

**Chairperson:** Thomas Lutzow  
**Vice-Chairperson:** Maria Perez  
**Secretary:** Michael Davis  
**Senior Executive Assistant:** Jodi Mapp, 257-5202

## MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, December 12, 2019 - 8:00 A.M.  
 Zoofari Conference Center  
 9715 West Bluemound Road

### MINUTES

**PRESENT:** \*Robert Curry, Michael Davis, Kathie Eilers, \*Walter Lanier, Jon Lehrmann, Thomas Lutzow, Mary Neubauer, Maria Perez, James Stevens, and Brenda Wesley

**EXCUSED:** Rachel Forman, Sheri Johnson, and Duncan Shrout

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

#### SCHEDULED ITEMS:

- |    |  |
|----|--|
| 1. | <p><b>Welcome.</b></p> <p>Chairman Lutzow greeted Board Members and welcomed everyone to the December 12, 2019, Mental Health Board meeting.</p>   |
| 2. | <p><b>Approval of the Minutes from the October 24, 2019, Milwaukee County Mental Health Board Meeting.</b></p> <p><b>MOTION BY:</b> (Perez) Approve the Minutes from the October 24, 2019, Milwaukee County Mental Health Board Meeting. 7-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Wesley)</p> <p><b>AYES:</b> Davis, Eilers, Lutzow, Neubauer, Perez, Stevens, and Wesley – 7</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Curry and Lanier - 2</p>                                    |
| 3. | <p><b>Department of Administrative Services Quarterly Update on the State of Milwaukee County's Interests and Matters Related to the Behavioral Health Division (BHD).</b></p> <p>Joseph Lamers, Director, Office of Performance, Strategy, and Budget (PSB), Department of Administrative Services</p> <p>Mr. Lamers stated the Milwaukee County 2020 Budget was adopted on November 12, 2019, and included \$301 million in tax levy. The Behavioral Health Division's share of that</p> |

**SCHEDULED ITEMS (CONTINUED):**

	<p>tax levy is \$55.9 million. The County's overall budget saw a budget gap of approximately \$20 million. There were a couple of changes made to BHD's budget compared to the 2020 Budget adopted by the Mental Health Board. Those changes include the county-wide 1% Cost of Living wage Adjustment (COLA), which requires the Mental Health Board's approval, and a transfer of approximately \$2 million in Information Technology (IT) central spending costs.</p> <p>Mr. Lamers also provided the Board with a status update on the Fair Deal for Milwaukee. There has been a proposal advanced in both the Senate and State Assembly for a 1% sales tax for Milwaukee County. Under the initial proposal, it will be distributed throughout the County and its municipalities and provides for some property tax relief. If approved, it would be presented in the form of a referendum.</p> <p>Questions and comments ensued at length.</p>
4.	<p><b>Mental Health Board Membership and Terms.</b></p> <p>Schinika Fitch, Director of Community Relations, County Executive's Office</p> <p>Ms. Fitch provided the Board with an update on where Board Members are within their terms and terms expiring in 2020. She requested the County Executive's Office be notified if any Board Members with expiring terms do not intend to continue their service to allow the proper vetting of potential replacements. She detailed the process of appointment, removal, and length of service as described and governed by State Statute.</p> <p>Questions and comments ensued.</p>
5.	<p><b>Corporation Counsel Report on Behavioral Health Division Cross Charges.</b></p> <p>Anne Kearney, Deputy, Office of Corporation Counsel</p> <p>Ms. Kearney explained the overall concept of cross charging in which efficiency and cost are key factors to keeping department expenditures lower as opposed to using outside resources. Corporation Counsel services were described along with the makeup of their staff. Information was also provided on how cross charges are actually calculated. Charges for the Behavioral Health Division (BHD) have remained consistent over the last four years. An additional slide was circulated reflecting BHD's specific cross charge calculations.</p> <p>Questions and comments ensued.</p>

**SCHEDULED ITEMS (CONTINUED):**

6.	<p><b>Administrative Update.</b></p> <p>Michael Lappen, Administrator, Behavioral Health Division (BHD)</p> <p>Mr. Lappen highlighted key activities and issues related to BHD operations. He discussed community healthcare partnerships (<b>Attachments A and B</b>); the recertification survey for adult and child inpatient and crisis services, which resulted in no citations and a two-year recertification through October 31, 2021; psychiatric crisis redesign efforts and reimbursement from the State related to crisis services; and provided an update on Oxford House.</p> <p>For the Board's information, Mr. Lappen referenced the Kane Communications Update (<b>Attachment C</b>), which is attached to the report.</p> <p>Chairman Lutzow informed the Board the Executive Committee directed Mr. Lappen to draft a letter from the Mental Health Board collectively to State authorities in the form of a complaint, with the assistance of the expert consultant. The document should not dismiss but accept the responsibility BHD has to correct deficiencies and should acknowledge the fact that BHD has already entered into a Systems Improvement Agreement. However, concern over the manner in which the Centers for Medicare and Medicaid Services conducted their audit should not be diminished.</p> <p>Chairman Lutzow also stated in the anticipation of the forthcoming County administration change, there is a growing need to formally put in writing the strategic plan of the Mental Health Board to inform the public of the direction the Board is taking the community. As part of the implementation of a strategic plan for the Board, there will be discussions regarding an amendment to the Bylaws for the establishment of a governance committee whose elements of purview will include the Board's functionality, governance, and authority within the County as an organization. The amendment is expected to be brought before the Board at February 2020 meeting.</p>
7.	<p><b>Mental Health Board Finance Committee Professional Services Contracts Recommendations.</b></p> <p>Jennifer Bergersen, Chief of Operations, Behavioral Health Division</p> <ul style="list-style-type: none"><li>• 2020 Contracts<ul style="list-style-type: none"><li>➤ Critical Management Solutions</li><li>➤ Barrins Consulting and Associates</li><li>➤ Kane Communications</li><li>➤ Evaluation Research Services</li><li>➤ Perceptivity, LLC</li></ul></li></ul> <p>Ms. Bergersen stated Professional Services Contracts focus on facility-based programming, supports functions that are critical to patient care, and are necessary to maintain hospital</p>

**SCHEDULED ITEMS (CONTINUED):**

and crisis services licensure. An overview was presented on all services provided. The Board's attention was drawn to three contracts in particular.

Critical Management Solutions was identified and awarded a contract as a result of the competitive bid process. This consulting company's expertise is performing root-cause gap analyses. A plan will then be developed in accordance with the Behavioral Health Division's (BHD) Systems Improvement Agreement (SIA) as it relates to the hospital. The contract amount reflected represents a maximum projection. Consideration of the contract is being sought during the December meeting cycle in order to initiate services beginning in January. Additional costs could be incurred upon completion of the analysis due to the identification of recommendations. The funds to cover these costs will be allocated through BHD's reserve account.

Barrins Consulting and Associates was also identified and awarded a contract as a result of the competitive bid process for a full-time compliance consultant for ongoing monitoring as it relates to the SIA. The contract amount reflected represents a maximum projection. Staff is currently working on the contract and in the process of completing the scope of work. The funds to cover these costs will be allocated through BHD's reserve account.

The Perceptivity, LLC, contract, was approved by the Board in October. The report submitted, however, failed to indicate the contract was a single source award due to the need to expedite the community engagement efforts related to the Psychiatric Crisis Redesign initiative. The Board will need to take separate action and move for reconsideration of this contract.

The Board was informed the Finance Committee unanimously agreed to recommend RECONSIDERATION and APPROVAL of the Perceptivity, LLC, Professional Services Contract and APPROVAL of the balance of 2019 Contract Amendments and 2020 Contracts delineated in the corresponding report.

**MOTION BY:** *(Eilers) Reconsider the Perceptivity, LLC, Contract Delineated in the Corresponding Report Acknowledging the Award was Single Sourced. 9-0*

