DATE:       June 17, 2016
TO:  Duncan Shrout, Chairperson, Milwaukee County Mental Health Board
FROM: Michael Lappen, BHD Administrator
       Prepared by Alicia Modjeska, Chief Operations Officers
SUBJECT: Report from the Behavioral Health Division Administrator, Requesting Authorization to enter into a contract with Langer Roofing & Sheet Metal, Inc. for roof repair and replacement services.

**Issue**

Langer Roofing & Sheet Metal have been awarded a contract through competitive RFP for removal and replacement of roof over the Psychiatric Crisis Services Emergency Room. This roof segment, an area of approximately 5,700 square feet, has begun to deteriorate and delaminate on the roof surface. The roof was determined by the Department of Administrative Services to be beyond its useful life span and is failing.

**Fiscal Impact**

The work described above will be completed for the sum of $119,875. This expense will be absorbed into BHD’s operating budget and will not have an impact on tax levy.

Respectfully Submitted,

Michael Lappen, Administrator
Behavioral Health Division

cc  Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board Finance Committee
    Héctor Colón, Director, Department of Health and Human Services
    Jodi Mapp, Senior Executive Assistant
COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: June 17, 2016
TO: Duncan Shrout, Chairperson, Milwaukee County Mental Health Board
FROM: Michael Lappen, BHD Administrator
Prepared by Alicia Modjeska, Chief Operations Officers

SUBJECT: Report from the Behavioral Health Division Administrator, Requesting authorization to amend two professional services agreements with Patina Solutions Group, Inc. for project management of the north side facility and case management services.

Contract 1 - Northside Facility

Patina Solutions Group, Inc. was engaged in late April 2016 to provide project management for the development of the Northside facility to be accomplished in three distinct phases.

Phase 1 – discovery, and vision and strategy development and alignment

Phase 2 – scope of services, design care / service delivery, site location, facility design budget/contract management

Phase 3- build out of facility, communication support, marketing and opening

Patina was to complete phase 1 with a budget of $75,000. Phase 1 has now been completed and a contract amendment is being requested for an additional $395,000 to complete the project. The total of $470,000 for the entire project may be mitigated based on the hiring of a Director of the north and south side facilities.

Fiscal Impact

The contract amount will not exceed $470,000 through March 5, 2017 with $300,000 anticipated spending in 2016. This expense will be absorbed into BHD’s operating budget and will not have an impact on tax levy.

Contract 2 - Issue Case Management

Patina Solutions Group, Inc. was also engaged in late April to provide project management services for the design of a “case management system” for BHD, and in preparation for the purchase and implementation of an IT solution. The scope of this project changed in May 2016 when DHHS broadened the scope to include all divisions in an effort to leverage and integrate human services within the county. BHD will bare 50% of the cost of the total project.
Fiscal Impact

BHD initial engagement for phase 1 of the case management project was $75,000. Due to the change in scope, included in the packet is the change order request for the project and BHD's portion of the cost. The contract amendment is for a cost not to exceed $390,000. BHD's portion of the cost will not exceed $195,000. This expense will be absorbed into BHD's operating budget and will not have an impact on tax levy.

Respectfully Submitted,

[Nature of Signature]

Michael Lappen, Administrator
Behavioral Health Division

cc Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board Finance Committee
Héctor Colón, Director, Department of Health and Human Services
Jodi Mapp, Senior Executive Assistant
Discussion Outline

- Vision / Mission / Guiding Principles
- Case Management Project Objectives
- Request for Patina’s Assistance
- Current Timeline / Costs
Case Management - Vision / Mission / Guiding Principles

**Vision**

"Our new way of doing things connects families with whatever services they need, whenever and wherever they need them."

**Mission**

"Transform Case Management services to become more client centric and community based, producing the best outcomes for the people we serve."

