's CMYK/RGB equivalent

"MILWAUKEE COUNTY" is PMS Cool Gray 11 or it's CMYK/RGB equivalent

BHD MILWAUKEE COUNTY Behavioral Health Division

The vertical line is PMS 115 or it's CMYK/RGB equivalent

"Behavioral Health Division" is PMS Cool Gray 11 or it's CMYK/RGB equivalent

BHD MILWAUKEE COUNTY Behavioral Health Division INPATIENT SERVICES

When an entity or division is included with the positive logo it is PMS 321 C or it's CMYK/RGB equivalent

Positive Logo

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

"BHD" is PMS 321 C or it's CMYK/RGB equivalent

"MILWAUKEE COUNTY" is White

BHD MILWAUKEE COUNTY Behavioral Health Division

The vertical line is PMS 115 or it's CMYK/RGB equivalent

"Behavioral Health Division" is White

BHD MILWAUKEE COUNTY Behavioral Health Division INPATIENT SERVICES

When an entity or division is included with the reversed logo it is PMS 321 C or it's CMYK/RGB equivalent

Reversed Color Logo

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

BHD MILWAUKEE COUNTY Behavioral Health Division

BHD MILWAUKEE COUNTY Behavioral Health Division INPATIENT SERVICES

All text and graphic elements of the logo are 100% solid white or surface color of object being printed

Reversed Solid White Logo

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

LOGO ACCEPTABLE "CLEAR ZONE"

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

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

INCORRECT APPLICATIONS OF THE LOGO

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

Never condense the logo.

Never widen the logo.

Never distort the logo.

Do not use the logo on an angle.

Never alter the relationships of elements.

Never reset type or change the font in the logo.

Never use the logo in combination with another graphic element or logo within the "clear zone."

Never use the logo on a visually competing background.

Never change the size, location or font of the entity/division name on entity/division-specific logos.

COLOR PALETTE

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

Primary Colors

These are the three main corporate colors.

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

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

PMS Cool Gray 11
CMYK 44, 34, 22, 77
RGB 83, 86, 90
HEX 53565A

Secondary Colors

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

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

PMS Cool Gray 4
CMYK 12, 8, 9, 23
RGB 187, 188, 188
HEX BBBCBC

PMS Cool Gray 1
CMYK 4, 2, 4, 8
RGB 217, 217, 214
HEX D9D9D6

PMS 2995 C
CMYK 83, 1, 0, 0
RGB 0, 169, 224
HEX 00A9E0

TYPOGRAPHY

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

Guidelines for Professional Staff

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

Arial Regular
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890

Arial Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890

Arial Bold
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890

Arial Bold Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890

Guidelines for Communications & Design Professionals

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

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

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

Gotham Thin
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Gotham Light
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Gotham Book
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Gotham Medium
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Gotham Bold
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Gotham Light Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Gotham Book Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Gotham Narrow Light
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Gotham Narrow Book
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Gotham Narrow Medium
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Gotham Narrow Bold
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Gotham Narrow Book Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

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

Secondary Font: Oswald

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

Oslwald Light
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Oslwald Regular
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Oslwald DemiBold
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Oslwald Bold
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Acceptable Alternative Fonts

While our primary font families are available to professional designers and printers through their font libraries and online services such as Typekit, we understand that not everyone will have access to these font families in all software applications. So we've listed a few acceptable alternatives that everyone, including PC users, should have access to.

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

Alternatives for Gotham Font Family

For all copy including headlines/titles, subheads/subtitles, body copy, call outs, etc.

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

Verdana Regular
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Verdana Bold
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Verdana Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Verdana Bold Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

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

Proxima Nova Regular
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Proxima Nova Bold
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Proxima Nova Regular Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

Proxima Nova Bold Italic
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890

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

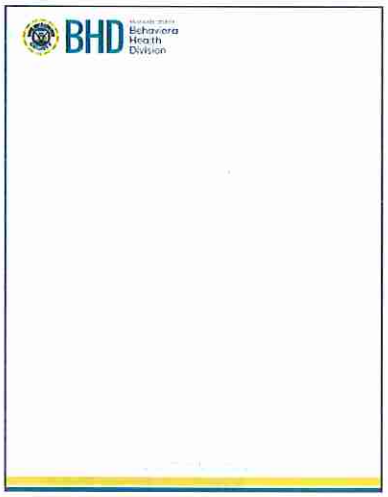
Alternatives for Oswald

There is not a common font shipped with PCs or Microsoft Software that is a close match to Oswald so we cannot recommend an alternative. We suggest using the preferred Gotham family or one of it's alternatives.

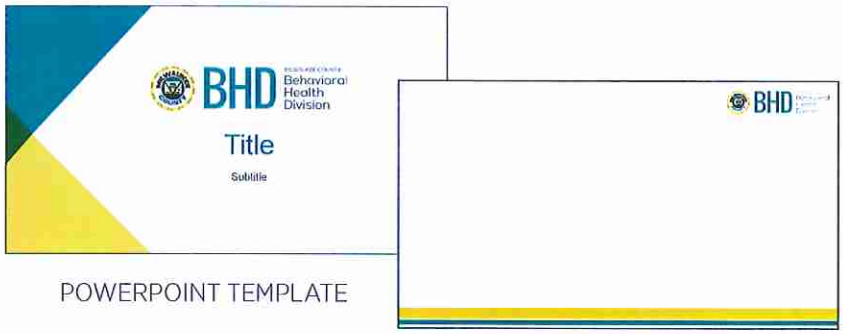
BRANDED TEMPLATES

The following materials have been designed according to BHD's brand standards and are available for your use. You may request copies of these files through BHD Administration.

LETTERHEAD / WORD TEMPLATE

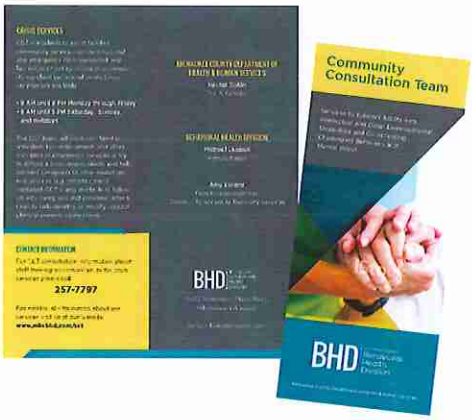


BANNER TEMPLATES



POWERPOINT TEMPLATE

TRI-FOLD TEMPLATE



FLYER TEMPLATES

KANE COMMUNICATIONS GROUP
inspire results

Milwaukee County Behavioral Health Division

A presentation by Kane Communications Group
August 17, 2017

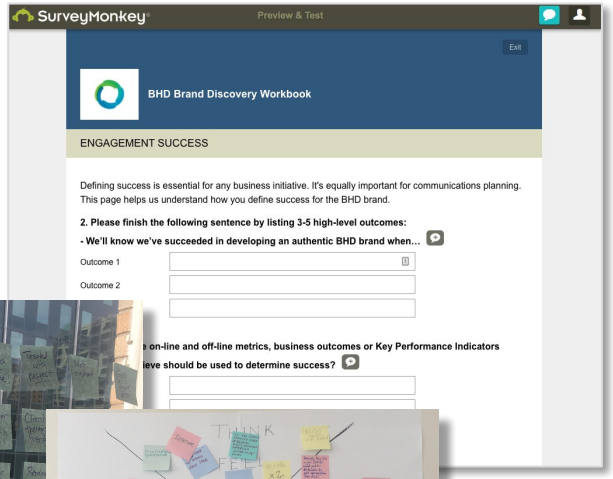
Kane Communications Group

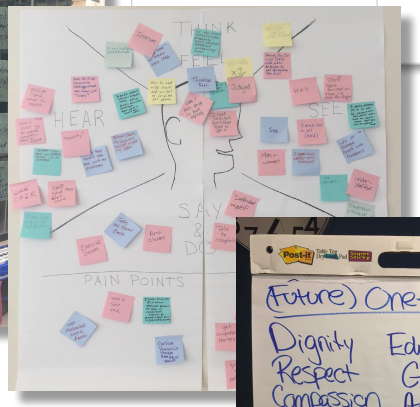
Our clients trust us as partners who understand their business goals and create intelligent communications programs that inspire sustainable results.

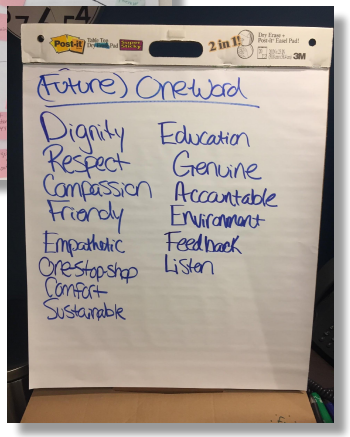
OUR WORK WITH BHD

BHD Brand and Website

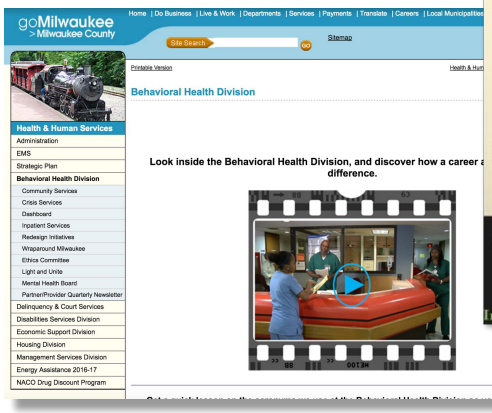
- Improve reputation
- Clarify and align messages
- Gather input & alignment
  - Focus groups, surveys
  - Integration with DHHS and Milwaukee County

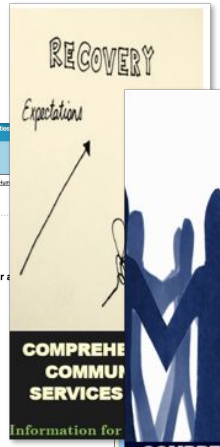






Previous Brochures & Website





BHD Brand and Website (cont.)

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

BHD MILWAUKEE COUNTY Behavioral Health Division

Awareness Campaigns

Light and Unite Red

Awareness Campaigns (cont.)

- Mental Health Month
- Recovery Month
  (in development)

External Communications

- Northside facility
- Budget hearings
- Provider communications
- Additional media

Employee Communications

- Do the Right Thing
- Employee Newsletter
- Town Hall Roundup

Acute Care Psychiatric Hospital Provider Update

The Milwaukee County Mental Health Board (MCMHB) is working to select a provider who will partner with BHD to develop and operate an acute care hospital in Milwaukee County that will serve individuals with mental illness, including those with severe mental illness. This step is part of BHD's work to become a national leader in behavioral health care by both expanding community-based access to care and by providing the highest quality services in a new, state-of-the-art psychiatric hospital. The new hospital is still years away, but the MCMHB expects to select a partner by the end of 2017.

How will the provider be selected? The MCMHB formed a Joint Task Force committee in 2015 to lead this process. The Joint Task Force is comprised of members of the Mental Health Board, BHD administration, community mental health leaders and individuals with lived experience. Members have done significant due diligence on national providers throughout this lengthy the process and May 4, a new local coalition stepped forward with an interest.

Today the JTF is completing its due diligence on the national provider, Universal Health Services, and gathering information on the Milwaukee Coalition which is comprised of Ascension Healthcare, Rogers Behavioral Health and Children's Hospital of Wisconsin. The Joint Task Force decision will be based on what is best for the individuals BHD cares for - those with severe mental illness regardless of their payor source or ability to pay. There's a lot of work ahead this year.