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

**AYES:** Curry, Davis, Eilers, Lanier, Lutzow, Neubauer, Perez, Stevens and Wesley - 9

**NOES:** 0

**MOTION BY:** *(Eilers) Approve the Perceptivity, LLC, Contract Delineated in the Corresponding Report. 9-0*

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

**AYES:** Curry, Davis, Eilers, Lanier, Lutzow, Neubauer, Perez, Stevens and Wesley - 9

**NOES:** 0

**SCHEDULED ITEMS (CONTINUED):**

	<p><b>MOTION BY:</b> (Perez) Approve the Balance of 2019 Professional Services Contract Amendments and 2020 Contracts Delineated in the Corresponding Report. 9-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Eilers)</p> <p><b>AYES:</b> Curry, Davis, Eilers, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p>
8.	<p><b>Mental Health Board Finance Committee Purchase-of-Service Contracts Recommendation.</b></p> <p>Amy Lorenz, Deputy Administrator, Community Access to Recovery Services (CARS), Behavioral Health Division (BHD) Brian McBride, Director, Children’s Community Services and Wraparound Milwaukee, BHD</p> <p>Purchase-of-Service Contracts for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were reviewed. An overview was provided detailing the various adult and children program contracts and amendments.</p> <p>As reflected, 2019 contracts for the Community Access Points are extended until March 31, 2020, as BHD continues to work on the previously posted Request for Proposals (RFP). Appeals were filed and requires specific processes. Once the appeal process is complete, determinations will be made related to awarding 2020 contracts for these services.</p> <p>The La Causa, Inc., contract for the Community Linkages and Stabilization Program (CLASP) is extended through January 31, 2020. The report narrative reflects January 1, 2020, which is an error. The term of the contract is short because an RFP was done for CLASP services, and Wisconsin Community Services won the bid for the 2020 contract. The extension with La Causa will allow time to transition clients.</p> <p>The 2019 contract awarded to Family Strong, LLC, has been terminated based on quality and fiscal concerns. The funds requested with this contract will be used to pay remaining invoices for services provided.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2019 Purchase-of-Service Contract Amendments and 2020 Contracts delineated in the corresponding report.</p> <p>Board Member Wesley requested separate action be taken on Wisconsin Community Services, Inc., contracts.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p><b>MOTION BY:</b> <i>(Eilers) Approve the FOUR Wisconsin Community Services, Inc., Contracts Delineated in the Corresponding Report. 8-0-1</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> <i>(Perez)</i></p> <p><b>AYES:</b> Curry, Davis, Eilers, Lanier, Lutzow, Neubauer, Perez, and Stevens - 8</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> Wesley - 1</p> <p><b>MOTION BY:</b> <i>(Eilers) Approve the La Causa, Inc., Community Linkages and Stabilization Program Contract Amendment through January 31, 2020. 9-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> <i>(Perez)</i></p> <p><b>AYES:</b> Curry, Davis, Eilers, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> 0</p> <p><b>MOTION BY:</b> <i>(Eilers) Approve the Balance of 2019 Purchase-of-Service Contract Amendments and 2020 Contracts Delineated in the Corresponding Report. 9-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> <i>(Perez)</i></p> <p><b>AYES:</b> Curry, Davis, Eilers, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley – 9</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> 0</p>
9.	<p><b>Mental Health Board Finance Committee Fee-for-Service Agreements Recommendation</b></p> <p>Amy Lorenz, Deputy Administrator, Community Access to Recovery Services (CARS), Behavioral Health Division (BHD)</p> <p>Brian McBride, Director, Children’s Community Services and Wraparound Milwaukee, BHD</p> <p>Fee-for-Service Agreements for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were reviewed. An overview was provided detailing the program agreements, which provide a broad range of support services to adults and children with serious emotional disturbances.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2019 Fee-for-Service Agreement Amendments and 2020 Agreements delineated in the corresponding report.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p><b>MOTION BY:</b> (Perez) Approve the 2019 Fee-for-Service Agreement Amendments and 2020 Agreements Delineated in the Corresponding Report. 9-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Davis)</p> <p><b>AYES:</b> Curry, Davis, Eilers, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley - 9</p> <p><b>NOES:</b> 0</p>
10.	<p><b>2020 1% Cost of Living Adjustment (COLA).</b></p> <p>Matt Fortman, Fiscal Administrator, Department of Health and Human Services</p> <p>Mr. Fortman informed the Board under normal circumstances, this Body and/or any of its respective Committees would not be required to approve a salary recommendation. However, through the 2020 Milwaukee County Budget process, the County Board approved Amendment 1A011, which states employees will receive a 1% pay increase. The County Board specifically requires the Mental Health Board’s approval as a precondition to accessing these funds. With a recommendation to approve, the Behavioral Health Division (BHD) will transfer funds from the non-departmental budget to BHD salary accounts.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 1% pay increase for BHD employees.</p> <p><b>MOTION BY:</b> (Neubauer) Approve the 1% Pay Increase for Department of Health and Human Services Behavioral Health Division Employees as Specified and Directed by Milwaukee County 2020 Budget Amendment 1A011. 9-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Perez)</p> <p><b>AYES:</b> Curry, Davis, Eilers, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley - 9</p> <p><b>NOES:</b> 0</p> <p>The Board broke at 10:05 a.m. and reconvened at approximately 10:20 a.m. The roll call was taken, and all Board Members were present.</p>
11.	<p><b>Mental Health Board Finance Committee Update.</b></p> <p>Matt Fortman, Fiscal Administrator, Department of Health and Human Services</p> <p>Vice-Chairwoman Perez, Chairwoman of the Finance Committee, reviewed topics addressed at the Finance Committee’s quarterly meeting. Mr. Fortman discussed the 2019 financial reporting package and third quarter dashboard, crisis services reimbursement, fund transfers, reserve funds, and the 2021 Budget timeline and schedule.</p> <p>Chairman Lutzow questioned the actuarial soundness of Wraparound rates. Mr. McBride stated as part of other programming, enrollment numbers were reviewed from system</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>partners and referral sources. Wraparound is seeing an uptick in referrals and enrollments. Part of the success of the overall program, in limiting out-of-home placements, has triggered a review of the fiscal aspect as well. The practice of keeping kids in home and in the community has had an impact on the fiscal side. Generally, the high utilizers of service somewhat average out the low utilizers of service.</p> <p>Comprehensive Community Services (CCS) expansion efforts has also impacted Wraparound contracted services and programs. An analysis of the lower utilizers in the Wraparound Health Management Organization (HMO) resulted in a decision to transition those individuals into the CCS program to provide the same level of care but in a lesser benefit that, at this point, has no cost to the County.</p> <p>It has made it difficult to plan the budget when the capitation rate was changed in July, which is six to seven months into the County's budget process. The rate has been known to fluctuate in the past but not to this extent. All of these factors has had an impact in one way or another.</p> <p>Wraparound is also in the process of working with the State on an update in the form of a contractual change to the current contract based on the Centers for Medicare and Medicaid Services (CMS) 2018 guidelines related to how data is reported and how the contract is governed. As of November 1, 2019, a timeline of eighteen months was put in place to come into compliance with CMS' new regulations and new data reporting structure.</p> <p>Chairman Lutzow requested the Board be provided with a future look forecast on the program reflecting break even or surplus scenarios.</p>
12.	<p><b>Budget Amendment Policy.</b></p> <p>Matt Fortman, Fiscal Administrator, Department of Health and Human Services</p> <p>Mr. Fortman stated based on feedback received at the last Mental Health Board Executive Committee meeting, revisions were drafted to update the budget amendment process. A scoring rubric was created for evaluation of each amendment by Behavioral Health Division (BHD) staff based on the criteria listed. Criteria feedback from the Finance Committee is welcomed. Scoring by BHD staff is non-binding and will be used only as a guide for the Finance Committee to consider. Additionally, submitting amendments will be open to Milwaukee County citizens.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the Budget Amendment Policy.</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p><b>MOTION BY:</b> (Eilers) Approve the Milwaukee County Mental Health Board Budget Amendment Policy. 8-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Neubauer)</p> <p><b>AYES:</b> Curry, Eilers, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley - 8</p> <p><b>NOES:</b> 0</p> <p><b>EXCUSED:</b> Davis – 1</p>
13.	<p><b>Mental Health Board Executive Committee Update.</b></p> <p>Chairman Lutzow indicated the Board, as part of today’s discussions, has already touched on the majority of items from the Executive Committee’s December 6, 2019, meeting agenda. He did provide additional information related to the proposed recommendation to create a governance committee stating the Board is in agreement in developing a practice of recommending potential candidates to consider to the appointing authorities.</p> <p>Chairman Lutzow also expressed interest in redesigning mental health, Alcohol and Other Drug Abuse (AODA), and Emergency Detention rates/programs based on a condition complexity scale. Chairman Lutzow will work with Mr. Lappen to connect with someone who has the knowledge and is willing to work with a team comprised of BHD and health system representatives who will be tasked with creating the request for new additional codes to add to the level of reimbursement. An improvement in the reimbursement structure would facilitate a better continuum of care, and most importantly, benefit the individuals who are not receiving the care needed.</p>
14.	<p><b>Mental Health Board Quality Committee Update.</b></p> <p>Jennifer Bergersen, Chief Operations Officer, Behavioral Health Division</p> <p>Board Member Neubauer, Chairwoman of the Quality Committee, reviewed topics addressed at the Quality Committee’s quarterly meeting. She discussed the third quarter 2019 community-based and Wraparound key performance indicator (KPI) dashboard and Community Access to Recovery Services (CARS) summary and metrics, Vistelar training, hospital KPI dashboard and seclusion and restraint data, the Systems Improvement Agreement, status of policies and procedures, the Institutional Review Board report, and contract quality monitoring.</p> <p>Questions and comments ensued.</p>
15.	<p><b>Behavioral Health Division In-Patient Clinical Capacity Restructuring.</b></p> <p>Dr. John Schneider, Chief Medical Officer, Behavioral Health Division</p> <p>Dr. Schneider stated scope of service changes are necessary in the area of acute adult inpatient services in preparation for the hospital transition to Universal Health Services. The plan is to change Unit 43C, which is currently a women’s unit, to a mixed gender unit</p>

**SCHEDULED ITEMS (CONTINUED):**

	because it best supports current and future patient needs in bed capacity, patient experience, and staffing flexibility.
	<b><i>Pursuant to Wisconsin Statutes Section 19.85(1)(c) for the purpose of considering employment or performance evaluation data for public employees over which the Board has jurisdiction and exercises responsibility. Some or all of the information discussed may also be subject to confidentiality under Section 146.38, Stats. as they relate to the following matter(s):</i></b>
16.	<b>Medical Executive Report Appointment and Privileging Recommendations.</b>  Dr. Shane Moasio, Medical Staff President, Behavioral Health Division  <b>MOTION BY:</b> <i>(Perez) Adjourn into Closed Session under the provisions of Wisconsin Statutes Section 19.85(1)(c) for the purpose of considering employment or performance evaluation data for public employees over which the Board has jurisdiction and exercises responsibility. Some or all of the information discussed may also be subject to confidentiality under Section 146.38, Stats. as it relates to Item 16. At the conclusion of the Closed Session, the Board may reconvene in Open Session to take whatever action(s) it may deem necessary on the aforesaid item. 8-0</i>  <b>MOTION 2<sup>ND</sup> BY:</b> <i>(Eilers)</i> <b>AYES:</b> Curry, Eilers, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley – 8 <b>NOES:</b> 0 <b>EXCUSED:</b> Davis - 1  The Board convened into Closed Session at 11:02 a.m. to discuss Item 16 and reconvened back into Open Session at approximately 11:10 a.m. The roll was taken, and all Board Members were present.  <b>MOTION BY:</b> <i>(Eilers) Approve the Medical Staff Credentialing Report and Medical Executive Committee Recommendations. 8-0</i> <b>MOTION 2<sup>ND</sup> BY:</b> <i>(Perez)</i> <b>AYES:</b> Curry, Eilers, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley – 8 <b>NOES:</b> 0
17.	<b>Mental Health Board and Committee 2020 Final Meeting Schedule.</b>  Board Members were informed the calendar before them today is the Board’s finalized 2020 meeting schedule. The finalized version was slightly modified from the draft provided in October. Meeting calendar invitations have been forwarded and are accurate.