**Guiding Principles**

<table>
<thead>
<tr>
<th><strong>Client Centric</strong></th>
<th><strong>Coordinated Care</strong></th>
<th><strong>Enablers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention and strength based focus</td>
<td>Coordinated standards that ensures families and partners are involved</td>
<td>Commitment to defining and tracking a set of performance measures</td>
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<tr>
<td>Person centered, recovery oriented, trauma informed and culturally intelligent</td>
<td>Assess household needs and present solutions to assist the wellbeing of the whole family</td>
<td>Help program participants achieve self-sufficiency and monitor and evaluate progress</td>
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<tr>
<td>Problems/needs centered (vs. programs)</td>
<td>Focus on fatherhood engagement where appropriate</td>
<td>Approach is universally defined and the use of integrated technology is used to track outcomes, identify consistency and fidelity to the model.</td>
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</table>
The Case Management project will help create an effective framework (service delivery approach) across the DHHS department

- Aligned with:
  - Vision, mission and guiding principles
  - Malcolm Baldridge principles and APHSA Value Curve (in stages)

- Supported by:
  - A focus on the client experience
  - A single treatment plan and integrated services for each client
  - A common practice model, assessment process, fidelity to model
  - Common medical records, unique ID, eligibility determined once

- Generating process improvements in efficiency, effectiveness and outcomes of the Case Management service delivery process

- Developing competencies and content expertise, providing education, and making appropriate cultural and behavioral changes in our approach (including measures and accountability)

- Identifying data/technology needs. Requirements definition, development and integration of data/technology will be handled outside of this project.
The scope of the Case Management project and Patina’s assistance has evolved over the past few months

- Initial focus was to provide project management assistance for one of BHD’s key projects, Case Management
- Emphasis shifted from PM assistance to Case Management outcomes and process improvement
- Scope was expanded from BHD to all divisions across DHHS – to increase alignment of function and create consistent framework
- Total project continues to be represented in 3 phases, but budget/timeline have been revised to fit the changes in focus, emphasis and scope. Current budget/timeline reflects efforts through Phase 2. Budget/timeline of future phases to be determined.
The adjustments to scope have necessitated updates to the timeline/costs across the three phases

<table>
<thead>
<tr>
<th>Phase</th>
<th>Key Activities</th>
<th>Original Target</th>
<th>Revised Target</th>
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</thead>
</table>
| 1     | • Project Chartering  
• Project Team/Governance  
• Current State  
• Visioning of Future State | Date: 6/10  
Costs: $75K | Date: 7/31  
Costs: $170K |
| 2     | • Value Stream Mapping of Future State  
• Implementation Plan | Date: 7/31  
Costs: ??? | Date: 10/31-11/30  
Costs: $160-220K |
| 3     | • Implementation (phasing TBD)  
(Total) | Date: 6-9+ Mos  
(Total)  
Costs: ??? | Date: TBD  
Costs: TBD |
| Total | • For Phase 1, 2 |                |                      |

* Does not include Phase 3 and separate activities for completing strategy (operationalizing the vision), research/benchmarking, IT development and integration, and change management
Change Order to Original Statement of Work for
North Side Project Consultant Support dated: March 24, 2016

June 14, 2016

Ms. Alicia Modjeska, COO
Milwaukee County Behavioral Health Division
9455 Watertown Plank Road
Milwaukee, WI 53226

Dear Alicia:

This is a Change Order to the Statement of Work dated March 24, 2016, ("the SOW") by and between Patina Solutions and Milwaukee County Behavioral Health Division ("BHD") for an interim Project Consultant to coordinate the development of a behavioral health clinic on Milwaukee’s north side ("the Clinic").

Business Issue

BHD needs an experienced ambulatory care professional to coordinate the development of the Clinic. BHD arranges for the provision of behavioral health services through a network of community-based providers of outpatient services, as well as BHD's inpatient facility. The purpose of the Clinic is to improve access for residents seeking services. Assessment, triage and intake services will be provided at the Clinic, as well as other selected treatment services. BHD has committed publicly to opening the Clinic on or before December 31, 2016. BHD intends to hire a full-time Clinic director but is concerned that the length of the hiring process may jeopardize the opening date. Thus, BHD seeks an interim Project Consultant to coordinate the development effort.

Patina Solutions Services and Responsibilities

In addition to the services and responsibilities set forth in the SOW, the Project Consultant shall assist BHD leadership to:

- Define the desired future state of behavioral health services to be provided or arranged by BHD;
- Gain increased exposure to services provided outside of BHD;
- Determining which services will/not be provided at the Clinic.