Read More about our Hospital Provider Update:

MILWAUKEE·WISCONSIN JOURNAL SENTINEL jsonline.com

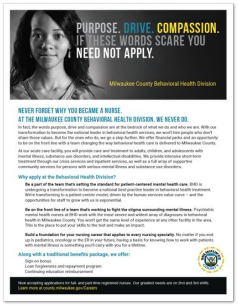
- Milwaukee health systems to propose mental health hospital
- Proposed psychiatric hospital for Milwaukee area to get review

BizTimes MILWAUKEE BUSINESS NEWS

- Correct Care Solutions exits bidding for Milwaukee County psych hospital

Employee Recruiting

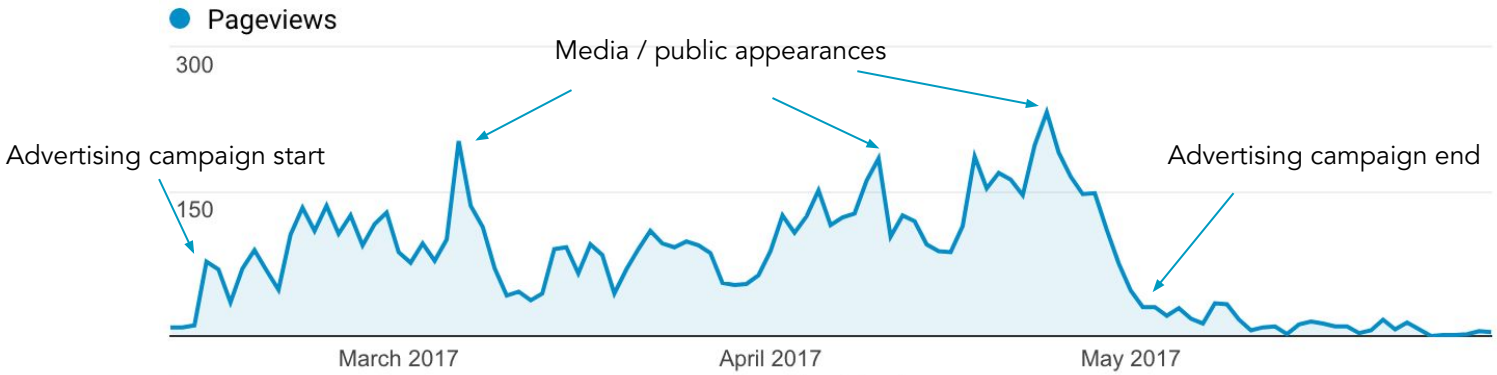
- Address the nursing shortage
- Include nurses in the process
- Address misconceptions
- Campaign goals
  - Increase awareness that BHD was open and hiring
  - Test and measure effectiveness of paid media
  - Create a lead-collection tool



Employee Recruiting (cont.)

Employee Recruiting (cont.)

- 25 new RNs went through orientation between February and June; 20 directly tied to campaign
- Webpage traffic directly tied to campaign advertising and PR
- An integrated communications approach is more effective
- 13 million total impressions of our message
  - 1.6 million impressions bonus impressions, negotiated by our media buyer (a $32k value)



Thank you!

Questions? Contact me.

Kimberly Kane 414-323-6361
kimberly@kanecommgroup.com

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BEHAVIORAL HEALTH DIVISION

DASHBOARD REPORT

2nd Quarter 2017

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PAGE 12	CRS (Community Recovery Services)

BHD COMBINED DASHBOARD

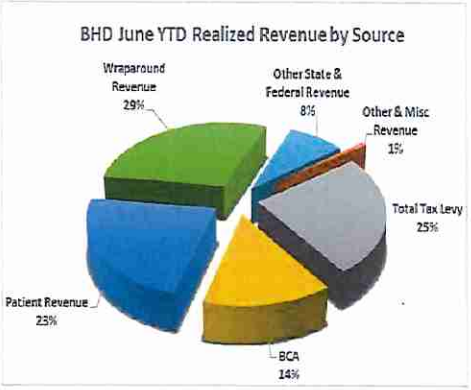
2nd Quarter 2017

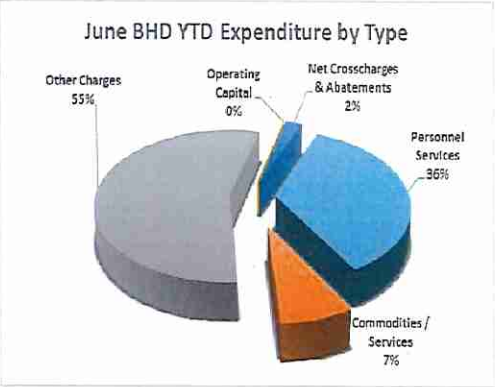
	2017 June YTD			
	June YTD	Projection	Budget	Variance
Revenue	59,427,075	132,394,969	149,935,413	(17,540,444)
Expense				
Personnel	28,194,175	60,495,718	65,702,327	5,206,609
Svcs/Commodities	5,828,989	17,161,774	18,144,507	982,733
Other Chgs/Vendor	43,461,540	108,347,212	123,241,274	14,894,062
Capital	64,228	334,455	281,456	(52,999)
Cross Charges	22,054,165	48,315,831	48,525,887	210,056
Abatements	(20,237,473)	(43,892,776)	(47,100,086)	(3,207,310)
Total Expense	79,365,624	190,762,214	208,795,365	18,033,151
Tax Levy	19,938,549	58,367,245	58,859,952	492,707
Wraparound		(591,630)	388,411	980,041
BHD Excluding Wraparound		57,775,615	59,248,363	(487,334)

Percentage Spent 38%

Percentage Yr Elapsed 50%

2017 JUNE YTD Revenues & Expenses by Percentage





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

2nd Quarter Financial Highlights

- **Inpatient Census below budget**
- **Adult Inpatient Payer Mix unfavorable**
- **State Institutions**
- **Staffing turnover**
- **Slower CCS growth**
- **Lower Wraparound enrollment**
- **Legacy Fringe Allocation**
- **WIMCR**

2017 Budget Initiatives

Initiative	Status	
Northside Hub	⇨	On hold
CCS Expansion	⇨	Slower growth than anticipated
Increase Wrap enrollment	⇨	Less from Lincoln Hills than expected
Ending Chronic Homelessness	⇧	Increased from $750,000 to $1 million
IOP (Intensive Outpatient)	⇨	Delayed until 2nd half 2017
EMR Redesign or Improve	⇨	
CRC 3rd shift expansion	⇧	Staffed at Northside, admit at both
Add three CART teams	⇨	None operational as of June

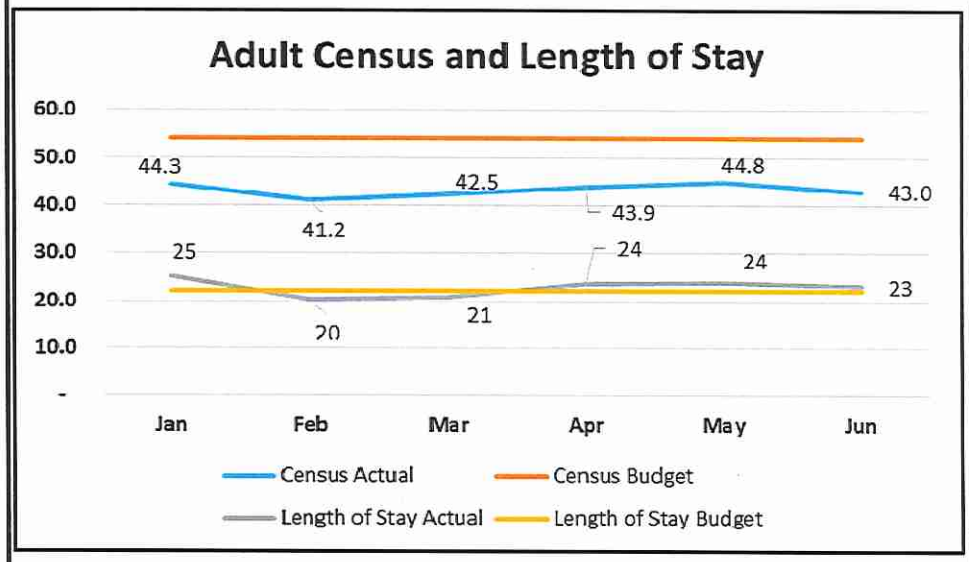
Complete ⇧ Not Done ⇩ Progressing ⇨

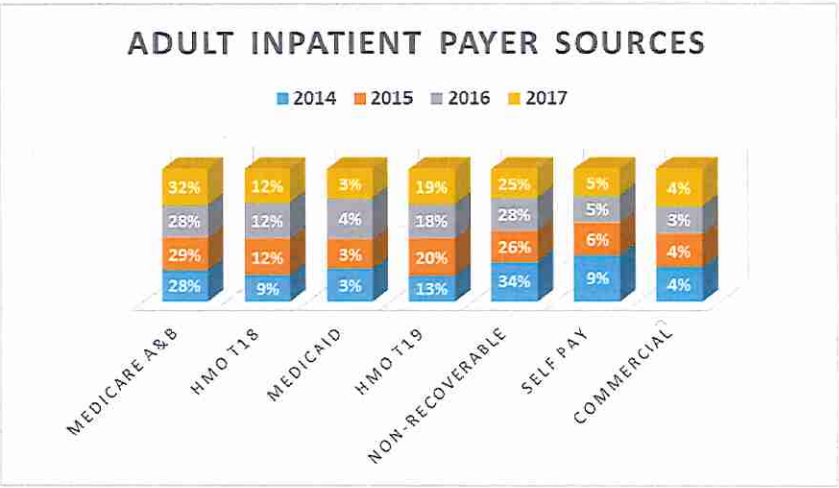
ACUTE ADULT INPATIENT DASHBOARD

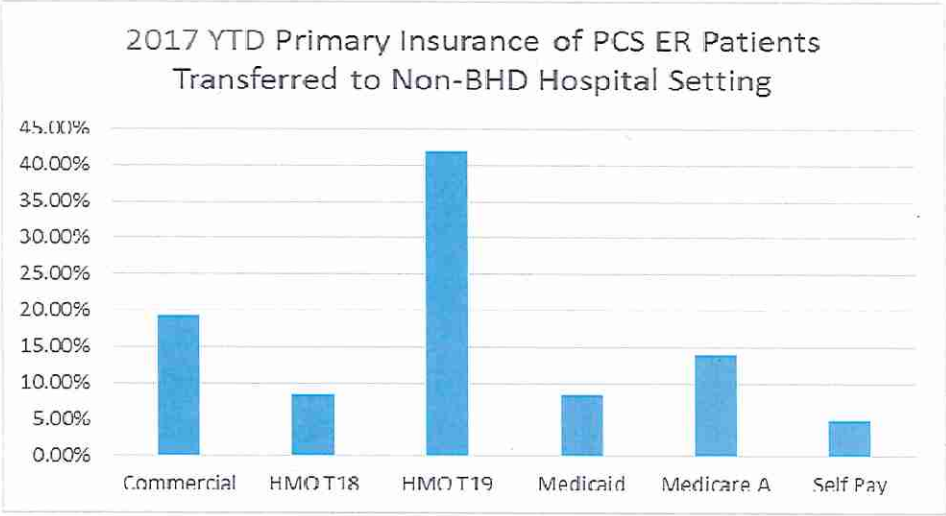
2nd Quarter 2017

		2017 June YTD		
	June YTD	Projection	Budget	Variance
Revenue	5,081,362	10,466,901	14,587,005	(4,120,104)
Expense				
Personnel	7,249,802	15,786,476	16,569,560	783,084
Svcs/Commodities	1,741,976	3,396,923	2,395,674	(1,001,249)
Other Chgs/Vendor	938,288	2,345,885	1,500,000	(845,885)
Capital	-	-	17,500	17,500
Cross Charges	3,615,405	9,588,835	9,556,659	(32,176)
Abatements	-	-	-	-
Total Expense	13,545,471	31,118,119	30,039,393	(1,078,726)
Tax Levy	8,464,109	20,651,218	15,452,388	(5,198,830)