**SCHEDULED ITEMS (CONTINUED):**

18.	<p><b>Adjournment.</b></p> <p><b>MOTION BY:</b> (Perez) Adjourn. 8-0 <b>MOTION 2<sup>ND</sup> BY:</b> (Neubauer) <b>AYES:</b> Curry, Eilers, Lanier, Lutzow, Neubauer, Perez, Stevens, and Wesley – 8 <b>NOES:</b> 0</p>
<p>This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.</p> <p>Length of meeting: 8:07 a.m. to 11:15 a.m.</p> <p>Adjourned,</p> <p><i>Jodi Mapp</i></p> <p><b>Jodi Mapp</b> Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p><b>The next meeting for the Milwaukee County Mental Health Board will be a Public Hearing On Thursday, January 23, 2020, @ 4:30 p.m. at the Washington Park Senior Center 4420 West Vliet Street</b></p> <p><b>Visit the Milwaukee County Mental Health Board Web Page at:</b></p> <p><a href="https://county.milwaukee.gov/EN/DHHS/About/Governance">https://county.milwaukee.gov/EN/DHHS/About/Governance</a></p>	

The December 12, 2019, meeting minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled regular meeting of the Milwaukee County Mental Health Board.



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Michael Davis, Secretary  
Milwaukee County Mental Health Board

**Chairperson:** Thomas Lutzow  
**Vice-Chairperson:** Maria Perez  
**Secretary:** Michael Davis  
**Senior Executive Assistant:** Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
PUBLIC HEARING**

**Thursday, January 23, 2020 - 4:30 P.M.**  
**Washington Park Senior Center**  
**4420 West Vliet Street**

**MINUTES**

**PRESENT:** Michael Davis, Kathie Eilers, Rachel Forman, Jon Lehrmann, Thomas Lutzow, Mary Neubauer, Maria Perez, \*James Stevens, and \*Brenda Wesley

**ABSENT:** Robert Curry and Walter Lanier

**EXCUSED:** Sheri Johnson and Duncan Shrout

\*Board Members James Stevens and Brenda Wesley were not present at the time the roll was called but joined the meeting shortly thereafter.

**SCHEDULED ITEMS:**

1. **Welcome.**

Chairman Lutzow greeted Board Members and welcomed the audience to the January 23, 2020, Mental Health Board Public Hearing.

2. **Public Comment on Psychiatric Crisis Redesign and all Behavioral Health Division Topics/Services.**

The hearing opened for public comment. The following individuals appeared and provided comments:

Kelly Coleman  
Vanetta Calhoun  
Veronica Stanton  
Shay Davis  
Sue Gadacz, Mental Health Task Force  
Barbara Beckert, Disability Rights Wisconsin  
Susan Gadacz, Outreach Community Center  
Jeffrey Coleman  
John Pacala  
Purnima Nath

**SCHEDULED ITEMS (CONTINUED):**

3.	<b>Adjournment.</b>  <b>MOTION BY:</b> (Neubauer) Adjourn. 8-0 <b>MOTION 2<sup>ND</sup> BY:</b> (Eilers) <b>AYES:</b> Davis, Eilers, Forman, Lutzow, Neubauer, Perez, Stevens, and Wesley – 8 <b>NOES:</b> 0
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Due to technical difficulties, this meeting was not recorded. The official copy of these minutes and subject reports are available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.

Length of meeting: 4:33 p.m. to 5:17 p.m.

Adjourned,

**Jodi Mapp**

Senior Executive Assistant  
Milwaukee County Mental Health Board

**The next regular meeting for the Milwaukee County Mental Health Board is  
Thursday, February 27, 2020, @ 8:00 a.m. at the  
Milwaukee County Zoo  
Peck Welcome Center Pavilion  
10001 West Bluemound Road**

**Visit the Milwaukee County Mental Health Board Web Page at:**

<https://county.milwaukee.gov/EN/DHHS/About/Governance#MCMHBrecords>

The January 23, 2020, hearing minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled regular meeting of the Milwaukee County Mental Health Board.



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Michael Davis, Secretary  
Milwaukee County Mental Health Board

Milwaukee County Mental Health Board  
January 23, 2020

COUNTY OF MILWAUKEE  
INTEROFFICE COMMUNICATION

DATE : 2/21/2020  
TO : Thomas Lutzow, Chairman, Milwaukee County Mental Health Board  
FROM : Joe Lamers, Director, Office of Performance, Strategy, and Budget  
SUBJECT : DAS Quarterly Update / 2021 Operating Budget Gap and Process

## OVERVIEW

As part of the 2021 budget process, the Office of Performance, Strategy, and Budget will be providing budget updates to the County Board's Finance and Audit Committee as well as the Mental Health Board.

This report provides a preliminary operating budget gap estimate for 2021. A timeline for the 2021 budget process is also provided.

The Office of Performance, Strategy, and Budget (PSB) preliminarily projects a budget gap of \$21.3 million for Fiscal Year 2021. This gap is part of an ongoing structural deficit, whereby growth in revenue is not sufficient to keep pace with inflationary operating cost growth on an annual basis. In addition to the ongoing imbalance between revenue and expenditure growth, the 2021 budget will be impacted by an estimated reduction of \$4.5 million in revenues related to the sale of Doyne hospital.

Potential options for closing the budget gap are also presented for consideration within this report. Additionally, the report provides relevant updates on strategic planning, revenues, and funding for Transit.

## BACKGROUND

Milwaukee County has been operating with a structural deficit dating back to the early 2000's. County officials and policy makers have repeatedly been required to focus budget planning efforts on where to reduce expenditures while opportunities to raise revenue and make new investments are limited. The ongoing imbalance is caused by stagnant revenue growth which is limited by State statutes and is not sufficient to keep pace with inflationary operating cost growth, or with increases in legacy healthcare and pension expenses.

Between 2012 and 2020, policy makers have been required to close cumulative budget gaps of approximately \$261 million or an average of \$29 million per year. While the budget has been balanced as legally required on an annual basis, the structural deficit persists and is projected to continue into the future. The most recent five-year financial forecast prepared by the Comptroller's Office projected an operating budget gap of \$79.6 million by 2024.

## ANALYSIS

Based on preliminary estimates, the County will be facing a 2021 operating budget gap of \$21.3 million. Major factors contributing to the projected budget gap are shown in the chart below. These amounts reflect: projected increases in expenditure items compared to 2020, removal of one-time revenue sources that are included in the 2020 budget, and increased revenue projections which are shown in the chart as negative values because they reduce the projected gap amount.

2021 Initial Operating Budget Gap Estimate	
Description	Amount
Compensation	\$ 4.6
Health Care	\$ 4.0
Pension	\$ 2.4
Debt Service P&I	\$ 1.0
Other Operating Cost to Continue	\$ 12.7
<b>Total Expenditure Change</b>	<b>\$ 24.7</b>
<b>Revenue Change - Lost Revenues</b>	
Debt Service Reserve	\$ 3.6
State Shared Revenue (VW)	\$ 0.4
Doyne Payment	\$ 4.5
<b>Revenue Change - Increased Revenue</b>	
Property Tax	\$ (3.9)
Sales Tax	\$ (3.3)
Unclaimed Revenue	\$ (1.3)
Other / Reimbursement Revenue	\$ (3.4)
<b>Total Revenue Change</b>	<b>\$ (3.4)</b>
<b>Gap Total</b>	<b>\$ 21.3</b>

The following descriptions provide additional information regarding assumptions used to develop the estimated gap. The numbers presented here are based on estimated changes for the 2021 budget and are subject to variability as the budget process continues.

**Expenditures:**

**Compensation Increases:** The 2021 budget gap estimate assumes \$4.6 million in new costs related to compensation increases. This assumption includes \$2.2 million for a new 1% increase effective at the beginning of 2021 for most employees. An additional \$2.4 million is estimated to support the fully annualized cost of partial year increases which were funded in the 2020 budget. Partial year funding increases in the 2020 budget included additional funding for trades staff, corrections officers, and Departmental Other Salary Adjustment Allocations (DOSAA) which are provided for merit and equity increases. The 2021 budget gap estimate does not include new funding for DOSAA increases in 2021. In recent years these funds have been allocated in the 4<sup>th</sup> quarter of the budget. PSB is recommending that the County maintain the

DOSAA funding structure but shift the cost to be on a fully annual basis, with the next round of DOSAA allocations to be implemented in January of 2022.

**Health Care:** Health care expenses are currently projected to increase by \$4.0 million over the 2020 budget, representing an increase of approximately 4%. Health care industry expenses have been subject to a high level of volatility. The County's health care actuary has commonly projected growth rates of 7% or higher, although actual growth rates have been below this in recent years and the County has experienced surpluses in the health care budget. Recent year experience factors into projecting 4% instead of 7% growth for the initial 2021 gap estimate. Health care projections will be closely reviewed in the coming months and during the budget process. A final health care amount for the 2021 budget will be decided in the summer of 2020 in consultation with the Comptroller's Office.

**Pension:** A pension growth estimate of \$2.4 million is projected for 2021. This is a preliminary estimate. The County is expected to receive its annual pension actuarial valuation in May, which will outline the 2021 budget contribution.

**Debt Service:** An increase of \$1.0 million is a preliminary estimate of growth in debt service principal and interest costs. This report also projects a corresponding increase in property tax to coincide with the increase in debt service expenses, meaning that this cost increase is not expected to add to the budget gap.

**Other Operating Cost to Continue:** A \$12.7 million increase is estimated as needed for inflationary operating costs, excluding personnel and debt service costs already quantified in the above stated categories. The \$12.7 million increase estimate includes two main components:

- 1) \$10.7 million or approximately 2% of inflationary growth is estimated for operating costs including utilities, commodities, professional services, and other contract services. This estimate assumes that these costs will go up with inflation. Additionally, several of the County's contracts have inflationary escalators built in.
- 2) \$2.0 million of potential ongoing costs are estimated related to the County's Enterprise Resource Planning (ERP) system. The 2020 budget included over \$2.0 million in cost savings related to the County's mainframe and Ceridian systems, which were anticipated to be retired as a result of the ERP. However, implementation of the new ERP is delayed. Until the system implementation date is confirmed, this report assumes that a portion of Ceridian and mainframe costs will need to continue in 2021, and that this funding may need to be restored in 2021.

### **Revenues:**

#### **Lost Revenues:**

**Debt Service Reserve:** The 2020 budget included \$3.6 million in funding from the Debt Service Reserve which is considered a one-time funding source.

**State Shared Revenue:** A \$409,000 reduction in State Shared revenue is anticipated in 2021 related to the Volkswagen Settlement grant. Milwaukee County received an award of \$5.5 million related to the first round of this grant program, which supports bus purchases. The grant is offset by a 75% or \$4.1 million reduction in State Shared revenue applied over ten years with reductions expected to begin in 2021.