Engagement Assumptions and Client Responsibilities

The revised Project Timelines and deliverables by March 5, 2017 are dependent upon the following items;

- Complete data assessment on current services/vendors;
• BHD leadership and work teams successfully:
  – Define project assumptions and objectives;
  – Define scope of services;
  – Assess impact on operations/budget;
  – Research and benchmark best practices;
  – Select contracted providers to supplement BHD services;
  – Validate community needs and engagement approach.
• Engage and contract Realtor/Architect;
• Engage work teams/facility design team to design space requirements.

**Deliverables and Acceptance of Deliverables**

Due to the expansion of services and responsibilities described above, the target date for opening the Clinic is extended from December 31, 2016, to March 5, 2017.

**Engagement Resources and Management**

No Changes

**Engagement Fees and Expenses**

Unless otherwise agreed, the maximum amount payable by Client pursuant to this SOW is seventy-five thousand dollars ($75,000). The fees for Services provided by the Professional will be $9,225 per week unless otherwise agreed by Client and Patina due to an amended work schedule. This rate is in effect through December 31, 2016. If the engagement extends beyond that time, an increase of 5% may be applied. The fees for services provided by the Engagement Manager are estimated at 5% of the overall engagement and will be billed at $250 per hour. Client shall reimburse out-of-pocket expenses consistent with Client’s internal protocol (attached to SOW). All invoices are due according to terms of the PSC.

Please refer to the attached milestone chart which outlines key activities, target dates and estimated fees and expenses for the first two phases of this project.

For internal budgeting purposes, we would suggest that you include a 15% contingency on the above estimates.

The above noted fees and rates will be honored until the completion of this change order.

**Additional Considerations**

This Change Order, including any appendices, schedules, and/or attachments, documents the understanding between Patina Solutions Group, Inc. and Client with respect to certain services to be performed by Patina Solutions described herein (“Services”). Patina Solutions shall provide the Services pursuant to the provisions of this engagement letter and the PSC that, together, describe our understanding with respect to the Services (“Agreement”).
We appreciate the opportunity to be of service to you. Please indicate your agreement to these arrangements by signing and returning to Patina Solutions the enclosed copy of this Agreement, before the commencement of the project.

Best regards,

Patina Solutions Group, Inc.

By: ________________________________
Nisha Weyker, Managing Director

Acknowledged and Accepted:

Milwaukee County Behavioral Health Division

By (signature): ________________________________

By (print name): ________________________________

Title: ________________________________

Date: ________________________________
Change Order to the Statement of Work for
Case Management Project Leader Support Dated: 4/22/2016

June 9, 2010

Hector Colon
Executive Director
Department of Health and Human Services
Milwaukee County
1220 W Vilet Street, Suite 301
Milwaukee, WI 53226

Dear Hector:

This document represents a Change Order ("CO") to the Statement of Work ("SOW") for the Case Management Project Leader consulting support for the Milwaukee County Behavioral Health Division ("Client") dated April 22, 2016, and is based on discussions with you and your team over the past month regarding revisions to scope. This CC is effective pursuant to the Professional Services Contract ("PSC") dated April 22, 2016, by and between Patina Solutions Group, Inc. ("Patina") and Client.

Background

The original objectives of this effort were to improve and sustain project management capability across projects for the Behavioral Health Division (BHD), including skill development of the internal management team to provide this support going forward. These objectives were revised to focus solely on the Case Management project, one of the key projects underway within (BHD), and putting a plan in place to execute the BHD Case Management Redesign Charter. The scope of these activities continued to include a review of project management methodologies, processes and templates, as well as an assessment of the current team’s capability to provide project management support for the Case Management project.

Scope Revisions

As a result of assessment activities over the past month and the need to better align services across the Department of Health and Human Services (DHHS), the Executive Director has proposed that the effort be expanded to include all five divisions of DHHS, to address the process by which case management services can be commonly delivered across the department. The Client has recognized that this expanded scope, as well as the variations of Case Management across programs and divisions, necessitates an adjustment to Phase 1 services, activities and deliverables.

Revised Engagement Approach

The following services will be provided by the combined Client and Patina teams

Revised Phase 1 Services: Projected Completion Date: July 31, 2016

The Phase 1 activities will now include the following:

- Alignment around the charter and scope of the project.
- Definition of the project team organization and the leadership / governance structure.
- Identification of all areas where case management services occur in the department and how those services are delivered.
• Documentation of the current state and identification of case management process steps/flow for relevant programs.
• Determination of current demand for case management services.
• Beginning of data collection on outcomes and volumes.
• Creation of a prioritized action plan and sequencing of action items which address the desired outcomes/deliverables (the items listed in the project charter) for an updated plan for Phase 2.
• Identification and scheduling of sessions for the Value Stream Mapping (VSM) Team, creation of work plans and communication of team design.
• Assessment of current methods for project management and identification of opportunities for process improvement within Case Management.