Percentage Spent	45%
Percentage Yr Elapsed	50%





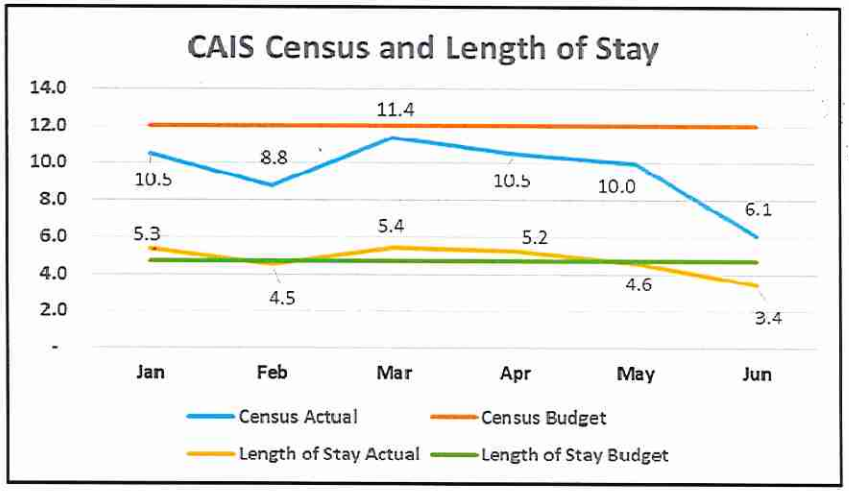


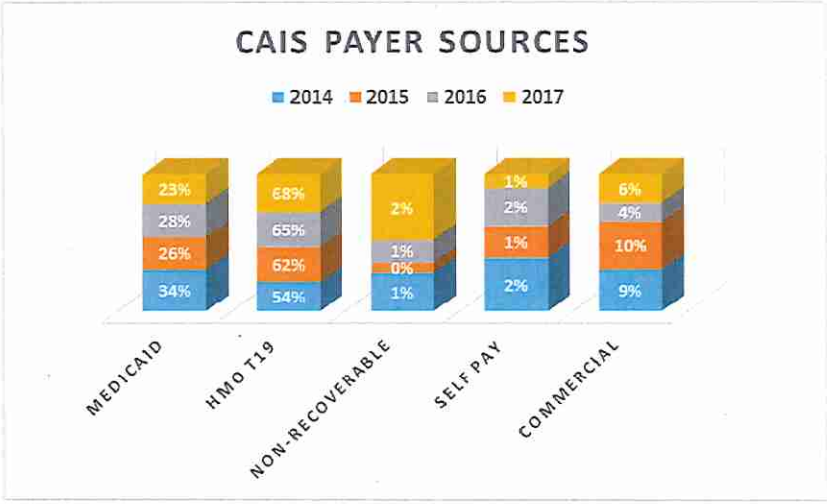
CAIS (Child & Adolescent Inpatient) DASHBOARD

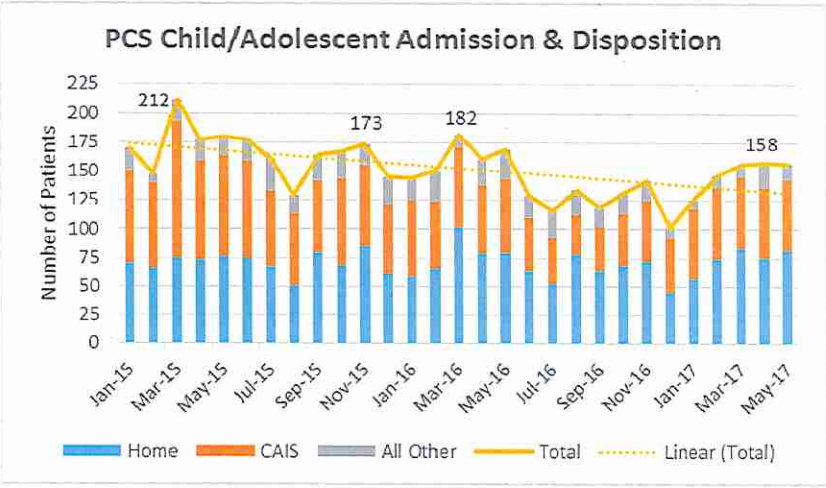
2nd Quarter 2017

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

Percentage Spent	41%
Percentage Yr Elapsed	50%





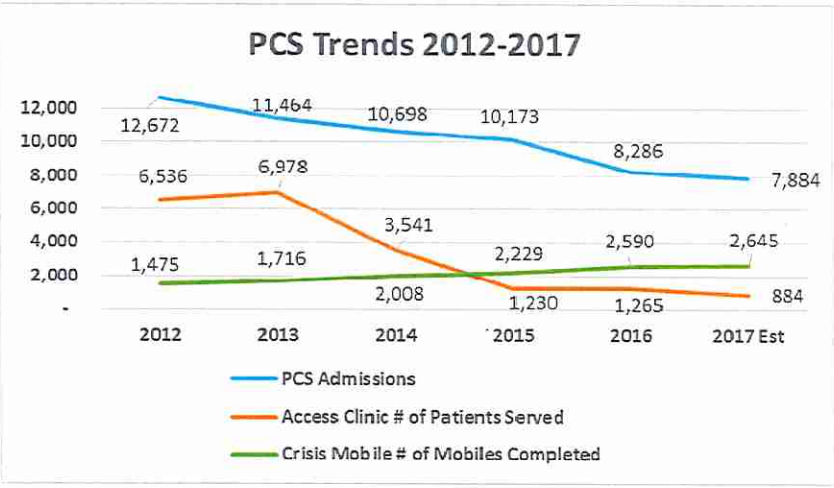


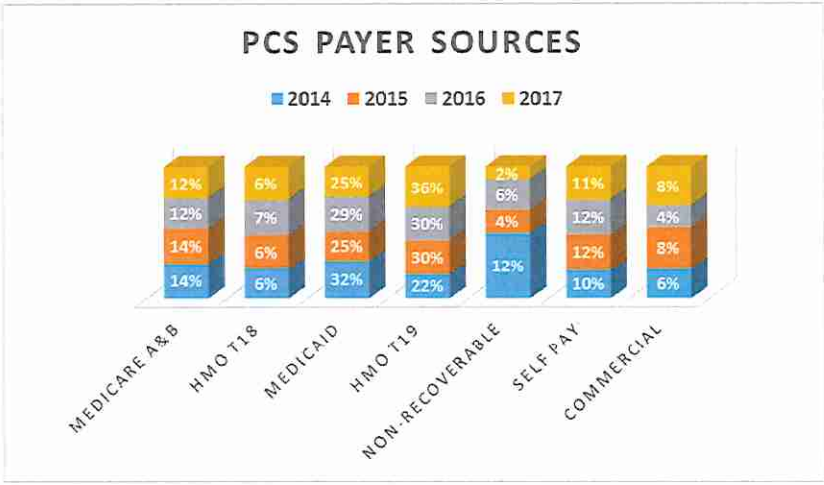
PCS - ER and Observation DASHBOARD

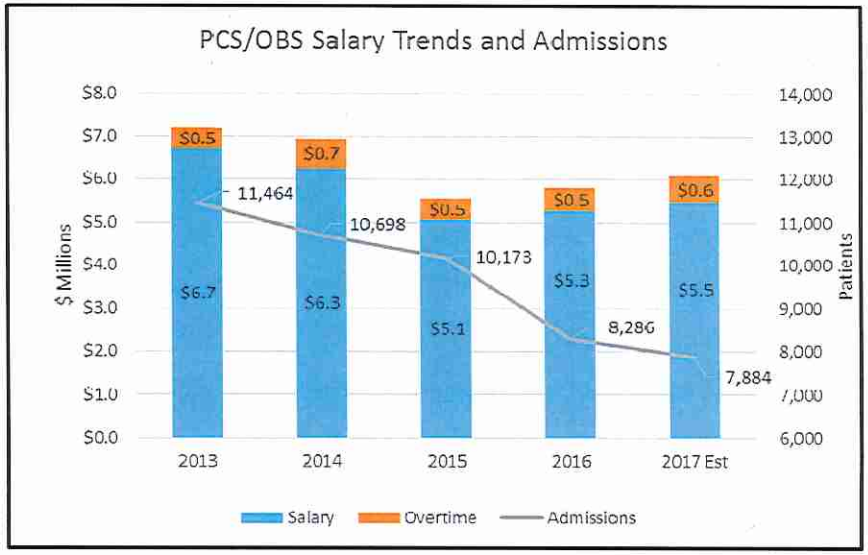
2nd Quarter 2017

		2017 June YTD		
	June YTD	Projection	Budget	Variance
Revenue	4,940,398	10,688,250	11,468,783	(780,533)
Expense				
Personnel	4,962,835	10,748,951	11,121,042	372,091
Svcs/Commodities	300,414	505,909	1,447,424	941,515
Other Chgs/Vendor	-	-	-	-
Capital	-	-	2,000	2,000
Cross Charges	2,132,764	5,442,226	5,448,553	6,327
Abatements			-	-
Total Expense	7,396,013	16,697,086	18,019,019	1,321,933
Tax Levy	2,455,615	6,008,836	6,550,236	541,400