**Doyne Hospital Sale Revenue:** A \$4.5 million reduction related to the sale of Doyne hospital is expected in 2021. Based on the sale agreement between Milwaukee County and Froedtert hospital, the County receives annual payments over 25 years beginning in 1996 with the final payment expected in 2021. The 2020 payment was budgeted at \$9.0 million and is the final full year of the payment. This revenue is expected to be reduced in half in 2021 to \$4.5 million and eliminated in 2022, which creates a \$4.5 million gap in both the 2021 and 2022 budgets.

### **Increased Revenues:**

**Property Tax:** Based on experience from the recent years, the gap estimate includes approximately 1% growth or a \$2.9 million increase in property tax related to net new construction. In addition, a \$1.0 million increase is projected directly related to the estimated growth in debt service expenditures. The State of Wisconsin releases property tax levy limit worksheets and guidance in or around September of each year which confirm the amount of allowable property tax increases each year.

**Sales Tax:** County sales tax receipts are projected to grow by \$3.3 million compared to the 2020 budget. This represents continued growth of approximately 2.0% per year over the past twelve months of actual revenue receipts.

**Unclaimed Revenue:** Every other year the County Treasurer advertises the possession of unclaimed funds. Unclaimed revenues of \$1.25 million are expected in the 2021 budget.

**Other / Reimbursement Revenue:** \$3.4 million of other revenues are projected. This is primarily based on an estimate that approximately 15% of cost increases can be covered with outside reimbursement revenue, primarily for services in the airport and health and human services.

### **Closing the Budget Gap**

The County has applied various strategies which have helped to close out budget gaps in previous years. Some examples include: restructuring of Worker's Compensation benefits, restructuring of health care and Other Post Employee (OPEB) benefits, and reducing the County's footprint by over 1.6 million square feet. Various reforms have been applied to the County's pension system. The County's salary step structure has been frozen since 2010 with limited increases in the range of 1% to 2% applied per year. On the revenue side, the County now requires employee health and pension contributions that did not exist in the past, resulting in \$21 million per year. A \$30 Vehicle Registration Fee was implemented in 2017 and generates approximately \$17 million per year.

In addition, due to the County’s ongoing structural deficit, County departments have historically been tasked with identifying year-over-year savings within their budgets. This has come in two forms including: 1) requiring departments to self-fund inflationary and other cost increases within their budgets and 2) through application of levy reduction targets that have further reduced department budgets.

On the capital side of the equation, in some years the County has not been able to fund cash financed capital projects (which are not bond eligible) at desired policy levels due to competing needs for funding in the operating budget. Furthermore, the County’s debt service reserve has also been used to support the operating budget in recent years, which is made possible as a result of year-end surplus.

The below chart demonstrates how some of these same strategies could impact the 2021 budget forecast, if they are applied in a manner that is comparable to previous years.

<b>Projected Gap (\$ in millions)</b>	<b>\$ 21.3</b>
<b>Potential Gap Closing Options:</b>	
Departments Self-Fund Operating Cost Increases	\$ 12.0
Cash Capital or Other Reduction	\$ 3.0
Debt Service Withdrawal equal to 2020 Budget	\$ 3.6
Other / TBD (balance)	\$ 2.7

- Requiring departments to self-fund operating cost increases within their existing budgets could reduce tax levy by an estimated \$12.0 million. This estimate includes \$9.1 million of savings that would result from containing inflationary cost growth on contracts, utilities, and services. In addition, \$2.9 million of tax levy savings could be realized by further requiring departments to self-fund certain salary increases within their budgets (1% and DOSAA funding). The task of containing inflationary cost growth becomes more challenging for departments each year.
- The County has a goal of cash financing 20% of its capital projects. In the 2020 budget this goal was slightly exceeded with a cash capital budget of \$11.6 million. In some previous years the 20% goal was not met due to competing operating budget demands and priorities. Until the full list of capital project requests is received and reviewed it is difficult to determine if cash capital savings can be achieved in 2021. For purpose of analysis and planning, this report assumes a \$3 million reduction in cash capital could be considered in 2021.
- Although the Debt Service Reserve (DSR) should not be considered a permanent funding source, the County has utilized a portion of the DSR for the operating budget in previous years. A \$3.6 million withdrawal would be consistent with the 2020 adopted budget.
- Even if the above tax levy savings scenarios were all applied, a remaining gap of

approximately \$2.7 million would still exist. The Office of Performance, Strategy, and Budget will continue to seek solutions to these funding challenges and provide additional reports to the County Board and Finance and Audit Committee in the coming months.

## **Strategic Planning**

Over the past year the County has worked to develop a new strategic plan which is also being presented to the County Board for adoption in March 2020. The strategic plan outlines the vision of the County to be: “By achieving racial equity, Milwaukee is the healthiest county in Wisconsin.”

In March of 2020 a resolution and ordinance are being presented to the County Board, which is “committing Milwaukee County to advancing the strategic priority of racial equity to improve the health of the entire community by eliminating any racism in the County’s policies, procedures, practices, and power structures.”

The strategic plan includes three-year objectives to achieve goals which are stated below, within each of the following focus areas:

- 1) **Diverse & Inclusive Workforce:** Milwaukee County leadership, management, and staff will reflect the diversity of its residents to better represent the experiences and ideas of the people it serves. The County resolves to build a collaborative, supportive, respectful workplace environment that increases the participation and contribution of all employees.
- 2) **Customer-focused Design:** Government services should meet the needs of its customers. Redesigning what, where, and how services are provided to meet customer needs should be done with customer participation. Defining customer populations and including those customer groups in the design and decision-making of services will help ensure that government services are meeting the needs of those using, or who could be using, County services. To this end, the County must focus on purposeful and meaningful community engagement on the front-end and throughout the process of decision making, which will produce more appropriate and equitable power-sharing between experts working in the government and the customers of County services.
- 3) **Employee Voice:** To enhance the health of Milwaukee County residents, County government should ensure that services meet everyone’s needs. Thousands of Milwaukee County employees directly serve residents each day, and their perspectives should be more-intentionally included to continually improve the equity of policies, procedures, and practices.
- 4) **Improved Performance & Equitable Practice:** Milwaukee County government must improve the quality of data it collects and analysis of the impact of services on customers. It is not enough to wish that a service is producing its intended outcome; the County should use qualitative and quantitative data to assess impact and continuously improve where services are falling short in order to improve the quality of life for all residents.
- 5) **Increased Revenue:** Over the past decade, Milwaukee County has cut an average of

\$20 to \$30 million annually due to the structural deficit and has accumulated hundreds of millions of dollars in deferred maintenance. The harms to services caused by the structural deficit are largely due to the Wisconsin State Legislature not sufficiently funding mandated county services, the County's limited options to raise local revenue, and fiscally irresponsible decisions made decades ago. The County must find sustainable revenue sources and continue to pursue organizational efficiencies so the government can make meaningful investments to advance racial equity

Achieving goals within these objective areas is likely to require some strategic investment as well as prioritization of services. An effort is underway to analyze and quantify what resources may be needed to realize goals within these objectives. It will be recommended for policy makers to consider funding for strategic plan priorities during the budget process.

For additional information on the strategic plan, see File No. 20-174 which is also being submitted as part of the March 2020 County Board meeting cycle.

### **Focus on Transit Funding**

Similar to 2020, the Milwaukee County Transit System (MCTS) is expected to be faced with significant budget challenges in 2021. Given the magnitude of budget issues impacting MCTS, this report provides further information specifically focused on the Transit budget.

State and Federal revenues represent approximately \$93 million or 60% of Transit's 2020 operating budget, while Property Tax Levy, Vehicle Registration Fee revenue, and passenger revenues comprise the remainder. For several years, State and Federal funding for Transit has declined. This trend is expected to continue in 2021. Following is a summary of the major challenges and issues impacting Transit's 2021 budget outlook.

- MCTS is faced with a \$2.4 million reduction in federal Congestion Mitigation Air Quality (CMAQ) funding that is currently used to support the Transit operating budget. This funding was initially granted to the County in 2012 for the purpose of introducing new express bus services. MCTS and the Milwaukee County Department of Transportation (MCDOT) have indicated that this CMAQ funding allocation expires in 2020 and the County will not have an opportunity for renewal due to federal limits on the number of years that CMAQ funds can be used for a new service.
- The 2020 MCTS operating budget included \$2.9 million of limited term 5307 federal grant carryover funding which is permissible by the Federal Transit Administration (FTA). This was a strategic yet short-term solution to support the Transit budget in 2020. MCDOT has indicated that these funds can be made available again in 2021, but that this is not an ideal long-term solution. Utilizing the same amount of funds for the operating budget in 2021 would result in a \$2.7 million gap for 2022.
- MCDOT has indicated that State Mass Transit Operating Assistance will remain flat at

\$65.5 million in 2021. This revenue source was increased by \$1.2 million in 2020 as a result of the enacted 2019-21 State budget. The full value of the State biennial budget increase was already reflected in 2020 and there are no additional State funds expected for 2021. Flat funding of this revenue source also contributes to the budget gap because this does not provide revenue to support inflationary cost increases. Mass Transit Operating Assistance is the single largest revenue source in the MCTS budget. State funding for Milwaukee County transit remains lower than it was a decade ago.

- MCTS is estimating approximately \$2 million in additional salary and fringe benefit costs in 2021, based on current contractual agreements and early fringe benefit estimates.
- MCTS is preliminarily projecting a further decline of \$650,000 in passenger revenue in 2021, which would continue a trend of declining ridership in recent years. The 2020 budget document shows that ridership levels are expected to be reduced to 27.7 million in 2020, which is a 13.5% reduction from 31.5 million riders in 2017.
- Property tax supports \$12.2 million of the MCTS operating budget. As indicated in this report, the County faces a \$21.3 million estimated budget gap for 2021, representing the variance between tax levy needs compared to funding that is available for County services. In past years, one of the strategies to close the budget gap has been to distribute levy reduction targets to departments in an across-the-board fashion. Any levy target amount would further add to Transit's gap for 2021.
- The Vehicle Registration Fee (VRF), which is currently \$30, currently provides \$16.1 million of annual funding to the Transit operating budget, plus \$1.1 million to the Highway Maintenance budget, for total annual amount of \$17.2 million. The current budget gap estimate assumes that this fee will remain flat in 2021. Under State statutes the County does have the ability to raise the VRF for transportation related services, including transit. For example, a \$10 VRF increase would generate an estimated \$5.7 million of added revenue. A \$20 VRF would add \$11.5 million of revenue. A \$30 increase would result in \$17.2 million. However, the Milwaukee County VRF is already higher than most jurisdictions across the State.