During Phase 1, we also expect to support the preparation, conduct and debrief of three Case Management Visioning Sessions. These Visioning Sessions are a key part of defining the future state for Case Management and will set the stage for the Phase 2 Value Stream Mapping (VSM) activities. These sessions will focus on clarifying the vision, guiding principles, stakeholder value proposition, measures of success and capability definition for Case Management services. Characteristics of the capability definition include identifying the specific components of the capability, its overall performance, its interfaces and interactions, its operation, and its outcomes. In a sense, it is the blueprint for Case Management services. We expect there will be additional work necessary to complete the capability definition at an appropriate level of detail for this stage, and that this will potentially include more Visioning Sessions. We will separately arrange for any assistance Patina can provide as part of that work.

Revised Phase 2 Services:  
Projected Completion Date: Oct 31 – Nov 30, 2016

The Phase 2 activities will now include:

• Mobilizing of the project team and creation of the leadership/governance structure.
• VSM of the current state, a desired future state and identification of the gaps to be addressed, as well as the defects to be eliminated.
• Preparation of a future state design to optimize the patient/client and staff experience, and to integrate the department vision of how case management services should be provided.
• Prioritization of actions to produce alignment and clarity of the case management process flow for patients/clients across programs and divisions.
• Creation of an implementation plan and sequencing of action items to address gaps with the future state design. (Based on the items listed in the project charter).

Revised Phase 3 Services:  
Projected Completion Date: TBD

In this phase, the focus will be on implementing the plans that bring the future state vision to life, including pilot implementations, if appropriate. Specific services provided by the Patina team will be determined towards the end of Phase 2. Future phases to be determined in collaboration with the sponsor.

Patina and Client Responsibilities

Patina and Client responsibilities will be the same as in the original SOW; with the exception of the following revisions:

• Timeframe of the engagement has been updated per the projected completion dates above.
• As project milestones are reached, the Client and Patina will evaluate, refine and prioritize objectives and goals for each phased effort. Client and Patina will collaborate to determine if other projects will begin to apply the project methodology that has been adopted for the CM effort. Should Client wish to begin effort on other projects, the project scope will need to be confirmed and a possible Change Order executed to define any additional effort.
• The Client and Patina Case Management team will identify IT needs, but any IT development and integration efforts will be performed outside of this agreement.

Deliverables and Acceptance of Deliverables

During execution of Phase 1, the combined Client and Patina teams will be responsible for the following deliverables:

Phase 1 Revised Deliverables:
1. Revised team charter/project plan and agreement reached on specific deliverables.
2. Scheduled Value Stream Mapping (VSM) sessions.
3. Project team, including the VSM team.
5. Phase 2 implementation/action plan
6. Visioning Session materials and debriefs/summaries
7. Weekly status reports

Phase 2 deliverables are to be determined and further defined after the completion of phase 1, but will likely include:

**Phase 2 Revised Deliverables:**
1. Current state VSM – with identified gaps and opportunities for improvement
2. Future state VSM – ideal state, vision of new case management process
3. An action plan outlining what needs to be achieved to realize the future state
4. Project management and process improvement methods and templates
5. Milestone tracking
6. Weekly status reports

Phase 3 Deliverables are to be determined.

**Engagement Resource and Management Assumptions**

Engagement resources and management assumptions will be the same as in the original SOW, with the exception of Hector Colon as the Executive Sponsor.

**Engagement Resources and Management Assumptions**

Engagement Assumptions will be the same as in the original SOW.

**Engagement Fees and Expenses**

The fees for Services provided by Mike Strasser will be $10,125 per week, unless otherwise agreed by Client and Patina due to an amended work schedule. This rate is in effect through December 31, 2016. If the engagement extends beyond that time, an increase of 5% may be applied. The fees for services provided by the Engagement Manager, Todd Mackay, are estimated at 10% of the overall engagement effort and will be billed at $250 per hour. As part of the Visioning Session support, we expect that Todd’s assistance will require an additional 6-9 days of work, and beyond the 10% noted above. Any additional time required by Mike Strasser to support the Visioning Sessions will be included as part of his weekly fees, as noted above. Client shall reimburse out-of-pocket expenses consistent with Client’s internal protocol. All invoices are due according to terms of the PSC.