Percentage Spent	41%
Percentage Yr Elapsed	50%





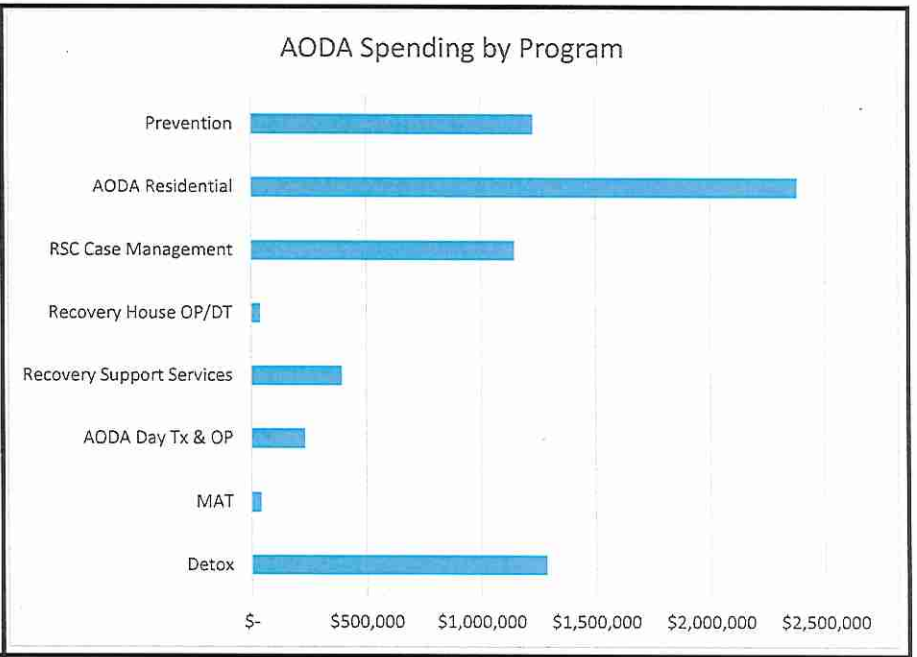


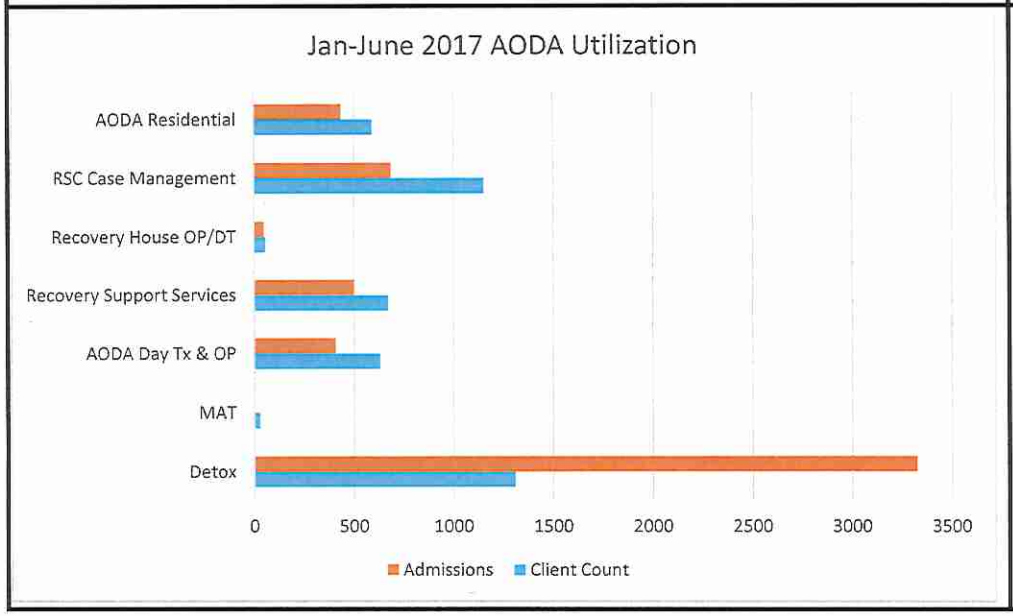
AODA DASHBOARD

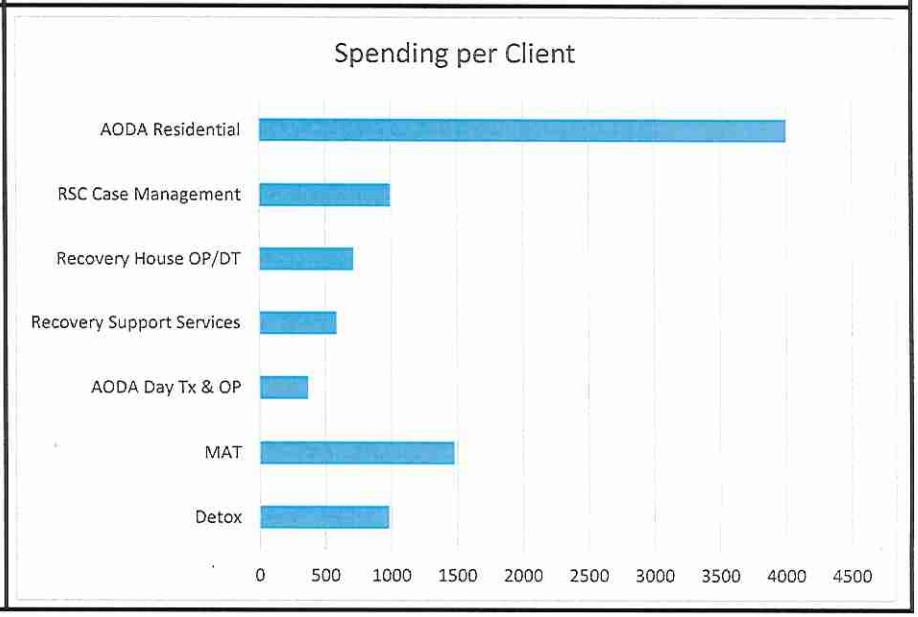
2nd Quarter 2017

		2017 June YTD		
	June YTD	Projection	Budget	Variance
Revenue	2,986,765	10,899,646	11,240,593	(340,947)
Expense				
Personnel	182,924	375,288	813,248	437,960
Svcs/Commodities	45,527	91,055	205,644	114,589
Other Chgs/Vendor	5,738,405	12,942,646	12,285,203	(657,443)
Capital				-
Cross Charges	1,390,338	1,675,485	1,675,485	-
Abatements	-	-	-	-
Total Expense	7,357,194	15,084,474	14,979,580	(104,894)
Tax Levy	4,370,429	4,184,828	3,738,987	(445,841)

Percentage Spent	49%
Percentage Yr Elapsed	50%





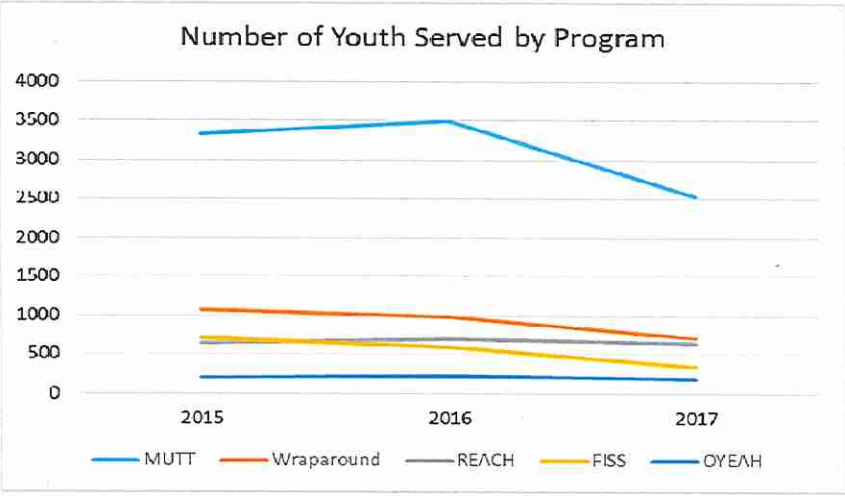


WRAPAROUND DASHBOARD

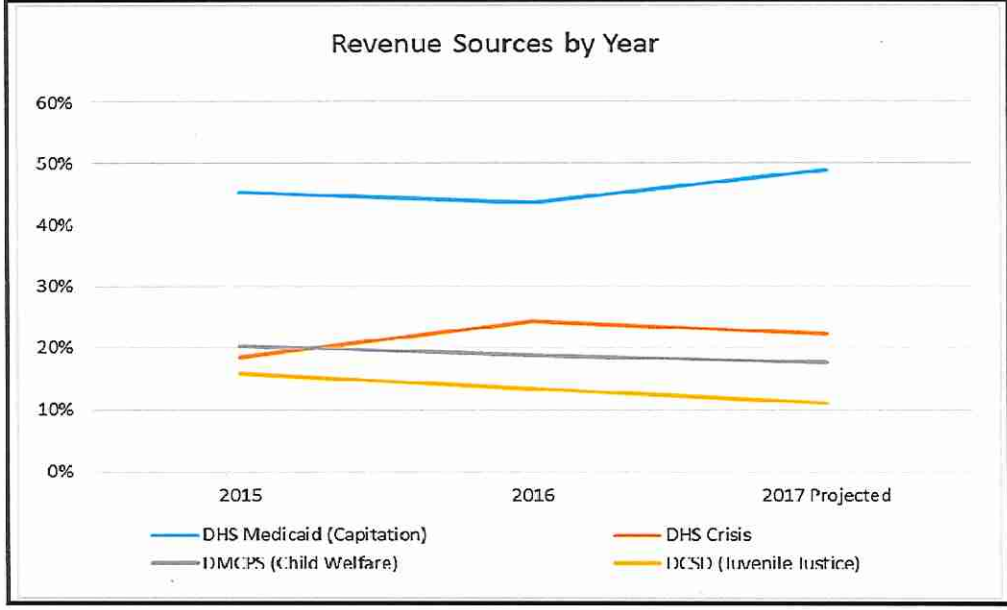
2nd Quarter 2017

		2017 June YTD		
	June YTD	Projection	Budget	Variance
Revenue	23,506,140	52,195,701	57,324,032	(5,128,331)
Expense				
Personnel	1,791,094	3,839,280	4,533,751	694,471
Svcs/Commodities	22,942	45,884	218,976	173,092
Other Chgs/Vendor	17,726,663	48,157,154	56,354,526	8,197,372
Capital				-
Cross Charges	2,810,566	5,873,267	6,124,014	250,747
Abatements	(2,820,570)	(6,311,514)	(9,518,824)	(3,207,310)
Total Expense	19,530,695	51,604,071	57,712,443	6,108,372
Tax Levy	(3,975,445)	(591,630)	388,411	980,041

Percentage Spent	34%
Percentage Yr Elapsed	50%



*** 2017 data is through June



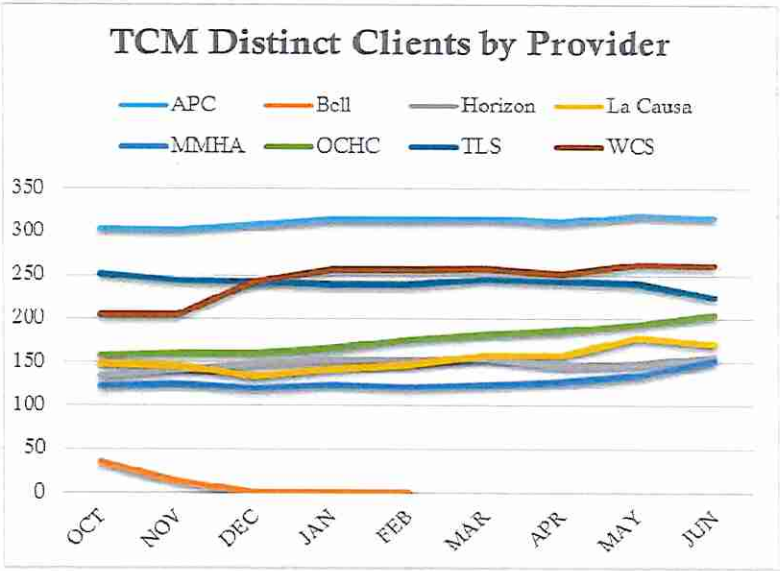
*** Inpatient services are clients in CAIS

*** Wraparound and REACH services are outpatient services

TCM (Targeted Case Management) DASHBOARD

2nd Quarter 2017

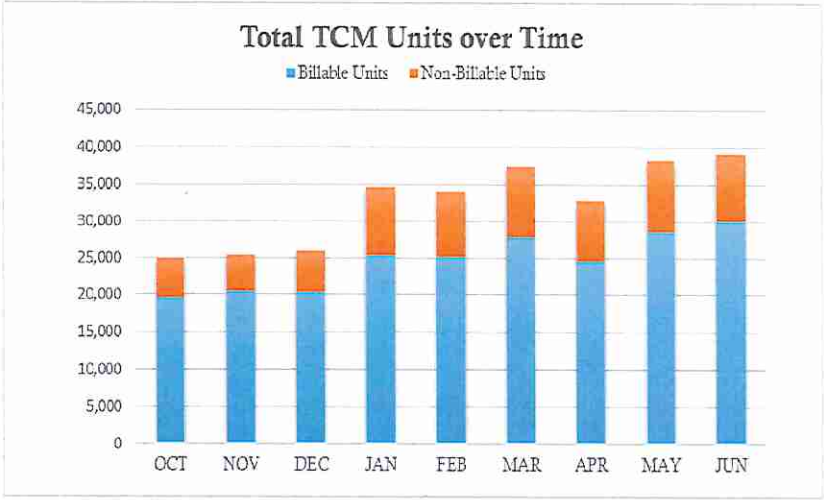
		2017 June YTD		
	June YTD	Projection	Budget	Variance
Revenue	1,319,280	3,271,243	1,983,749	1,287,494
Expense				
Personnel	87,283	191,783	50,182	(141,601)
Svcs/Commodities	24	49	-	(49)
Other Chgs/Vendor	2,911,765	6,002,298	5,902,163	(100,135)
Capital			-	-
Cross Charges	672,493	883,969	886,962	2,993
Abatements				-
Total Expense	3,671,565	7,078,099	6,839,307	(238,792)
Tax Levy	2,352,285	3,806,856	4,855,558	1,048,702
Average Enrollment	1,341	1,422	1,443	