With the above factors combined, the Transit budget on its own has a projected gap in the range of \$5.0 million to \$7.7 million. The range is dependent upon decisions related to the use of federal 5307 carryover revenue. If the federal carryover revenue is used to support the 2021 budget, that will create a gap in 2022.

### **Revenue Update**

Significant focus has been placed on the need for revenue reforms for Milwaukee County and local governments across the State of Wisconsin. State statutes restrict the amount of revenues that Counties and other local governments are statutorily allowed to collect. For Milwaukee County, statutory restrictions have resulted in forecasted revenue growth of less than one percent per year which is not enough to support inflation, and this is the primary cause of the County's

structural deficit.

The “Fair Deal for Milwaukee Workgroup” was created in 2018 to build a new partnership with the State of Wisconsin to protect services and invest in our future. This workgroup was co-chaired by the County Board Chairman and the County Executive and included a diverse group of stakeholders, including community advocates to business interests. The workgroup provided a number of recommendations including: allowing Milwaukee County local control to generate revenue and reduce reliance on property tax; increased contributions from the state towards the provision of state-mandated services; fully reimbursing the County for the cost of patrolling freeways; adjusting shared revenue payments and other state aids to align with inflation; equally sharing Circuit Court and Register of Deeds fees collected by the County; and other recommendations.

In October of 2019 the State legislature introduced bills SB471 and AB521 which would allow Milwaukee County voters to decide if Milwaukee County should increase its sales tax by 1% and provide property tax relief. A 1% sales tax is estimated to generate over \$160 million in sales tax annually. Under the proposed bill, a minimum of 25% of that revenue would be set aside for property tax relief. The remaining revenue would be split between Milwaukee County and its 19 municipalities to meet critical needs.

SB 471 has been referred to the Senate Committee on Agriculture, Revenue and Financial Institutions. AB 521 has been referred to the Assembly Committee on Ways and Means. Legislative leadership, members of the respective committees, and Milwaukee area legislators have been working together, in a bi-partisan manner, to build support for the legislation and schedule a public hearing in the remaining weeks of the current legislative session.

The 2021 operating budget gap estimate does not make any assumptions regarding the additional sales tax rate.

### **NEXT STEPS: 2021 Budget Process**

Resolving the operating budget gap will be done through the budget process which takes place through the following timeline:

Forecasting and Budget Strategy Phase:

- January–April – DAS-PSB prepares forecasts for the upcoming fiscal year and develops budget assumptions with the County Executive and County Board

Department Request Phase:

- March or April – Departments receive operating budget instructions
- April - July – Departments develop their budget requests
- July – Departments submit their budget requests to the Office of Performance, Strategy, and Budget

Recommended Budget Phase:

- August-September – County Executive works with DAS-PSB and departments to finalize the Recommended Budget
- October 1 – County Executive submits the Recommended Budget

County Board Phase:

- October-November – Finance and Audit Committee reviews and requests information on the Recommended Budget
- November – The County Board adopts the budget

Throughout this process, DAS-PSB will provide additional information and updates.

## **RECOMMENDATION**

This report is for informational purposes only. No action is needed. DAS-PSB will continue to provide information throughout the budget process. The administration looks forward to continuing work with the Board to develop a long-term fiscal sustainability plan for the County.

---

Joseph Lamers, Director  
Office of Performance, Strategy and Budget  
Department of Administrative Services

Cc: Chris Abele, Milwaukee County Executive  
James “Luigi” Schmitt, Chair, Finance and Audit Committee  
Willie Johnson Jr., Co-chair, Finance and Audit Committee  
Sheldon Wasserman, Finance Committee  
Supreme Moore Omokunde, County Supervisor  
Jason Haas, County Supervisor  
Sequanna Taylor, County Supervisor  
Eddie Cullen, County Supervisor  
Scott Manske, County Comptroller  
Steven Cady, Research and Policy Director, Office of the Comptroller  
Teig Whaley-Smith, DAS Director  
Raisa Koltun, Chief of Staff, Office of the County Executive  
Kelly Bablitch, Chief of Staff, County Board  
Dan Laurila, DAS-PSB Operating Budget Manager

COUNTY OF MILWAUKEE  
INTER-OFFICE COMMUNICATION

6

**Date:** December 16, 2019  
**To:** Tom Lutzow, Chairman, Milwaukee County Mental Health Board  
**From:** Margo Franklin, Director of Employee Relations, Department of Human Resources.  
**RE:** Ratification of the 2019 Memorandum of Agreement between Milwaukee County and the Wisconsin Federation of Nurses and Health Professionals, Local 5000, AFT, AFL-CIO

---

Milwaukee County has reached an understanding with the bargaining team for the Wisconsin Federation of Nurses and Health Professionals, Local 5000, AFT, AFL-CIO that establishes a Memorandum of Agreement (MOA) for 2019.

I am requesting that this item be placed on the next agenda for the meeting of the Milwaukee County Mental Health Board.

The following documents will be provided to the Committee for their review:

- 1) The MOA between the County and the Union;
- 2) A Union notification that the MOA was ratified by the membership;
- 3) A fiscal note that has been prepared by the Office of the Comptroller.

If you have any questions, please call me at 278-4852.

**2019  
AGREEMENT  
BETWEEN THE  
COUNTY OF MILWAUKEE  
AND THE  
WISCONSIN FEDERATION OF NURSES AND HEALTH PROFESSIONALS,  
LOCAL 5000, AFT, AFL-CIO**

**MILWAUKEE COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
EMPLOYEE RELATIONS  
COURTHOUSE, ROOM 210  
901 NORTH. 9TH STREET  
MILWAUKEE, WI 53233  
414-278-4852**

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2019  
AGREEMENT  
between the  
COUNTY OF MILWAUKEE  
and the  
WISCONSIN FEDERATION OF NURSES & HEALTH PROFESSIONALS,  
LOCAL 5000, AFT, AFL-CIO

---

This Agreement, made and entered into by and between the County of Milwaukee, a municipal body corporate, as municipal employer, hereinafter referred to as "County", and the Wisconsin Federation of Nurses & Health Professionals, Local 5000, AFT, AFL-CIO, as representatives of employees who are employed by the County of Milwaukee, hereinafter referred to as "Federation". The County is a party to this agreement by virtue of the power granted to the Milwaukee County Mental Health Board under Wis. Stat. 51.41(10).

WITNESSETH

In consideration of the mutual covenants herein contained, the parties hereto do hereby mutually agree as follows:

**PART 1**

1.01 RECOGNITION

The County agrees to recognize, and herewith does recognize, the Federation as the exclusive collective Bargaining agent of behalf of the employees of Milwaukee County in accordance with the certification of the Wisconsin Employment Relations Commission, as amended, in respect to wages, pursuant to Subchapter IV, Chapter 111.70, Wisconsin Statutes.

1 1.02 BARGAINING UNIT DEFINED

2 (1) Whenever the term "employee" is used in this Agreement, it shall mean and include  
3 bargaining unit employees of Milwaukee County in Organizational Units 6313, 6316,  
4 6325, 6373, 6375, 6376, 6377, 6383, 6412, 6413, 6443, 6445, 6446, 6448, and 6474 in  
5 the following classifications: Advanced Nurse Prescriber, Advanced Nurse Prescriber–  
6 Psych, Advanced Nurse Prescriber Pool, RN, RN Educator, RN Infection Control, RN  
7 Pool, RN Risk Management, RN Utilization Review, Therapist Music, Therapist  
8 Occupational and Therapist Occupational Pool.

9 (2) When classifications are created which have not been certified by the Wisconsin  
10 Employment Relations Commission to any bargaining unit, the employer shall notify the  
11 Federation within 30 days of the creation of such classifications and send the copies of  
12 the job descriptions of same. Upon request of the Federation, the parties shall meet and  
13 attempt to enter into a stipulation of agreement regarding the inclusion or exclusion of the  
14 classifications. If the parties reach an agreement, they shall jointly notify the Wisconsin  
15 Employment Relations Commission of the agreement and request the Wisconsin  
16 Employment Commission to certify the classification(s) as being represented by the  
17 Federation. If the parties fail to reach an agreement, either party may petition the  
18 Wisconsin Employment Relations Commission for a determination under Chapter  
19 111.70.

20  
21 1.03 DURATION OF AGREEMENT

22 This Agreement is to take effect on January 1, 2019. Unless otherwise modified or extended by  
23 mutual agreement of the parties, this Agreement shall expire on December 31, 2019.

24  
25 **PART 2**

26  
27 2.01 WAGES

28 Effective Pay Period 13, 2019 (June 02, 2019) the wages of bargaining unit employees shall be  
29 increased by two percent (2.0%).

**SIGNATURE PAGE FOLLOWS**

IN WITNESS WHEREOF, the parties hereto have executed this Contract on the day, month and year first above written.

Wisconsin Federation of Nurses & Health  
Professionals, Local 5000, AFT, AFL-CIO

By: \_\_\_\_\_ Date: \_\_\_\_\_

Department of Human Resources

By: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Employee Relations

*Approved for execution:*

By: \_\_\_\_\_ Date: \_\_\_\_\_

Corporation Counsel

*Approved as to funds available per  
Wisconsin Statutes Section 59.255(2)(e):*

By: \_\_\_\_\_ Date: \_\_\_\_\_

Comptroller

*Approved:*

By: \_\_\_\_\_ Date: \_\_\_\_\_

County Executive

*Approved as compliant under sec. 59.42(2)(b)5, Stats.:*

By: \_\_\_\_\_ Date: \_\_\_\_\_

Corporation Counsel



*A Union of Professionals*

9620 West Greenfield Ave.  
Milwaukee, WI 53214-2645  
T: 414/475-6065  
800/828-2256  
F: 414/475-5722  
www.wfnhp.org

***Sent via email***

November 18, 2019

Ms. Margo Franklin  
Director of Employee Relations  
Milwaukee County Dept of Human Resources  
901 N 9<sup>th</sup> Street, Suite 210  
Milwaukee, WI 53233

**RE: 2019 Contract Ratification**

Dear Ms. Franklin,

This letter is inform you that on November 15, 2019, the members of the Milwaukee County Chapter of Wisconsin Federation of Nurses and Health Professionals, Local 5000, AFT, AFL-CIO, voted to ratify both the 2019 BHD and non-BHD tentative agreements between the County and the Union.