Please refer to the attached milestone chart which outlines key activities, target dates and estimated fees and expenses for the first two phases of this project.

For internal budgeting purposes, we would suggest that you include a 15% contingency on the above estimates.

If there are any material changes to the engagement scope, Client and Patina will agree to a revised scope through a signed Change Order.

**Additional Considerations**

This Change Order, including any appendices, schedules, and/or attachments, documents the understanding between Patina Solutions Group, Inc. and Milwaukee County with respect to certain services to be performed by Patina Solutions described herein ("Services"). Patina Solutions shall provide the Services pursuant to the provisions of this engagement letter and the PSC that together, describe our understanding with respect to the Services ("Agreement").

We appreciate the opportunity to be of service to you. Please indicate your agreement to these arrangements by signing and returning to Patina Solutions the enclosed copy of this Agreement, before commencement of the project.
Best regards,

Patina Solutions Group, Inc.

By: __________________________

Nisha Weyker
Managing Director

Acknowledged and Accepted:

Department of Milwaukee County

By (signature): __________________________

By (print name): __________________________

Title: __________________________

Date: __________________________
Milwaukee County – Behavioral Health Division

Northside Services/Facility Development Project Overview

DATE
June 20, 2016
Northside Discussion Outline

- Project Overview
- Vision
- Facility Objectives
- Service Model
- Facility Scope, Characteristics and Assumptions
- Timeline and Costs
Northside Project Overview

- BHD has chartered efforts and engaged resources to design behavioral health and an array of supportive services within a facility that serves the northside of Milwaukee County.

- Project has three phases:
  - Phase I - Assessment/Alignment
  - Phase II - Visioning/Future Workflow Design
  - Phase III - Facility Design/Construction

- Phase I assesses community needs and defines an array of services to meet needs. As the array of services is being defined, options for facilities, locations and contracted vendors are being vetted with consideration of current community resources and their geographic distribution.

- Project timeline is 6-12 months depending on the scope and depth of services to be provided, approval processes, design and construction timeline requirements.
Northside Vision

Vision

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

- Provide services that improve the health and wellness of the Northside population
  - Reduce behavioral health-related preventable Emergency Room utilization
  - Reduce behavioral health-related preventable hospital admissions
  - Increase appropriate treatment for SMI and related co-morbidities

- Improve care navigation and service coordination
  - Reduce barriers to appropriate treatment
  - Decrease delays to entry and treatment

- Address cultural and ethnic disparities in accessing behavioral health
  - Partner to increase client engagement to choose treatment options, develop and implement an agreed upon treatment plan
Northside
Scope, Characteristics, Underlying Assumptions

• Services will address medical, social, behavioral health issues.
  – The cumulative effects and interdependence of high poverty rates, unmet basic needs, prevalence of behavioral and medical health conditions are driving the need for integrated services.

• Ready access to integrated medical (primary care, psychiatry), behavioral health (therapy, case management) and social services (access to community resources to meet basic needs) will promote early intervention and reduce inappropriate ED utilization.
  – Limited access to primary care, fragmented transitions of care between community resources are driving reactive ED utilization and the need for integrated care navigation and individualized treatment plans.

• Care delivery will be person centric, culturally intelligent, needs-driven and individualized to meet client needs.
  – Based on community conversations, the client voice states the cultural issues are not understood, the current “system” is punitive and bureaucratic often delivering unwanted/unneeded services that elevates costs and manipulation of existing programs.
• Care coordination will reduce barriers to entry and delays in treatment. 24/7 access and improved processes for intake, screening, assessment and treatment will enhance prevention, education, detection and intervention thereby mitigating health risks and lowering the cost of care.

• Care will be provided by BHD and contracted community providers co-located within the Northside facility with referrals to an array of community based services. Services will be designed in partnership with contracted community providers, law enforcement and other community stakeholders.
  – Partnering with key stakeholders with braided integration into the fabric of the community strengthens service design and delivery.