Units by Provider - June 2017

	Jun-17				YTD			
	Billable	Non-billable	Total Payable	% Non-billable	Billable	Non-billable	Total Payable	% Non-billable
APC	6,928	2,171	9,099	24%	42,459	13,026	55,495	23%
Horizon	3,503	775	4,278	18%	15,987	4,740	20,727	23%
La Causa	2,864	627	3,491	18%	13,467	5,143	18,610	28%
MMHA	3,040	1,052	4,092	26%	13,659	4,189	17,848	23%
OCHC	3,479	1,144	4,623	25%	17,617	6,756	24,373	28%
TLS	5,149	573	5,722	10%	29,064	3,791	32,855	12%
WCS	5,097	2,845	7,942	36%	29,254	17,290	46,544	37%
TOTAL	**30,060**	**9,187**	**39,247**	**23%**	**161,517**	**54,935**	**216,452**	**25%**

*** Non-billable is paid to Provider but not billable to Medicaid



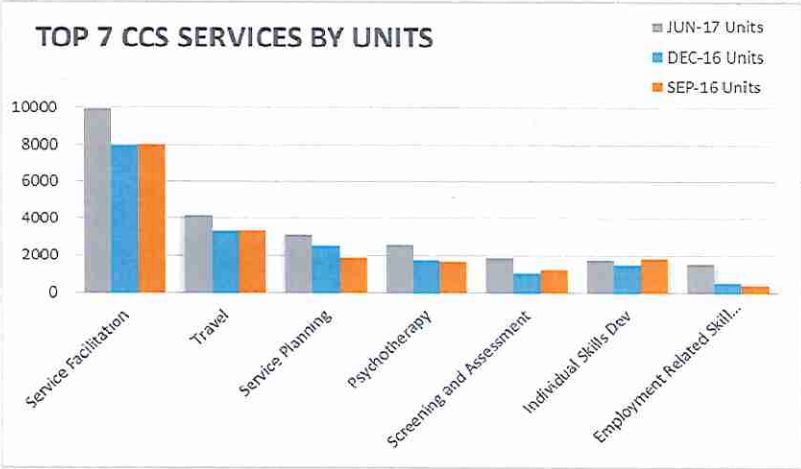
CCS (Comprehensive Community Services) DASHBOARD

2nd Quarter 2017

		2017 June YTD		
	June YTD	Projection	Budget	Variance
Revenue	4,250,514	8,501,028	11,628,000	(3,126,972)
Expense				
Personnel	193,621	407,908	101,105	(306,803)
Svcs/Commodities	6,500	13,000	-	(13,000)
Other Chgs/Vendor	4,172,132	8,325,263	12,240,000	3,914,737
Capital				-
Cross Charges	1,173,936	1,843,478	1,843,478	-
Abatements	-	-	-	-
Total Expense	5,546,189	10,589,649	14,184,583	3,594,934
Tax Levy	1,295,675	2,088,621	2,556,583	467,962
Average Enrollment	607	607	560	

Number of Billable to Nonbillable Units - Top 10 Providers

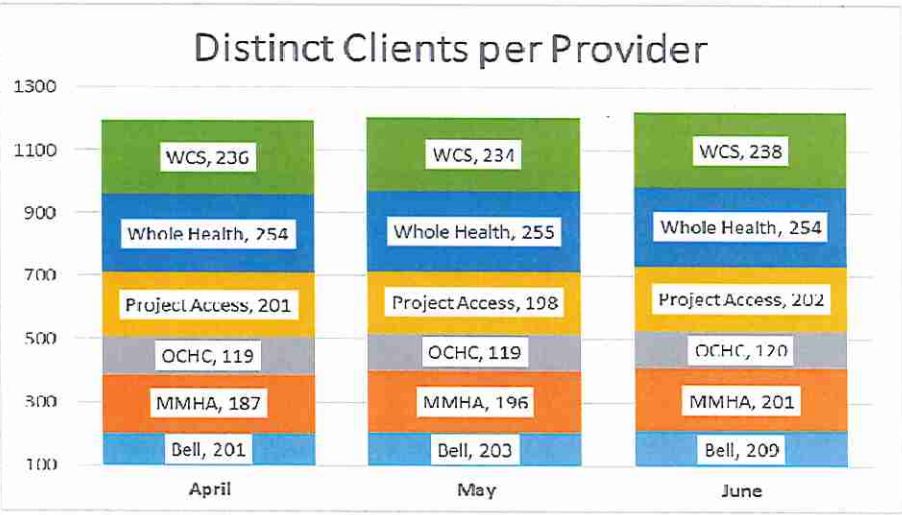
	Jun-17			JAN to JUN 2017		
	Billable	Non-Billable	% Non-Billable	Billable	Non-Billable	% Non-Billable
APC	4,825	55	1.1%	33,080	213	0.6%
La Causa	4,488	74	1.6%	26,803	575	2.1%
WCS	4,294	5	0.1%	5,706	234	3.9%
Guest House	3,897	49	1.2%	22,090	141	0.6%
Bell Therapy	2,669	96	3.5%	11,095	291	2.6%
OCHC	2,011	36	1.8%	8,620	212	2.4%
JusticePoint	1,547	28	1.8%	7,619	368	4.6%
Whole Health	1,244	70	5.3%	26,933	446	1.6%
Ascent	1,200	-	0.0%	6,428	-	0.0%
Easter Seals	1,074	-	0.0%	6,113	-	0.0%



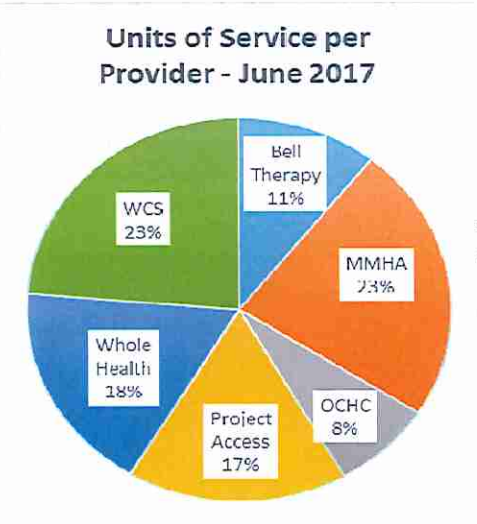
CSP (Community Support Program) DASHBOARD

2nd Quarter 2017

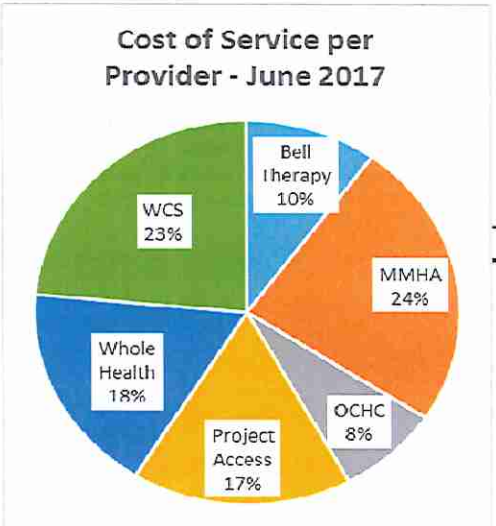
		2017 June YTD		
	June YTD	Projection	Budget	Variance
Revenue	3,332,991	8,084,311	9,102,966	(1,018,655)
Expense				
Personnel	89,317	198,480	52,357	(146,123)
Svcs/Commodities	-	-	-	-
Other Chgs/Vendor	4,681,195	12,855,983	14,891,434	2,035,451
Capital				-
Cross Charges	1,839,929	2,319,976	2,319,976	-
Abatements				-
Total Expense	6,610,441	15,374,439	17,263,767	1,889,328
Tax Levy	3,277,450	7,290,128	8,160,801	870,673
Average Enrollment	1,224	1,220	1,267	



* 2016 Ave Total Clients was 1,245.



Agency	June	YTD Total
Bell Therapy	7,292	60,007
MMHA	15,754	112,392
WCS	5,224	28,788
Project Access	11,358	78,098
Whole Health	12,003	78,183
OCHC	16,014	100,830
Grand Total	**67,645**	**458,298**



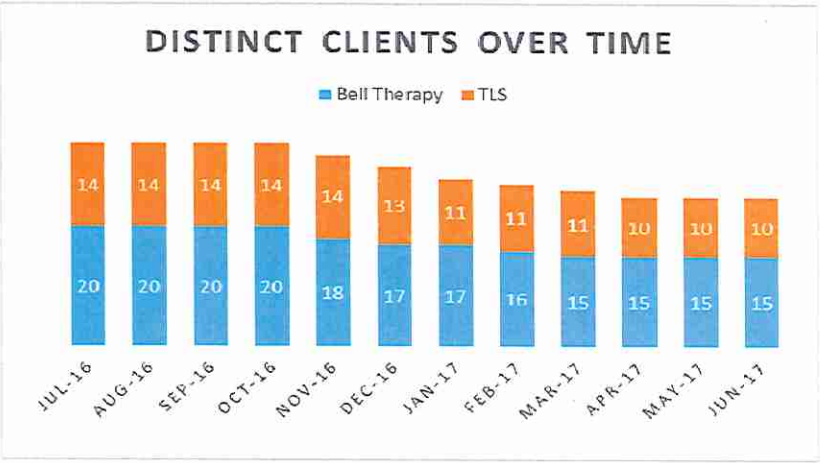
Agency	June	YTD Total
Bell Therapy	214,748	1,837,115
MMHA	517,310	3,683,598
WCS	168,918	942,550
Project Access	357,765	2,441,123
Whole Health	377,223	2,450,345
OCHC	504,128	3,181,685
Grand Total	**2,140,090**	**14,536,415**

CRS (Community Recovery Services) DASHBOARD

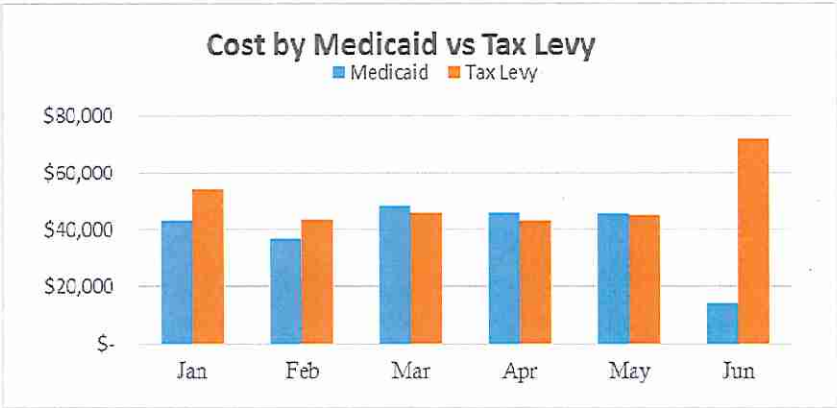
2nd Quarter 2017

		2017 June YTD		
	June YTD	Projection	Budget	Variance
Revenue	263,293	526,586	819,261	(292,675)
Expense				
Personnel	55,726	111,451	101,946	(9,505)
Svcs/Commodities	-	-	507	507
Other Chgs/Vendor	464,463	928,926	1,545,775	616,849
Capital				-
Cross Charges	201,490	278,783	278,783	-
Abatements				-
Total Expense	721,679	1,319,160	1,927,011	607,851
Tax Levy	458,386	792,574	1,107,750	315,176

Average Enrollment	25	25	35



CRS is being replaced with CCS.