Please let the union office know if you need any further details.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jamie Lucas".

Jamie Lucas  
Executive Director

A handwritten signature in blue ink, appearing to read "Candice Owley".

Candice Owley, RN  
WFNHP President

CC: Anna Maring, Chapter President

JL:CO/ak opeiu9aficio

**COUNTY OF MILWAUKEE**  
INTEROFFICE COMMUNICATION

DATE: November 8, 2019

TO: Tom Lutzow, Chairman, Milwaukee County Mental Health Board

FROM: Scott B. Manske, Comptroller  
Cynthia (CJ) Pahl, Financial Services Manager, Office of the Comptroller

SUBJECT: Fiscal Impact – 2019 Collective Bargaining Agreement with the Wisconsin Federation of Nurses and Health Professionals, Local 5000, AFT, AFL-CIO

Under Wisconsin Employment Relations Commission (WERC) rules and Statute Statute, non-public safety bargaining units are only allowed to negotiate for base wage increases on an annual basis. The start of the bargaining year for the Wisconsin Federation of Nurses and Health Professionals, Local 5000, AFT, AFL-CIO (FNHP) was January 1, 2019. The last day of their previously negotiated contract was December 31, 2018. The bargaining unit was recertified in 2019.

**2019 Base Wage Limit**

Using rules provided by WERC, a calculation was made to provide the maximum base wage increase allowable for 2019 for this bargaining unit. The calculation was based on the members of the bargaining unit in the pay period that was 180 days prior to the expiration date of the most recent collective bargaining agreement. The pay period used was Pay Period 15 2018 (ending July 14, 2018). At that time, the bargaining unit had 131 members who were actively employed<sup>1</sup>. The annual wages of the members were calculated based upon their existing wage rates and were then multiplied by the CPI applicable to bargaining years beginning on January 1, 2019, or 2.25 percent. This became the maximum base wage increase allowable for purposes of bargaining or \$133,115<sup>2</sup>; this is the maximum amount that can be paid in additional base wages in 2019 and can be paid out however agreed upon by the union and the County.

---

<sup>1</sup> For purposes of this fiscal note, the FNHP bargaining unit consists of all represented employees only under control of the Milwaukee County Mental Health Board.

<sup>2</sup> The FNHP bargaining unit had 131 total authorized positions as of July 1, 2018 (authorized positions having the definition provided by WERC "...those positions in the bargaining unit that are filled"). However, 27 of these employees were pool or hourly positions. These employees have been excluded for purposes of calculating the maximum base wage increase and total salary lift due to language within the WERC rule ERC 90.03(3) which states to multiply the hourly base wage rate by the annual number of regularly scheduled hours for each authorized position when determining maximum base wage increases. Since these positions do not have regularly scheduled hours, they have been excluded.

### 2019 Wage Increase and Base Wage Compliance

Based upon the proposed agreement with the bargaining unit, the base wage rates will increase by 2.0 percent effective with Pay Period 13 (beginning June 2, 2019) for all members. The base wage increase results in a total salary lift for 2019 of \$62,129 for the bargaining unit, which is \$70,986 below the maximum base wage increase allowable. Calculation of the maximum base wage increase for the bargaining unit was made in accordance with the WERC rules. The Office of the Comptroller and outside legal counsel have discussed and have agreed to the definition, application and calculation of base wages.

### Impact of 2019 Wage Increase on 2019 Budget and 2020 Budget

Based upon the proposed agreement with the bargaining unit, the base wage rates will increase by 2.0 percent effective with Pay Period 13 (beginning June 2, 2019). The cost of the wage increase for 2019, using the contract effective date, would be as follows:

2019 Salary Increase	\$ 62,129
FICA	\$ 4,753
<b>Net cost</b>	<b>\$ 66,882</b>

The 2019 Adopted Budget included an appropriation for a 2.0 percent wage increase for all employees, effective Pay Period 14 (beginning June 16, 2019), or approximately \$81,485 in additional salary dollars. Therefore, there is a \$20,836 savings based on the proposed agreement for the current year.

2019 Budgeted Salary Increase	\$ 81,485
FICA	\$ 6,234
<b>Net Budgeted Amount</b>	<b>\$ 87,718</b>
<b>Net Actual Cost of Bargained 2%</b>	<b>\$ 66,882</b>
<b>Savings / (Cost)</b>	<b>\$ 20,836</b>

Since this wage increase inflates the base wage of these employees it would therefore impact each subsequent year budget. The budget impact on 2020, assuming the same pension percentages, would be as follows:

2020 Salary Increase	\$ 106,174
FICA	\$ 8,122
<b>Net cost</b>	<b>\$ 114,296</b>



Scott B. Manske  
Comptroller



Cynthia (CJ) Pahl  
Financial Services Manager

**COUNTY OF MILWAUKEE  
INTEROFFICE COMMUNICATION**

**DATE:** February 25, 2020

**TO:** Tom Lutzow, PhD, MBA, Chairman, Milwaukee County Mental Health Board

**FROM:** Aaron Hertzberg, Director, DAS – Economic Development Division

**SUBJECT:** **An Action Report regarding the sale of the Milwaukee County Mental Health Complex**

**Background**

Previous County Board Legislation –

File 16-390 – From the Director, Department of Transportation, requesting approval of the Locally Preferred Alternative; requesting authorization to apply for the Federal Transit Administration Small Starts grant; and requesting to commit \$7,775,000 to support the development of the proposed East/West Bus Rapid Transit Project.

File 18-484 – An Informational Report from the Comptroller and Director of Department of Administrative Services regarding Milwaukee Regional Medical Complex Land Options

File 18-764 – 2019 Recommended Budget (specifically attachments #16 and #18)

Note that a summary presentation of the sale was presented to the Executive Committee of the Mental Health Board on February 3, 2020

Note this item also relates to two other reports submitted to the County Board for consideration in the March 2020 cycle:

- An Informational Report regarding the potential transfer of the County water system servicing portions of the Milwaukee County Grounds to the City of Wauwatosa and the Milwaukee Regional Medical Center.
- An Action Report on the Development of the Center for Forensic Science and Protective Medicine, Recommending Transfer of \$11,191,328 from Allocated Contingency to Capital Improvement Project WC20901 – Forensic Science Center.

**Summary**

Milwaukee County has completed an Option Agreement (“Option”) for sale of Milwaukee County’s Mental Health Complex at 9201 – 9501 W. Watertown Plank Road (“BHD Land”) and other ancillary properties at and adjacent to the Milwaukee Regional Medical Center (“MRMC”) to MRMC Land Bank, LLC (Buyer). MRMC Land Bank, LLC is comprised of Children’s Wisconsin, Froedtert Health and the Medical College of Wisconsin. Two of the three existing buildings that are part of the sale, the former Child Adolescent Treatment Center (“9501”) and Day Hospital (“9201”), had previously been vacated and decommissioned. The Mental Health Building (“9455”) remains active and under terms of the agreement will be leased back by Milwaukee County for \$1. Upon completion of the Option, a copy was posted to the County’s website. By Wisconsin State Statute 51.08 and as outlined in the Option, the Mental Health Board must consent to sale of the County’s Mental Health Complex.

In accordance with Wisconsin State Statute (59.17), the transaction was approved by the County Executive, Comptroller and Intergovernmental Cooperation Council (“ICC”) appointees from the Cities of Wauwatosa and Milwaukee. The primary property referenced in the sale agreement is entirely within the boundaries of the City of Wauwatosa. The deal terms outline the potential transfer of lands along the southern boundary of the MRMC campus (denoted later as “Ponds Lands”) that include land in the City of Milwaukee, thus also requiring approval from Milwaukee’s ICC appointee.

Members of MRMC including the Blood Center of Wisconsin, Children’s Wisconsin, Froedtert Health and the Medical College of Wisconsin previously acquired option agreements to purchase land currently leased from Milwaukee County (File 18-484). Following completion of the BHD Land Option, each of the above-mentioned entities and MRMC Land Bank, LLC provide notice of their intent to exercise all options on campus. The agreements set a date for closing within 60 days of exercise, no later than March 31, 2020.

Note that Curative Care Network (“Curative”) is a member of MRMC and leases land from the County at 1000 N. 92 Street. Curative previously requested that Milwaukee County agree to assign their lease interests to Children’s Wisconsin and under a separate agreement with Children’s Wisconsin leased the space they currently occupy. As part of the agreement, Children’s Wisconsin entered an Option with the County to purchase the Curative property. Curative will remain in their existing space under the new lease with Children’s Wisconsin.

County priorities in entering the Option, in no particular order, were to:

- Vacate underutilized, costly and inefficient buildings
- Avoid liabilities associated with the demolition of County buildings
- Support the Mental Health Board’s vision for a community-based service model
- Allow the Behavioral Health Division to continue operations on site as needed
- Receive maximum value from the sale
- Support Milwaukee County’s Department of Transportation’s plans for East/West bus rapid transit (“BRT”) lanes through the MRMC campus
- Ensure the opportunity for development of the County’s planned Center for Forensic Science and Protective Medicine
- Align with the City of Wauwatosa’s Life Science District Master Plan, which was jointly funded by Milwaukee County and approved in December 2018 after an extensive public process

### **BHD Lands**

The BHD Lands comprise 40.373 acres that will be subdivided into four lots. A draft certified survey map depicts the area below with the four lots offered for sale labeled as described in the Option. The property will be acquired “AS IS, WHERE IS” by the Buyer.

Also included are future opportunities for MRMC Land Bank, LLC to acquire “Lands outside the BHD Lands” including, “Ponds Land” (19.334 acres), “Watertown Plank Land” (approximately 2.12 acres) and WisDOT “Surplus Land” (1.92 acres). Note that two outlots have been created on the Ponds Lands where catalogued burial sites will be retained by the County. The sale of Lands Outside the BHD Lands are described later in the report.