• The Northside facility, services and processes will be designed to provide a safe, welcoming environment for clients, staff and community service providers.
  – A safe, welcoming environment reduces stigmas and disparities related to mental health and socio-economic conditions on Milwaukee’s north side.
Northside Services Value Summary

The Northside Services/Facility project provides value through an integrated care delivery solution that addresses underlying needs.

- Aligned with:
  - Vision, mission and guiding principles.
  - APHSA Value Curve (in stages).
  - Client and community needs.

- Supported by:
  - Focus on the client experience.
  - Common practice model for assessment, stabilization and transition.
  - Integrated services that meet client needs.
  - Network of contracted providers.
  - Strategically located services.

- Data/Technology. Defining requirements, developing and integrating data/technology are not part of this engagement.
Expansion of engagement* has required updates to timeline and costs.

| Phase | Key Activities                                      | Original Target | Revised Target |
|-------|----------------------------------------------------|-----------------|----------------|-----------------|-----------------|
|       |                                                    | Date            | Costs          | Date            | Costs          |
| 1     | • Project Chartering                              | 6/15            | $75K           | 6/30            | $90K           |
|       | • Project Governance                              |                 |                |                 |                |
|       | • Current State Assessment                        |                 |                |                 |                |
|       | • Scope of Services in Clinic*                    |                 |                |                 |                |
| 2     | • Visioning Future State*                         | 8/15            | $75K           | 8/31            | $90K           |
|       | • Design Care Delivery*                           |                 |                |                 |                |
|       | • Site Selection                                  |                 |                |                 |                |
|       | • Vendor Selection                                |                 |                |                 |                |
| 3     | • Design and Construction                         | 12/31           | $150K          | 3/5/17          | $290K          |
|       | • Approvals                                       |                 |                |                 |                |
|       | • Policies and Procedures                         |                 |                |                 |                |
| Total |                                                    |                 | $300K          |                 | $470K          |

NOTE: does not include separate workflow redesign efforts, constraints in vendor capacity, IT development and integration, delays in city/community approvals or construction, changes in scope of construction.
# Milwaukee County Case Management Project

## Work Plan for Key Milestones and Deliverables (As of 6.3.16 - Dates are Tentative)

<table>
<thead>
<tr>
<th>Phase Activity</th>
<th>Milestone</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
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<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td><strong>Vision Support</strong></td>
<td>Achieve alignment with division directors around scope and &quot;what&quot; we are going to achieve (vision/ future state) and the scope of the project</td>
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<td>Prepare material, agenda, and follow-up after meetings; support 3 Visioning Sessions</td>
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<td><strong>Organizational Governance</strong></td>
<td>Define project team organization and leadership / governance structure - 1-2 meetings with steering team to define meeting schedule and report-out structure for steering team, and define charter team members</td>
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<td>Prepare material, agenda and follow-up after meetings</td>
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<td><strong>Work Plan</strong></td>
<td>Once the charter is completed, create preliminary prioritized, sequenced work plan of key milestones and deliverables for Phase 2</td>
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<td>- Based on elements within the charter - objectives, measurable goals and planned deliverables</td>
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<td><strong>Process Mapping</strong></td>
<td>Identification of all areas where case management services occur in DHHS departments</td>
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<td>Schedule process mapping with 10 relevant areas where &quot;case management&quot; services occur - let all areas have been identified</td>
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<td>Document current state and identity the case management processes/flow for relevant programs for all departments</td>
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<td>- 14 &quot;case management&quot; units</td>
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<td>- 2 hour Process Mapping Sessions</td>
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<td>- Follow up documentation</td>
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<td><strong>Current State Findings</strong></td>
<td>Report out current state findings</td>
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<td>- Analysis of process mapping results</td>
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<td>- Create visual representation of current state case management²</td>
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<td>- Identify needed and available data</td>
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<td>- Project Charter will determine what data is needed</td>
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<td>- Will share more about needed data following process mapping</td>
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<td><strong>Wrap Up</strong></td>
<td>Wrap up Phase 1 and Preparation for Phase 2</td>
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<td>- Report out to steering team summary of phase 1 and preliminary plan for phase 2</td>
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<td>- Identify interdisciplinary team members and schedule sessions for Value Stream Mapping of future state</td>
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<td>- Schedule a series of 2-hour meetings. Estimate it will take at least 5 meetings</td>
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<td>- Preparation for meeting, agenda, and follow up; Contingency</td>
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<td><strong>Case Methods</strong></td>
<td>Assess current methods for Project Management and identify and advise on opportunities for process improvement within Case Management</td>
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<td><strong>Value Stream Mapping and Implementation Plan</strong></td>
<td>In this phase Value Stream Mapping of current state will occur, a desired state or future state map will be developed and an action plan completed</td>
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## Cumulative Fees/Expenses (Projected) *

| Year | $68K | $90K | $80K | $100K | $117K | $132K | $144K | $157K | $166K | $181K | $195K | $206K | $218K | $230K | $242K | $255K | $277K | $293K | $304K | $318K | $328K |