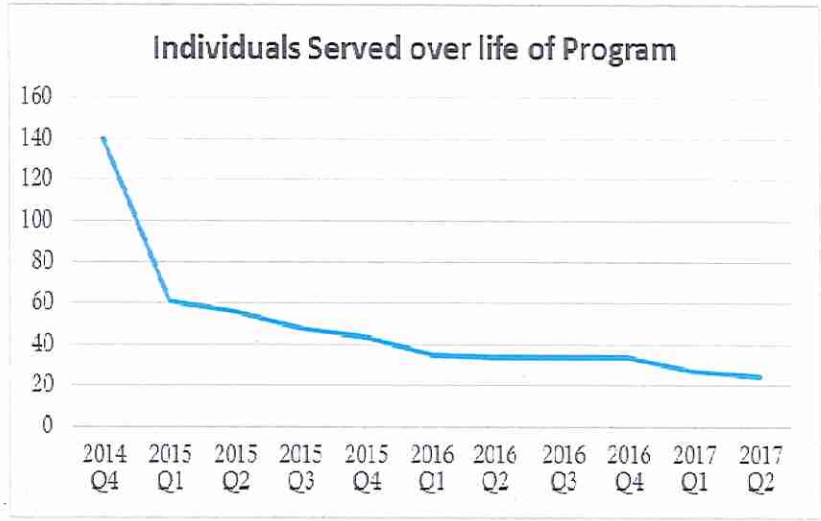


Medicaid pays 50% of approved costs.

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

Medicaid payments for June are still in process.

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



REVISED

5

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: **August 9, 2017**

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

FROM: Jeanne Dorff, Interim Director, Department of Health and Human Services
Approved by Mike Lappen, Administrator, Behavioral Health Division

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

Issue

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

Background

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

Professional Services Contracts

Vistelar, LLC- $25,000
Vistelar, LLC will author the Security Department policy and procedure to address the needs of a Security Department in a healthcare environment and to comply with the Joint Commission Environment of Care Standards of 2016 for BHD. Vistelar will also provide all of the necessary training and education required to implement the policy and procedure, as well as assisting BHD in identifying appropriate staff as responsible authorities to whom the policies and procedures can be entrusted for implementation and upkeep. BHD is requesting $25,000 increase to the 2017 contract to bring the total to $394,160.

UW-Milwaukee TANF Grant - $170,000
This is an agreement with UW-Milwaukee to conduct a special project. The project will focus on process (i.e., what was done and how it was accomplished) and outcomes (i.e., results) to evaluate the Milwaukee County TANF-AODA system of care. These funds are being requested for 2018.

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

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

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

Clinical Path Consulting - $195,000
This is a professional services agreement to provide BHD with two positions critical to the success of the Our Avatar (EMR Optimization) Project as well as training and oversight of BHD clinical documentation tools. Clinical Path is providing consultants to fill the positions of Principal Trainer and Clinical Informaticist. Following the contract engagement, BHD has the option of hiring these consultants into full time positions after a competitive interview process. The Principal Trainer began work at BHD on July 31 to fill an urgent need for in-house training resources. The Clinical Informaticist is expected to begin work on August 21, and will provide a combination of clinical and managerial oversight to the technical team managing BHD's core clinical systems. Mental Health Board approval for this amount allows BHD to engage these consultants for a period of 6 months, avoiding additional fees paid to the consulting company in the event they are hired into full time positions.

UW-Milwaukee SAMHSA Grant - $254,365
This is an agreement with UW-Milwaukee to conduct a special project. The project will focus on process and outcomes to evaluate the Milwaukee County Family Drug Treatment Court. BHD has received a five-year SAMHSA Grant. These funds are being requested for 2017 through 2022.

Fiscal Summary

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

Vendor Name	New/Amendment/ Renewal/Existing Contract	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
Vistelar, LLC	Existing	$25,000					
UWM – Milwaukee TANF Grant	Renewal		$170,000				
Locum Tenens.com, LLC	Amendment	$235,000					
Clean Power, LLC	Renewal		$1,316,136				
Kane Communications Group	Existing	$187,000					
Clinical Path Consulting	New	$195,000					
UWM – Milwaukee SAMHSA Grant	New	$50,873	$50,873	$50,873	$50,873	$50,873	$50,873
Total		**$692,873**	**$1,537,009**	**$50,873**	**$50,873**	**$50,873**	**$50,873**

Jeanne Dorff, Interim Director
Department of Health and Human Services

KANE COMMUNICATIONS GROUP
inspire results

BEHAVIORAL HEALTH DIVISION

Communications and Recruitment Marketing
Statement of Work

July 25, 2017

KANE COMMUNICATIONS GROUP | 342 N Water St., Suite 600, Milwaukee, WI 53202
414.202.5762 | Kimberly@kanecommgroup.com | kanecommgroup.com

Michael Lappen, MS, LPC
Administrator
Milwaukee County Behavioral Health Division
9455 W Watertown Plank Road
Milwaukee, WI 53226

July 25, 2017

Dear Mike,

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

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

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

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

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

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

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

Kind Regards,

Kimberly Kane
President & CEO
Kane Communications Group

WORK PROPOSAL

ACTIVITIES

BHD Employee Recruitment Program

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

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

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

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

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

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

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

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

- Nursing careers webpage

Nurse recruitment ambassador training and pitching:

- Researching and pitching speaking opportunities, event participation opportunities or media interviews for ambassadors
- Q&Z prep for interviews or speaking events
- Training new ambassadors on messaging and role

Promotion of job fairs via

- Radio, social media (paid and organic), community event calendar postings.

Internal communications to engage employees in recruitment and retention efforts:

- Develop and recommend programs based on employee feedback that may include referral incentives, recognition program, etc.

BHD Strategic Communications Plan

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

Project planning and management

- Client input meeting to clarify goals, establish milestones and present findings
- Client meetings, project coordination, monthly reports

Primary research

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

Secondary research

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

Third-party research

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

Writing

- Key messages and audience personas

Plan development

- Identify risks, recommend strategies and tactics, develop timeline, develop budget recommendations to execute the plan, clarify communications team roles and responsibilities, rescoping of ongoing support activities

BHD TANF Grant

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

Project planning and management

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

TANF Communications plan development

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

Creative development

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

TIMELINE

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

BILLING SCHEDULE

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

ASSUMPTIONS

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

OUT OF SCOPE

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

REVISED

6

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: **August 15, 2017**

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

FROM: Jeanne Dorff, Interim Director, Department of Health and Human Services
Approved by Mike Lappen, Administrator, Behavioral Health Division

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

Issue

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

Background

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

Purchase of Service Agreements

Vital Voices for Mental Health - $175,961
Vital Voices is the evaluation entity for the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey. This survey was developed for use in the public mental hygiene system and is now widely used by state and local governments in both substance abuse and mental health programs. Vital Voices also administers the Recovery Oriented System Indicator (ROSI), which assesses the recovery orientation of community mental health system for adults with serious and prolonged psychiatric disorders. These funds are being requested for 2018

"Community Access to Recovery Services" (CARS) - a branch of the Behavioral Health Division that offers a central access point for Milwaukee County adult residents ages 18-59 seeking mental health and/or substance use disorder services through a network of community

providers. Services include, but are not limited to, clinical treatment offered on a continuum of care and recovery support services such as care coordination, childcare, pre-employment education/training, parenting assistance, daily living skills training, housing, case management, and supportive employment. There is a strong emphasis on the use of peers as providers to strengthen the therapeutic relationship to the individuals served.

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

Fiscal Impact CARS

The total amount recommended in 2018 purchase-of-service agreements for the Community Access to Recovery Services adult community mental health and AODA services is **$2,419,088** Amounts recommended for approval for each individual vendor are identified below. The purchase-of-service amounts are actual expenditures which will be paid out over a 12-month period during 2018.

Vendor Name	2018 Amount	Service	Program	Type of Contract
Community Advocates, Inc.	$859,249.00	Provides the administration and staff support for the work of the Milwaukee Coalition of Substance Abuse Prevention (MCSAP)	CARS	POS
Impact, Inc.	$100,000.00	Access Point	CARS	POS
M&S Clinical Services	$547,700.00	Central Intake Unit	CARS	POS
Project Access, Inc.	$912,139.00	Comprehensive Community Support Services to assist individuals with Mental severe and persistent mental illness maintain as much independence as possible	CARS	POS

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

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

Fiscal Impact Wraparound Milwaukee

The total amount recommended in 2018 purchase-of-service agreements for services in support of the Wraparound Milwaukee program is **$5,816,233.69**. A Request for Proposal (RFP) was

issued on July 17, 2017 by DHHS Contract Administration for the Care Coordination Services for the Wraparound program. The amounts recommended for approval for care coordination is to extend the current contracts for 3 months to allow for the selection, and transition to the vendors who will be selected as part of the RFP process for care coordination. Amounts recommended for approval for each individual vendor are outlined below. The purchase-of-service amounts are actual expenditures which will be paid out over a 3-month period during 2018.

Vendor Name	2018 Amount	Service	Program	Type of Contract
AJA Counseling Center	$460,383.50	Care Coordination	Wraparound	POS
Alternative in Psychological Consultation, S.C.	$868,885.25	Care Coordination	Wraparound	POS
La Causa, Inc.	$1,756,235.00	Care Coordination	Wraparound	POS
SaintA, Inc.	$998,067.44	Care Coordination	Wraparound	POS
St. Charles Youth & Family Services	$1,732,662.50	Care Coordination, and other Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	Wraparound	POS

Fiscal Summary

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

Vendor Name	New/Amendment/Renewal/Extension/Existing Contract	2018 Amount
Community Advocates, Inc.	Renewal	$859,249.00
Impact, Inc.	Renewal	$100,000.00
M&S Clinical Services	Renewal	$547,700.00
Project Access, Inc.	Renewal	$912,139.00
AJA Counseling Center	Extension	$460,383.50
Alternative in Psychological Consultation, S.C.	Extension	$868,885.25
La Causa, Inc.	Extension	$1,756,235.00
SaintA, Inc.	Extension	$998,067.44

St. Charles Youth & Family Services	Extension	$1,732,662.50
Total		$8,235,321.69

Jeanne Dorff, Interim Director
Department of Health and Human Services

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: **August 3, 2017**

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

FROM: Jeanne Dorff, Interim Director, Department of Health and Human Services
Approved by Mike Lappen, Administrator, Behavioral Health Division

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

Issue

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

Background

Approval of the recommended contract allocations will allow BHD/CARS/Wraparound/Inpatient Hospital to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

Fee-for-Service Agreements

"Community Access to Recovery Services" (CARS) - a branch of the Behavioral Health Division that offers a central access point for Milwaukee County adult residents ages 18-59 seeking mental health and/or substance use disorder services through a network of community providers. Services include, but are not limited to, clinical treatment offered on a continuum of care and recovery support services such as care coordination, childcare, pre-employment education/training, parenting assistance, daily living skills training, housing, case management, and supportive employment. There is a strong emphasis on the use of peers as providers to strengthen the therapeutic relationship to the individuals served.

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

Fiscal Impact

The total amount recommended in 2018 fee-for-service agreements for the Community Access to Recovery Services adult community mental health and AODA services is **$26,084,961.07**. Amounts recommended for approval for each individual vendor are identified below. The amounts listed below are fee-for-service agreements and represent anticipated 2018 payments providers are expected not to exceed during 2018; these are not guaranteed payment amounts.