The sale of all lands is separate and distinct of any transfer of the County-owned water and sewer system servicing the MRMC and other properties in the City of Wauwatosa. Negotiations are on-going with both MRMC and the City of Wauwatosa regarding transfer of the water and sewer system. A companion Informational Report regarding the status of those negotiations has been submitted for consideration of the County Board in the March cycle.



The buildings on the BHD Lands (Lots 1-4 above) have met the end of their useful life, no longer serving the County as they were intended when they were built and would require significant investment to update or re-purpose.

The former Children's Adolescent Treatment Center ("CATC" or "9501") and Day Hospital ("9201") buildings have been decommissioned as part of the County's effort to reduce the County's footprint, limiting utility and operational costs. The Behavioral Health Building ("9455") is already underutilized with a high level of vacancy within the building. Needs within the building will be further reduced in the coming years as the Milwaukee County Mental Health Board ("MHB") has entered a contract with Universal Health Services ("UHS") to provide inpatient mental health services at a privately constructed location elsewhere in the County. The MHB and Behavioral Health Division ("BHD") have also sought other opportunities to provide services in community-based locations more accessible to patients. BHD is working with DAS to explore opportunities to move all operations out of 9455, with a goal, though no requirement, to be entirely out of the facility by the end of 2022.

Costs from the DAS-Facilities Management – Architecture & Engineering Division to demolish all three County buildings on BHD Lands were estimated to be between \$11 and \$15 million in

2008. Those estimates were revised in 2012 to between \$12.5-19.4 million (see Exhibit C). The extensive demolition costs are primarily driven by the size of the sprawling complex and challenges in dealing with asbestos containing materials and underground steam tunnels.

At the time of closing, the Buyer will take possession and responsibility for the 9501 and 9201 properties. With the sale, Milwaukee County alleviates itself of any and all responsibilities for maintenance or demolition of those buildings, an anticipated cost avoidance solely related to demolition of between \$5-7.5 million.

#### **Lease Back of 9455**

Milwaukee County will lease back 9455 for continued use by BHD. The initial term is for ten years at a base rent of \$1 per year. All parking on Lot 3 shall be retained by the County, with the Buyer required to provide an additional 200 parking spots proximate to the build to help ensure continued operations. Unlimited five-year extensions are available as necessitated by the County. For as long as the building is leased, Milwaukee County retains all maintenance, operation and liabilities of the building.

Because of the outsized cost of demolition of the 9455 building, estimated to be between \$7.5 and \$12 million, the Buyer was unwilling to assume demolition obligations at closing. After Milwaukee County vacates the premises, the Buyer has the right to terminate the lease, take full possession of the property and carry forth with demolition of the building. If the buyer is not prepared to take on demolition of the building when BHD vacates, Milwaukee County intends to decommission the building to limit utility and maintenance costs and retain the lease at a base rent cost of \$1 per year. Milwaukee County would retain the lease until market conditions encourage the Buyer to take on demolition responsibilities.

#### **Additional Lands**

In addition to sale of the BHD Lands, the Option outlines terms for transfer of other properties associated with the MRMC Campus. These transfers serve to avoid any ongoing maintenance or infrastructure responsibilities as the campus transitions to private ownership. Terms are outlined below.

#### **Ponds Land**

The Ponds Land includes approximately 19.334 acres of land immediately north of Wisconsin Avenue between Windsor Court and W. 92<sup>nd</sup> Street. Milwaukee County is not required to transfer the Ponds Land unless and until an agreement is made to transfer the County-owned water and sewer system to MRMC, Inc. or an affiliate organization. MRMC, Inc. is the membership organization made up of the six partners on the MRMC campus, Blood Center of Wisconsin, Children's Wisconsin, Curative, Froedtert Health, Medical College of Wisconsin and Milwaukee County. A separate report has been submitted to the Milwaukee County Board in the March 2020 cycle regarding the status of a potential transfer of portions of the County-owned water and sewer system servicing the area to MRMC and the City of Wauwatosa. Note that the land includes two outlots for catalogued burial sites that will be retained and protected by Milwaukee County. (see Sections 1.b. and 3.d.).

The Ponds Land are considered part of the water and sewer system on campus and are not expected to be developed. No value was applied to the transfer of these lands. There are provisions in the agreement to recapture value of the Ponds Land if it is sold or developed following acquisition from Milwaukee County (Section 11).

#### Watertown Plank Lands

The Watertown Plank Lands include land of approximately 2.12 acres immediately north of Watertown Plank Road between N. 92<sup>nd</sup> Street and Discovery Parkway, south of the MRMC Thermal Utility Facility. The frontage parcels carry several utility lines and easements and are not developable. The Milwaukee County Department of Transportation and the DAS-Facilities Management Division confirmed there is no interest in continued ownership by Milwaukee County. As part of the transaction, the Buyer agreed to acquire the land with maintenance responsibilities as a buffer area for the Thermal Facility. No value was applied to the transfer of these lands.

The Watertown Plank Lands also include a parcel east of N. 92<sup>nd</sup> Street associated with the East Watertown, near the Ronald McDonald House. As is the case with the Ponds Land, Milwaukee County is not required to transfer this land unless and until a transaction of the water and sewer system is completed with MRMC, Inc. or an affiliate organization.

#### WisDOT Surplus Land

As part of the Zoo Interchange project the Wisconsin Department of Transportation (“WisDOT”) has returned a parcel of land to Milwaukee County associated with an on-ramp that no longer exists from W. Wisconsin Avenue to Interstate 41 North. The land includes a stubbed road onto the MRMC campus along W. Wisconsin Avenue at N. 95<sup>th</sup> Street. The area of land is important in creating a new road connection to the west side of the MRMC campus. Market value for this portion of land was charged at the same value of other lands on campus, \$190,821 per acre. At approximately 1.92 acres the Surplus Land is sold for \$366,376.

If the Buyer closes on these additional lands, \$75,000 from the sale price of the DOT Surplus Land shall be held in escrow to address potential environmental concerns related to any, but only, the Ponds, Watertown Plank or Surplus lands. Any additional environmental obligations would be the responsibility of the Buyer. Any remaining funds not used for environmental remediation would be paid to the County as part of the purchase price.

#### **Purchase Price**

An appraisal for the BHD Land assigned a value of \$190,821 per acre for approximately 40.373, bringing the gross appraised value to \$7,704,016. The gross appraised value became the base value for considering the sale.

The County buildings on the property are of a deteriorated condition, and it’s not believed they could be repurposed for private use. The estimated demolition cost based on a low-end estimate for the entire complex was anticipated to be \$12.5 million in 2012. Demolition costs adjusted for inflation to 2019 dollars (bls.gov) could be anticipated to be \$14.2 million. The appraised value relative to demolition costs demonstrate a negative market value of -\$6,495,984.

MARKET VALUE	
BHD Land Value (\$190,821/acre)	7,704,016
Estimated Cost to Demolish Existing Buildings	- 14,200,000
<b>BHD Land Market Price</b>	<b>- \$ 6,495,984</b>

In considering the sale value, Milwaukee County required the full appraised value of the land to be paid, without discount for demolition costs. Credits were provided to help facilitate County priorities, including construction of BRT investments and the planned Center for Forensic Science and Protective Medicine.

#### BRT Credit

The Buyer will take responsibility for constructing certain Bus Rapid Transit (“BRT”) infrastructure that aligns with the County's plans to service the campus. This includes building dedicated lanes for the BRT (Exhibit D). The BRT investment would otherwise be a responsibility of the County but is more easily facilitated by the Buyer, as MRMC makes corresponding investments in infrastructure on campus. The Buyer will build the BRT infrastructure to the County's specifications and as required by the Federal Transit Administration (FTA).

The expected cost of the BRT investment by MRMC is \$4,511,062. Funds from the transaction will be held in escrow for future construction when the County is prepared to advance the project. If the County does not receive FTA funding for the project, the County’s Director of Transportation has authority to approve the use of funds for other MCTS related transit improvements on campus. Regardless of FTA funding, if not all of the BRT credit funds are utilized remaining dollars would go to the County as part of the sale price.

#### Center for Forensic Science and Protective Medicine Credit

Milwaukee County has been working in collaboration with the Medical College of Wisconsin to pursue development of a Center for Forensic Science and Protective Medicine (“CFSPM”). The Option outlines allocation of six acres of land for development of the building. The property will be transfer to the Medical College of Wisconsin or an affiliate. The property will be held for development of the CFSPM. The County retains the right to either construct the facility itself or continue pursuit of its partnership with the Medical College of Wisconsin. Details of plans for the CFSPM are available in a companion report submitted to the County Board for consideration in the March 2020 cycle.

Milwaukee County will avoid acquisition costs for land associated with the CFSPM by crediting the sale price for the estimated six acres necessary to construct the facility. The credit amount of \$1,144,926 will be held in escrow. If Milwaukee County moves forward with the project the funds would be returned to the Buyer. If the County does not advance the project on the MRMC campus, the funds would be given to the County as part of the sale price. If the project does advance on the MRMC campus but less acreage is necessary, then funds would be divided between the Buyer and County on a per acre basis.

SALE VALUE	
BHD Land Value (\$190,821/acre)	7,704,016
<del>Cost to Demolish Existing Buildings</del>	<del>14,200,000</del>
BRT Investment Credit	- 4,511,062
CFSPM Land Credit (at 6 acres)	- 1,144,926
<b>BHD Land Sale Value</b>	<b>\$ 2,048,028</b>

The total sale value is outlined in the table below. Total sale value includes BHD Land, WisDOT Surplus Land and all applicable credits. Note that all credit amounts are subject to actual costs.

TOTAL SALE	
BHD Land Value (\$190,821/acre)	7,704,016
DOT Surplus Land (\$190,821/acre)	366,376
<del>Cost to Demolish Existing Buildings</del>	<del>14,200,000</del>
BRT Investment Credit	- 4,511,062
CFSPM Land Credit (at 6 acres)	- 1,144,926
Surplus Land Environmental Credit	- 75,000
<b>Total Land Price</b>	<b>\$ 2,339,403</b>

### Wauwatosa Life Science District Master Plan

In December of 2018, the City of Wauwatosa approved a Life Science District Master Plan, setting priorities and a vision for the MRMC. The plan, funded in part by Milwaukee County, was intended to “unite multiple visions, concepts and opportunities for the future of the area known as the County Grounds.” The plan was approved following an extensive public process including many community listening sessions and public hearings.