* Includes additional effort required for support of 3 Visioning Sessions (if additional Visioning Sessions and/or research/benchmarking & needed, this will be arranged separately)
DATE:       June 13, 2016
TO:         Duncan Shront, Chairperson, Milwaukee County Mental Health Board
FROM:       Michael Lappen, BHD Administrator
            Prepared by Lora M. Dooley, Director of Medical Staff Services
SUBJECT:    Report from the Behavioral Health Division Administrator, Requesting 
            Approval to Implement “Employment Agreements” Established Under New 
            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 six (6) 
“Employment Agreements” with four current physician employees and two newly recruited 
physicians with pending start dates. The salary specified within each agreement exceeds 
$100,000 annually but each is within the approved County pay range for the specified title codes 
and job classifications, as established by the DHR Compensation Division.

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 new personnel policy that will require 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 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 six (6) personnel transactions that BHD will be requesting the Milwaukee County Chief Human Resources Officer to implement that will have an associated Employment Agreement.

<table>
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<tr>
<th>HIGH/LOW ORG</th>
<th>CURRENT JOB CODE / POSITION #</th>
<th>RECOMMENDED JOB CODE / POSITION #</th>
<th>NO. POSITIONS</th>
<th>CURRENT F/RANGE</th>
<th>RECOMMENDED F/RANGE</th>
<th>ANNUAL PAYRATE</th>
<th>ANNUAL PAYRATE</th>
<th>EFFECTIVE DATE</th>
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<tr>
<td>6300/6323</td>
<td>31014800000001</td>
<td>N/A</td>
<td>1</td>
<td>Min 211,580</td>
<td>Min 211,580</td>
<td>$90,000</td>
<td>X Other: Exceptional Performance</td>
<td>4/1/16</td>
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<td>Mid 209,763</td>
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<td>X Retention</td>
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<td>Max 327,848</td>
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<td>X Employment Agreement Initiation effective date is associated with approved salary change start</td>
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<td>$727,030</td>
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<td>6300/6373</td>
<td>21027001000001</td>
<td>N/A</td>
<td>2</td>
<td>Min 190,192</td>
<td>Min 190,192</td>
<td>$210,000</td>
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<td>07/03/16</td>
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<td>21027001000002</td>
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<td>Mid 212,985</td>
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<td>6300/6373</td>
<td>21027001000003</td>
<td>N/A</td>
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<td>Min 190,192</td>
<td>Min 190,192</td>
<td>$210,000</td>
<td>X Other: Exceptional Performance</td>
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The individual physicians entering into these agreements shall maintain current status as a benefit-eligible COUNTY EMPLOYEE, or if newly hired shall be established as a benefit-eligible COUNTY EMPLOYEE, including ERS enrollment, and subject to all applicable County and BHD personnel policies and Civil Service rules, where applicable.

Incumbents of above positions shall be eligible for recruitment/retention bonus. All bonuses shall be subject to conditions. Amount of bonus shall not exceed $25,000 annually.

In all cases, any funds identified through the Employment Agreement as a retention or other bonus shall not be considered eligible earnings under the Milwaukee County Pension Plan. Therefore, a retention or other bonus shall not affect in any manner the benefit eligibility of the Employee Retirement System (ERS), including, but not limited to, service credit, final average salary, 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 operating budget. There is no tax levy associated with this request.

Respectfully Submitted,

Michael Lappen, Administrator
Behavioral Health Division

cc  Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board Finance Committee
Héctor Colón, Director, Department of Health and Human Services
Alicia Modjeska, BHD Chief Administrative Officer
Michael Blickhar, Milwaukee County Director Compensation/HRIS
Jodi Mapp, Senior Executive Assistant