Vendor Name	2018 Amount	Service	Type of Contract
Alternative in Psychological Consultation, S.C.	$2,228,512.67	Supportive, recovery oriented services for AODA/Mental Health	FFSA
Access Recovery Mental Health Services (ARMHS)	$101,377.00	AODA Treatment and recovery support services	FFSA
Ascent for Life	$335,210.00	AODA Treatment and recovery support services	FFSA
Bell Therapy Inc, (Phoenix Care Systems. Inc.)	$6,289,724.17	AODA Treatment and recovery support services, Community Support Program	FFSA
Community Living Arrangements, Inc.	$117,482.00	Supportive, recovery oriented services for AODA/Mental Health	FFSA
Easter Seals Southeast WI, Inc.	$275,103.00	Provides care coordination to help create a recovery plan to help build skills to improve health, wellness, and overall quality of life	FFSA
Empathetic Counseling Services, Inc.	$183,876.42	Supportive, recovery oriented services for AODA/Mental Health	FFSA
Genesis Behavioral Services, Inc.	$1,280,855.00	Supportive, recovery oriented services for AODA/Mental Health	FFSA
Goodwill Industries of Southeastern Wisconsin	$336,236.00	Supportive, recovery oriented services for AODA/Mental Health	FFSA
Guest House of Milwaukee	$1,002,671.56	AODA Treatment and recovery support services	FFSA

Home for Independent Living of WI, LLC	$718,595.14	AODA Treatment and recovery support services	FFSA
Jefferson Crest, LLC	$500,495.08	Provides Residential services for CARS clients	FFSA
Justice Point, Inc.	$738,694.00	Supportive, recovery oriented services for AODA/Mental Health	FFSA
La Causa, Inc.	$2,521,895.00	Supportive, recovery oriented services for AODA/Mental Health	FFSA
Matt Talbot	$1,282,976.10	Supportive, recovery oriented services for AODA/Mental Health	FFSA
Milwaukee Center for Independence, Inc.	$3,561,148.00	AODA Treatment and recovery support services, Community Support Program	FFSA
Multicultural Community Services	$1,011,041.00	Supportive, recovery oriented services for AODA/Mental Health	FFSA
Mystic Creek, LLC	$220,885.00	Supportive, recovery oriented services for AODA/Mental Health	FFSA
Our Safe Place	$144,964.00	AODA Treatment and recovery support services	FFSA
Outreach Community Health Centers, Inc.	$535,619.93	Comprehensive Community Support Services to assist individuals with Mental severe and persistent mental illness maintain as much independence as possible	FFSA
St. Charles Youth & Family Services	$653,382.00	AODA Treatment and recovery support services	FFSA
United Community Center	$1,709,474.00	AODA Treatment and recovery support services	FFSA
Wisconsin Community Services, Inc.	$151,535.00	Supportive, recovery oriented services for AODA/Mental Health	FFSA

Wisconsin Nazrene Compassionate Center	$183,209.00	AODA Treatment and recovery support services	FFSA

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

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

Fiscal Impact

The total amount recommended in 2018 purchase-of-service and fee-for-service agreements for services in support of the Wraparound Milwaukee program is **$25,374,325.47**. Amounts recommended for approval for each individual vendor are outlined below. The amounts listed below that are fee-for-service agreements and represent anticipated 2018 payments providers are expected not to exceed during 2018; these are not guaranteed payment amounts.

Vendor Name	2018 Amount	Service	Type of Contract
A Clearer Vision, LLC dba Eliana Homes	$131,510.32	Wiser Choice/CCS	FFSA
Adkins Counseling	$233,018.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Allendale Associatio9n, Inc.	$388,000.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
American United Cab	$411,003.00	Provides transportation Services for Wraparound serving children/youth and their families	FFSA
Anu Family Services	$503,687.00	Provides transportation Services for Wraparound serving children/youth and their families	FFSA
Bracy Psychological Services & Stress Management	$153,447.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA

Butterflies Home for Teen Girls, LLC	$152,149.15	Provides residential services for youth enrolled in Wraparound	FFSA
Butterflyz, LLC dba Home Away from Home	$158,047.00	Provides residential services for youth enrolled in Wraparound	FFSA
Child Adolescent Inpatient Services	$1,626,551.00	Provides Inpatient Behavioral Health Services for Wraparound youth	FFSA
Children's Service Society of Wisconsin	$153,655.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Choices to Change, Inc.	$187,845.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Community Harbor, LLC	$115,347.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Dominion Behavioral Health Services, LLC	$135,688.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Eau Claire Academy	$150,541.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Family Options Counseling, LLC	$384,359.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Fresh Start Counseling Center	$350,187.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Genesis Community Services	$180,000.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA

Grateful Girls Safe Haven	$112,757.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Harmony Social Services CPA, Inc.	$443,599.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Hopgood Youth Home	$350,366.00	Provides residential services for youth enrolled in Wraparound	FFSA
Home for the Heart	$213,000.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
House of Love II	$253,925.00	Provides residential services for youth enrolled in Wraparound	FFSA
House of Love Youth Homes, Inc.	$239,058.00	Provides residential services for youth enrolled in Wraparound	FFSA
Human Development Center, Inc.	$1,160,038.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Integrity Family Services, LLC	$1,109,920.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Inspiring Young Women, Inc.	$239,628.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Jeanene's Adult Family Home	$170,000.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Lad Lake, Inc.	$2,097,580.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA

Lad Lake, Inc. - St. Rose	$168,531.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Lad Lake, Inc. - St. Rose Stages	$231,705.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Lutheran Social Services - Homme Home Y&F Program	$963,466.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Milwaukee Academy/Clinicare	$271,357.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
MinStar Counseling, LLC	$170,035.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Mt. Castle Transitional Living Services	$351,025.00	Provides residential services for youth enrolled in Wraparound	FFSA
New C.H.O.I.C.E.S., LLC	$105,841.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
New Horizon Center, Inc. (Child Placing Agency)	$192,631.00	Provides foster care placements for youth enrolled in Wraparound Milwaukee.	FFSA
Next Chapter Living Center, Inc.	$130,342.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Norris Adolescent Center	$1,215,974.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Oconomowoc Developmental Training Center of Wisconsin	$320,000.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA

Pathways Group Home of Rock County, LLC	$219,240.00	Provides housing services to youth enrolled in the Wraparound Program.	FFSA
Psychological Assessment Services, LLC	$160,600.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Rawhide, Inc.	$131,890.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Revive Youth & Family Center I	$103,163.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Right Turn, Inc.	$209,153.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Riverstone Counseling and Crisis Services, LLC	$723,520.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Running Rebels Community Organization	$296,872.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
SaintA, Inc.	$3,615,602.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Sebastian Family Psychology Practice	$1,200,011.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Servant Manor - Trotter House	$606,000.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA

Southwest Keys Program, LLC	$162,000.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
THRIVE Treatment Services, LLC	$339,622.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Tomorrow's Future, LLC Phase II	$138,538.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
V.I.C Living Center, LLC	$191,585.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA
Vision Youth Development Center, Inc.	$130,749.00	Provides residential services for youth enrolled in Wraparound	FFSA
Willowglen	$1,219,968.00	Provides Behavioral Health and/or Social Services for Wraparound serving children/youth and their families	FFSA

Fiscal Summary

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

Vendor Name	New/Amendment/Renewal/Existing Contract	2018 Amount
A Clearer Vision, LLC dba Eliana Homes	Renewal	$131,510.32
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Family Options Counseling, LLC	Renewal	$384,359.00
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Genesis Community Services	Renewal	$180,000.00
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Mt. Castle Transitional Living Services	Renewal	$351,025.00

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V.I.C Living Center, LLC	Renewal	$191,585.00
Wisconsin Community Services, Inc.	Renewal	$151,535.00
Wisconsin Nazrene Compassionate Center	Renewal	$183,209.00
Total		$51,459,286.54

Jeanne Dorff, Interim Director
Department of Health and Human Services

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: **August 17, 2017**

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

FROM: Jeanne Dorff, Interim Director, Milwaukee County Department of Health and Human Services
Approved by Mike Lappen, Administrator, Behavioral Health Division

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

Issue

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

Background

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

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

BHD receives tens of millions of federal and state revenues annually. As a condition to receiving this revenue, BHD is tasked with the responsibility to adequately monitor its contracting and procurement processes. Failure to adequately do so could put this revenue at risk. Additionally, compliance with pertinent federal and state procurement regulation is mandated under the Milwaukee County Single audit as well as the Wisconsin Legislative Audit Bureau (LAB). The attached Purchasing and Procurement Policy was created to put proper structure, controls, and oversight in place over the procurement process.

The requested policy was brought back before the Finance Committee in February 2017 at which time concerns were raised regarding the Competitive Sourcing section as it relates to what will be reviewed by the Board. Recommendations were made for inclusion of additional requirements under this section to align the policy with Act 203, in addition to addressing-fee-for-service sourcing and contracting processes and policy. The attached policy was revised to address those concerns as well as be more comprehensive in its overall scope.

Recommendation

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

Jeanne Dorff, Interim Director
Department of Health and Human Services

Purpose:

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

Scope:

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

Policy:

This procurement policy will ensure:

A. that procurement transactions obtain in a cost-effective, responsible and responsive manner the acquisition of quality materials, services, and equipment required by the BHD
B. the prudent use of resources; BHD will avoid acquisition of unnecessary or duplicative items;
C. that before a service is purchased or outsourced, an evaluation is made of in-house capabilities , and if it is determined that services need to be procured from outside, this policy will be used to guide such procurements;
D. compliance with applicable federal law, OMB Uniform Guidance standards, and any state regulations governing procurement;
E. that contracts are only awarded to responsible contractors possessing the ability to perform successfully. Consideration will be given to contractor integrity, compliance with public policy, past performance and financial and technical resources;
F. that the policy delineate guidelines for source selection, purchasing methodology, and approval of purchases and contracts at BHD;
G. that quality and affordability are to be balanced during the decision making process. Quality will have a higher percentage weight with all procurement efforts.

Definitions:

Bid Bond is issued as part of a supply bidding process by the contractor to the project owner, to attempt to guarantee that the winning bidder will undertake the contract under the terms at which they bid.

Conflict of Interest: A conflict of interest would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for an award or contract.

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

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

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

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

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

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

Procurement by noncompetitive proposal:

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

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

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

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

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

Formal Procurements may include the following:

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

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

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

Ethics and Conflict of Interest:

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

Conflict of Interest
Persons authorized to make purchase on behalf of MCBHD will be required to disclose any conflict of interests annually via the Statement of Economic Interest Form and Affidavit submitted to the Milwaukee County Ethics board pursuant to provisions of Chapter 9, Code of Ethics, Milwaukee County Code of General Ordinances.

A conflict of interest would arise when a BHD employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.

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

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

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

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

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

Authority:

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

    a. This authority is determined by the MCBHD Administrator and the Milwaukee County Mental Health Board.
    b. An Authorized Signature Card (Attachment) will remain on file in the MCBHD Fiscal Department and forwarded to the Office of the Milwaukee County Comptroller
    c. No person is authorized to obligate MCBHD without verifying, in advance, sufficient funds to meet the purchase obligation.

B. Before a contract or agreement may be executed:

   a. The department may not approve contracts for amounts in excess of available revenues

   b. Funding must be verified by BHD Chief Financial Officer or designee, or encumbered through the Milwaukee County Comptroller's Office.

   c. Actual expenditure of BHD funds shall be reported in compliance with procedures developed by the department, and shall comply with standards guaranteeing quality of care.

   d. All approvals must be granted either electronically or in writing.

   e. Should BHD reimbursement from state or federal sources not be obtained or continued at a level sufficient to allow for payment for the quantity of services under contract, the obligations of each party shall be terminated. Reduction in reimbursement or payment from state or federal sources shall be sufficient basis for BHD to reduce the amount of payment to contractor.

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

D. Pursuant to s. 51.41(10) Wis. Stats., any contract related to mental health with a value of at least $100,000, to which Milwaukee County is a party may take effect only if the Milwaukee County Mental Health Board votes to approve, or does not vote to reject, the contract within 28 days after the contract is signed or countersigned by the county executive.

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

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

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

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

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

BHD Contract Spending Authority

Title level of Purchase Initiator	Spending Authority (budgeted)	County Approvals *
Manager	Not to exceed $5000	x
BHD Directors	Not to exceed $10,000	x
Officers	Not to exceed $100,000	x
Administrator	Over $100,000	x
* Required County approvals include BHD Administrator, Director of DHHS, Risk Manager, Corporation Counsel, Office of MC Comptroller, Community Business Development Program, and Milwaukee County Executive.		

Purchasing Methods:

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

1. **Milwaukee County Procurement Division:** This method is used for purchases where a County wide contract exists or when a standard bidding process is desired. This includes:
    a. Price agreements for a set cost for a specific time-frame
    b. Purchase Orders for one time purchases under $2000
    c. Purchase Requisitions for one time purchases greater than $2000
        i. Follow Milwaukee County Procurement Division process for competitive bidding
        ii. Require an additional electronic approval from the Office of the Comptroller

2. **Purchasing Card**: Used for non-contract, local and online spending.
    a. Includes travel
    b. Maximum transaction value of $2,000 to $3,000 depending on BHD department.
    c. Transaction limits vary by department and individual card holder.
    d. Purchases are reviewed and approved monthly by the manager of the department and Purchasing Card Coordinator.

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

Competitive Sourcing

A. **Informal Proposals or Quotes - Small Purchase:** A competitive Small Purchase Sourcing Process may be used where the value and or nature of the product or service is between $3,000-$149,999, and the product or service can be obtained from more than one source.
    a. MCBHD encourages participation in the competitive sourcing process by as many qualified suppliers as possible.

b. Efforts are made to obtain a minimum of three (3) proposals or price quotes verbally, by email or by letter.

c. Less than three proposals or quotes may be acceptable given the following limitations:

   i. time constraints,

   ii. availability of qualified suppliers able to meet the specifications and

   iii. the opportunity for significant cost savings

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

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

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

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

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

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

a. Each RFP clearly defines a set of criteria to be used to evaluate the proposals.

   i. The form and function of what will be provided is an essential part of the evaluation.

   ii. A weighted value is assigned to each criteria.

b. Proposals must be submitted in such form and content as required by the RFP.

   i. Items identified as proprietary information will be considered confidential. Pricing will remain confidential during the evaluation period and will become a matter of public record once an award recommendation is made;

   ii. MCBHD does reserve the right to benchmark all pricing through contracted 3rd party resources

   iii. Pricing may be used for analysis of specific endpoints.

c. After proposals are received and evaluated, the contract(s) is/are awarded to the supplier(s) presenting the best combination of quality of service price, delivery, compliance to specifications, and capacity to perform.

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

   i. Panel members can be employees of MCBHD

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

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

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

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

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

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

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

Exceptions to Competitive Sourcing

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

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

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

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

D. **Fee for Service Provider Networks:** FFS networks have been successfully deployed within BHD and DHHS overall for many years. Networks were created to address the need to allow for client choice in the selection of providers by employing service agreements that cover multiple years to maintain continuity of treatment. A service delivery model called Provider Services Networks evolved and matured within the healthcare industry which balance service demand, adequate client choice and optimal network size. Expansion of such networks may occur at any time to accommodate service demand increases, address the need for new services, or accommodate changes in client choice and allows new service providers to be brought in quickly to respond to shifting needs. Other benefits are the ability to leverage network volume to negotiate competitive

service rates and implement a prior authorization framework which provides better control of projected spending by networks. In some cases, providers are state licensed residential service providers for whom demand can change quickly and capacity needs to remain flexible due to court ordered placements and other external forces. Because of fluctuating demand, the need to respond quickly to changing conditions and the inability to guaranty referrals, fixed amount contracts are not practical and a competitive RFP process is not normally used. FFS agreements as opposed to fixed-amount contracts work best when there exists large amounts of historical data on which to base service rates per unit of service. New providers are added when service demand necessitates additional capacity. Some services may be let for competitive proposal when a large population of providers exists, but total volume of service authorizations may limit the number of providers to be included in a network. When networks are opened to new providers, additions to networks are based on eligibility criteria set forth by the program administering the network and open and transparent outreach efforts are made to solicit applications from prospective providers for a particular service based on the capacity needs of the respective BHD programs.

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

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

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

B. Documentation;

1. Justification explaining the exceptional circumstances of the purchase must show that an equitable evaluation has been made and that rejection of alternative suppliers or solutions is based on objective and relevant criteria.
2. Special Review and Signature approvals are required for all Sole Source and Single Source purchases. If a purchase contract is in excess of $99,999, justification of the sole source procurement must be presented to the MCMHB for review and approval.

Contracting Process:

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

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

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

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

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

Protest Resolution Process

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

Emergency Purchases:

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

1. The Administrator or his or her designee may authorize the procurement on other than a competitive basis.
2. Known suppliers and/or MOU's in place will be considered.

B. The basis for concluding that there was an emergency and the methods used to identify the selected contractor will be documented.

Court Ordered or Emergency Placements:

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

1. The Administrator or his or her designee may authorize the procurement on other than a competitive basis.
2. Known providers or court ordered placements, or MOU's in lieu of contracts will be considered.

Document Retention

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

Bonds and Insurance Guarantees

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

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

Modification of Contracts

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

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

Authority to Resolve Disputes, Grievances and Breach of Contract:

Disputes between the MCBHD and a contractor/Provider which arise under or by virtue of a contract between them for example; breach of contract, mistake, misrepresentation, poor quality, or other cause for contract modification or rescission.

1. **Authority to Resolve Disputes:** The BHD Contract Management Section in collaboration with operations and Quality Services have the authority to work to resolve Disputes.
2. The processes for resolution of Disputes are outlined in the Compliance Audit, Performance Measures and Grievance procedures attached to all MCBHD Provider contracts.
3. **Decision** - If the Disputes or grievance is not resolved by mutual agreement between Contract Management and provider, the provider can submit an appeal to the MCBHD Administrator who will follow the grievance procedure process and time line
4. **Finality of Decision** - The decision rendered shall be final and conclusive, unless fraudulent, or the contractor commences to an action in court.
5. **If Breach of Contract** results in termination of contract, appeal process as outlined in Article No. 1, BHD Legal and Contractual Remedies, will be followed by Contractor/Provider.

References:

1. The 2000 American Bar Association *Model Procurement Code for State and Local Governments*.
2. 2002 *Model Procurement Regulations by State and Local Governments*
3. 2 Code of Federal Regulations (CFR) 200, *Uniform Guidance Procurement Standards*, ss. 200.317-326
4. Procurement Procedure, Milwaukee County BHD, Article No. 1, *BHD Legal and Contractual Remedies*
5. Chapter 9, Code of Ethics, Milwaukee County Code of General Ordinances.

Monitors:

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

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: July 19, 2017

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 fifteen (15) "Employment Agreements" with twelve current physician employees and three physician positions currently on recruitment. The salary specified within each agreement exceeds $100,000 annually.

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

Discussion

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

We submit the table below, which lists fifteen (15) personnel transactions that BHD will be requesting the Milwaukee County Chief Human Resources Officer to implement, in connection with Employment Agreement execution.

ITEM ID	HIGH/ LOW ORG	CURRENT JOB CODE / POSITION #	RECOMMENDED JOB CODE / POSITION #	NO. POSITIONS	CURRENT PAY RANGE	CURRENT ANNUAL PAY RATE	RECOMMENDED PAY RANGE	RECOMMENDED ANNUAL PAY RATE	INFORMATIONAL: Market equitable alignment based on overall job duties/responsibilities, industry competition, competencies and education/experience requirements.	EFFECTIVE DATE
EA2017-8A EA2017-8B	6300/ 6443	21025002000009 21025002000015	21025002000009 21025002000015	2	P025	Min 163,059 Mid 199,747 Max 236,435 $208,789	P025	Min 163,059 Mid 199,747 Max 236,435 $220,000	Immediate Recruitment Need. X Retention X Industry shortage / high competition for profession X Other: Experience and exceptional Performance	10/08/17
EA2017-8C	6300/ 6443	21025000000013	21025000000013	1	P025	Min 163,059 Mid 199,747 Max 236,435 $201,718	P025	Min 163,059 Mid 199,747 Max 236,435 $205,000	Immediate Recruitment Need. X Retention X Industry shortage / high competition for profession Other:	10/08/17
EA2017-8D	6300/ 6443	21025000000011	21025000000011	1	P025	Min 163,059 Mid 199,747 Max 236,435 $194,917	P025	Min 163,059 Mid 199,747 Max 236,435 $205,000	Immediate Recruitment Need. X Retention X Industry shortage / high competition for profession Other:	10/08/17
EA2017-8E	6300/ 6443	21025000000012	21025000000012	1 (0.6 FTE)	P025	Min 163,059 Mid 199,747 Max 236,435 N/A	P025	Min 163,059 Mid 199,747 Max 236,435 $123,000	X Immediate Recruitment Need. X Retention X Industry shortage / high competition for profession Other:	10/08/17
EA2017-8F	6300/ 6443	21025000000014	21025000000014	1 (0.7 FTE)	P025	Min 163,059 Mid 199,747 Max 236,435 $121,031	P025	Min 163,059 Mid 199,747 Max 236,435 $154,000	Immediate Recruitment Need. X Retention X Industry shortage / high competition for profession X Other: Experience and exceptional Performance. Increase in FTE from 0.6	10/08/17
EA2017-8G	6300/ 6443	21025000000010	21025000000010	1 (0.6 FTE)	P025	Min 163,059 Mid 199,747 Max 236,435 $112,994	P025	Min 163,059 Mid 199,747 Max 236,435 $132,000	Immediate Recruitment Need. X Retention X Industry shortage / high competition for profession X Other: Experience and exceptional Performance	10/08/17
EA2017-8H	6300/ 6443	21025000000017	21025000000017	1 (0.6 FTE)	P025	Min 163,059 Mid 199,747 Max 236,435 $100,859	P025	Min 163,059 Mid 199,747 Max 236,435 $132,000	Immediate Recruitment Need. X Retention X Industry shortage / high competition for profession X Other: Experience and exceptional Performance. Increase in FTE from 0.5	10/08/17
EA2017-8I EA2017-8J	6300/ 6443	21025000000008 21025000000018	21025000000008 21025000000018	2 (0.5 FTE)	P025	Min 163,059 Mid 199,747 Max 236,435 $97,458	P025	Min 163,059 Mid 199,747 Max 236,435 $110,000	Immediate Recruitment Need. X Retention X Industry shortage / high competition for profession X Other: Experience and exceptional Performance	10/08/17
EA2017-8K	6300/ 6443	21025000000019	21025000000019	1 (0.8 FTE)	P025	Min 163,059 Mid 199,747 Max 236,435 $96,543	P025	Min 163,059 Mid 199,747 Max 236,435 $164,000	Immediate Recruitment Need. X Retention X Industry shortage / high competition for profession X Other: Increase in FTE from 0.5	10/08/17
EA2017-8L	6300/ 6443	21025000000007	21025000000007	1 (0.5 FTE)	P025	Min 163,059 Mid 199,747 Max 236,435 $94,162	P025	Min 163,059 Mid 199,747 Max 236,435 $110,000	Immediate Recruitment Need. X Retention X Industry shortage / high competition for profession X Other: Training/experience exceed the minimum qualifications.	10/08/17
EA2017-8M	6300/ 6443	21025002000003	21025002000003 (this pos# subject to change)	1 (0.5 FTE)	P025	Min 163,059 Mid 199,747 Max 236,435 $102,326	P025	Min 163,059 Mid 199,747 Max 236,435 $110,000	Immediate Recruitment Need. X Retention X Industry shortage / high competition for profession X Other: Training/experience exceed the minimum qualifications.	10/08/17
EA2017-8N EA2017-8O	6300/ 6373	21027001000002 21027001000006	21027001000002 21027001000006	2	P027	Min 190,192 Mid 232,985 Max 275,778 N/A	P027	Min 190,192 Mid 232,985 Max 275,778 $250,000	X Immediate Recruitment Need. X Retention X Industry shortage / high competition for profession Other:	2017-SPECIFIC DATE(S) TBD

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 $30,000 annually**. In all cases, any funds identified through the Employment Agreement as a retention or other bonus shall not be considered eligible earnings under the Milwaukee County Pension Plan. Therefore, a retention or other bonus shall not affect in any manner any pension benefit under the Employee Retirement System (ERS), including, but not limited to, 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 and the 2018 proposed 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
Jeanne Dorff, Interim Director, Department of Health and Human Services
John Schneider, MD, BHD Chief Medical Officer
Matt Hanchek, Milwaukee County Director of Total Rewards
Lora Dooley, BHD Director of Medical Staff Services
Jodi Mapp, BHD Senior Executive Assistant