With respect to the MRMC, the plan calls for a campus-like environment to support the growth of the existing medical and research uses. The western portion of campus, including the BHD Lands, are envisioned for campus growth and a new road network that requires demolition the 9201, 9455 and 9501 buildings. The new road network is intended to help alleviate congestion on the eastern portion of campus and provide more direct access to I-41 and Watertown Plank Road at Discovery Parkway. The west campus is stated as “a unique opportunity for bold, dynamic, iconic buildings, visible from the freeway comparable to other nationally prominent academic medical centers.”

Today, approximately 17,000 people are employed at the MRMC campus, with upwards of 30,000 visitors. According to the plan, the combined community impact of the members exceeds \$400 million. The sale of the BHD Lands and sale of the other lands on campus to the members,

helps to fulfill the Life Science District Master Plan vision for a renowned academic medical center, attracting international talent, enhancing medical research and advancing care for those in Milwaukee County and beyond.

### **Mental Health Board Approval**

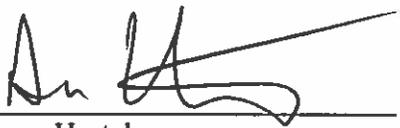
Wisconsin State Statute (51.08) requires notes that the County “may not sell the county mental health complex under this section without approval of the Milwaukee County mental health board. The Option denotes the responsibility of the County to obtain such necessary approvals from the Mental Health Board prior to, and as a condition of, closing (Section 8. e.). On February 3, 2020, the Executive Committee of the Mental Health Board unanimously passed a recommendation to the Mental Health Board to approve sale of the building. The Mental Health Board is asked to consider the suggested motion to provide consent to the transaction.

### **RECOMMENDATION**

The Director of the Department of Administrative Services – Economic Development Division respectfully requests the Milwaukee County Mental Health Board approves the following motion.

**I move, as required by Wisconsin State Statute 51.08, to approve of the sale of the Milwaukee County Mental Health Complex as submitted by the Milwaukee County Executive pursuant to the Option Agreement presented to the Milwaukee County Health Board**

Prepared by: Aaron Hertzberg, Director, DAS – Economic Development Division



Aaron Hertzberg  
Director, DAS – Economic Development Division

Exhibits: BHD Land Option

# ECONOMIC DEVELOPMENT DIVISION



**Aaron Hertzberg**

Director of Economic Development

February 27, 2020





# Milwaukee County Behavior Health Complex



Option Agreement:  
9201-9501 W. Watertown Plank Road



NW Quad  
Transit &  
Sheriff

Northeast Quadrant  
Innovation Campus, Ronald McDonald House, WAC,  
Milwaukee County Grounds Park, etc.

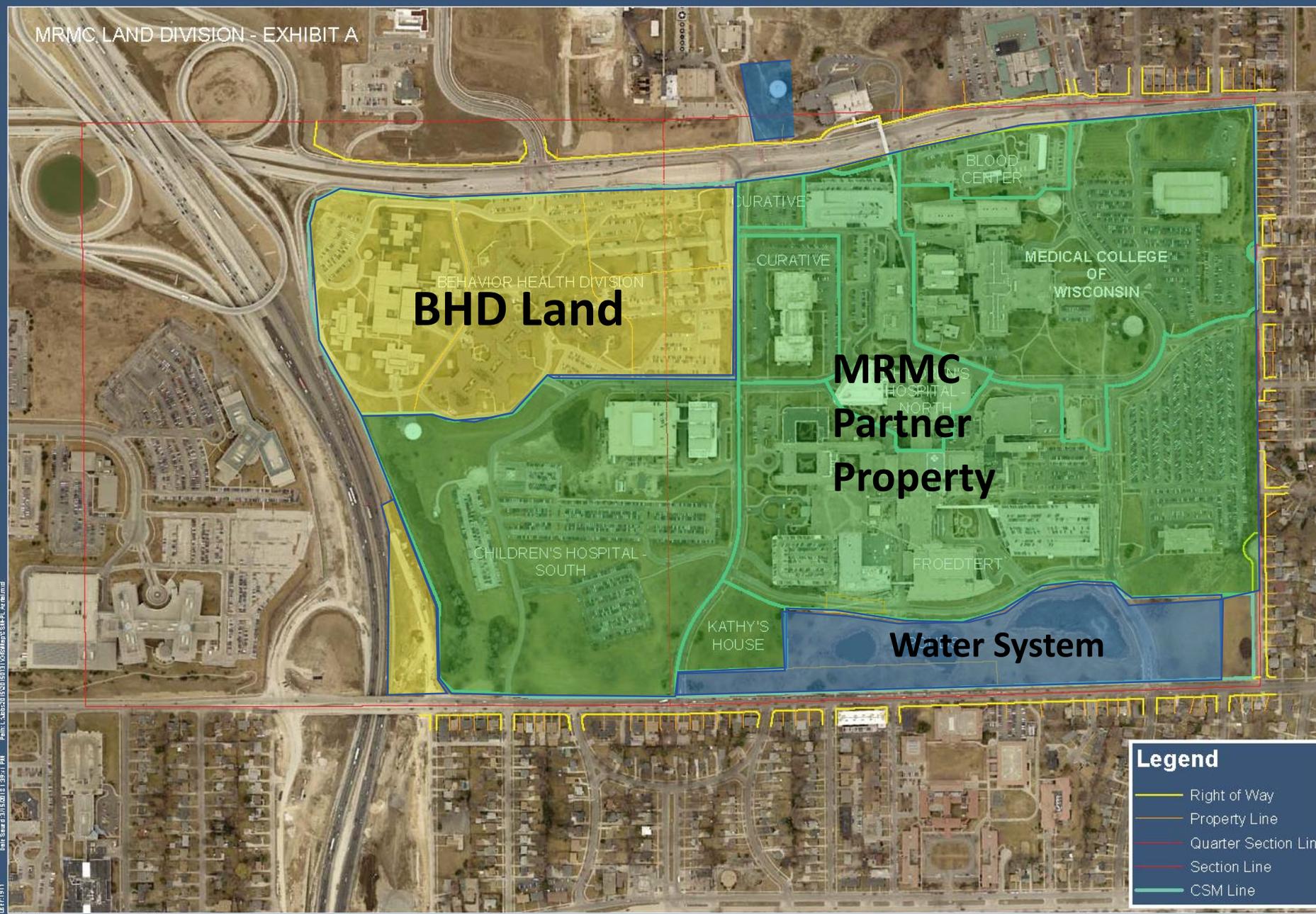
Southwest Quadrant  
Milwaukee County Research Park

Milwaukee Regional  
Southeast Quadrant  
Milwaukee Regional Medical Center  
(MRMC)  
Froedter Hospital





MRMC LAND DIVISION - EXHIBIT A



**Legend**

- Right of Way
- Property Line
- Quarter Section Line
- Section Line
- CSM Line

FIGURE #  
**GRAEF**

Attachment: MRMC LAND DIVISION - EXHIBIT A (MRMC - CSM for Behavioral Health)

CSM & PARCEL LINES  
MILWAUKEE COUNTY, WISCONSIN





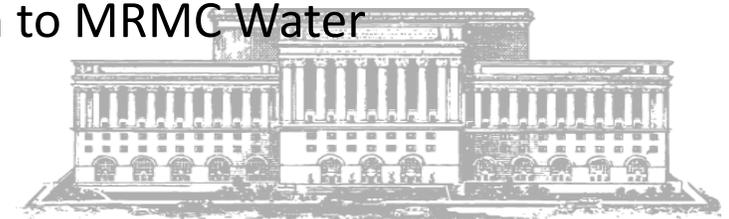
# Behavioral Health Complex





## Timeline

- **2008:** Milwaukee County explores demolition costs of BHD Complex
- **2015:** Mental Health Board seeks alternative model for inpatient services
- **June 2018:** Milwaukee County agrees to sell leased land to MRMC Partners, negotiations underway for sale of the BHD land
- **2017:** Milwaukee County closes Day Hospital Building
- **2018:** Milwaukee County closes CATC Building
- **September 2018:** Mental Health Board approves UHS Contract
- **January 2020:** Milwaukee County agrees to sell BHD land to MRMC Land Bank
- **January 2020:** MRMC Partners exercise Options
- **February 2020:** Mental Health Board considers sale of the BHD complex
- **2020 Q1:** Land sales close \*(if approved by MHB)
- **2020 Q2:** Milwaukee County reaches deal to sell water system to MRMC Water and the City of Wauwatosa
- **2020 Q3/4:** Water System sales close





HOME SENATE ASSEMBLY COMMITTEES SERVICE AGENCIES DOCS OPTIONS HELP

51.42 or 51.437. The state shall provide the services required for patient care only if no outpatient services are funded by the department in the county or group of counties served by the respective county department under s. 51.42 or 51.437.

History: 1973 c. 90, 333; 1975 c. 430 s. 19; 1985 a. 176; 1997 a. 27; 1999 a. 9.

51.08

**51.08 Milwaukee County Mental Health Complex.** Any county having a population of 750,000 or more may, pursuant to s. 46.17, establish and maintain a county mental health complex. The county mental health complex shall be a hospital devoted to the detention and care of drug addicts, alcoholics, chronic patients, and mentally ill persons whose mental illness is acute. Such hospital shall be governed pursuant to s. 46.21. Treatment of alcoholics and persons who are drug dependent at the county mental health complex is subject to approval by the department under s. 51.45 (8). The county mental health complex established pursuant to this section is subject to rules promulgated by the department concerning hospital standards. The county board may not sell the county mental health complex under this section without approval of the Milwaukee County mental health board.

History: 1971 c. 108 ss. 5, 6; 1971 c. 125 ss. 350 to 352, 523; 1971 c. 211; 1973 c. 90, 198; 1975 c. 41; 1975 c. 430 s. 15; Stats. 1975 s. 51.08; 1985 a. 552 s. 251 (1); 1987 a. 307; 2015 a. 203; 2017 a. 34; 2017 a. 207 s. 5.

... may not sell the county mental health complex under this section without approval of the Milwaukee County mental health board.





## Land Sale: Goals

- Vacate underutilized, costly and inefficient buildings.
- Support the BHD vision for a community based service model
  - UHS Agreement
  - Access clinics
  - Other...
- Allow BHD to continue operations on site as needed
- Receive maximum value from sale



BizTimes Milwaukee

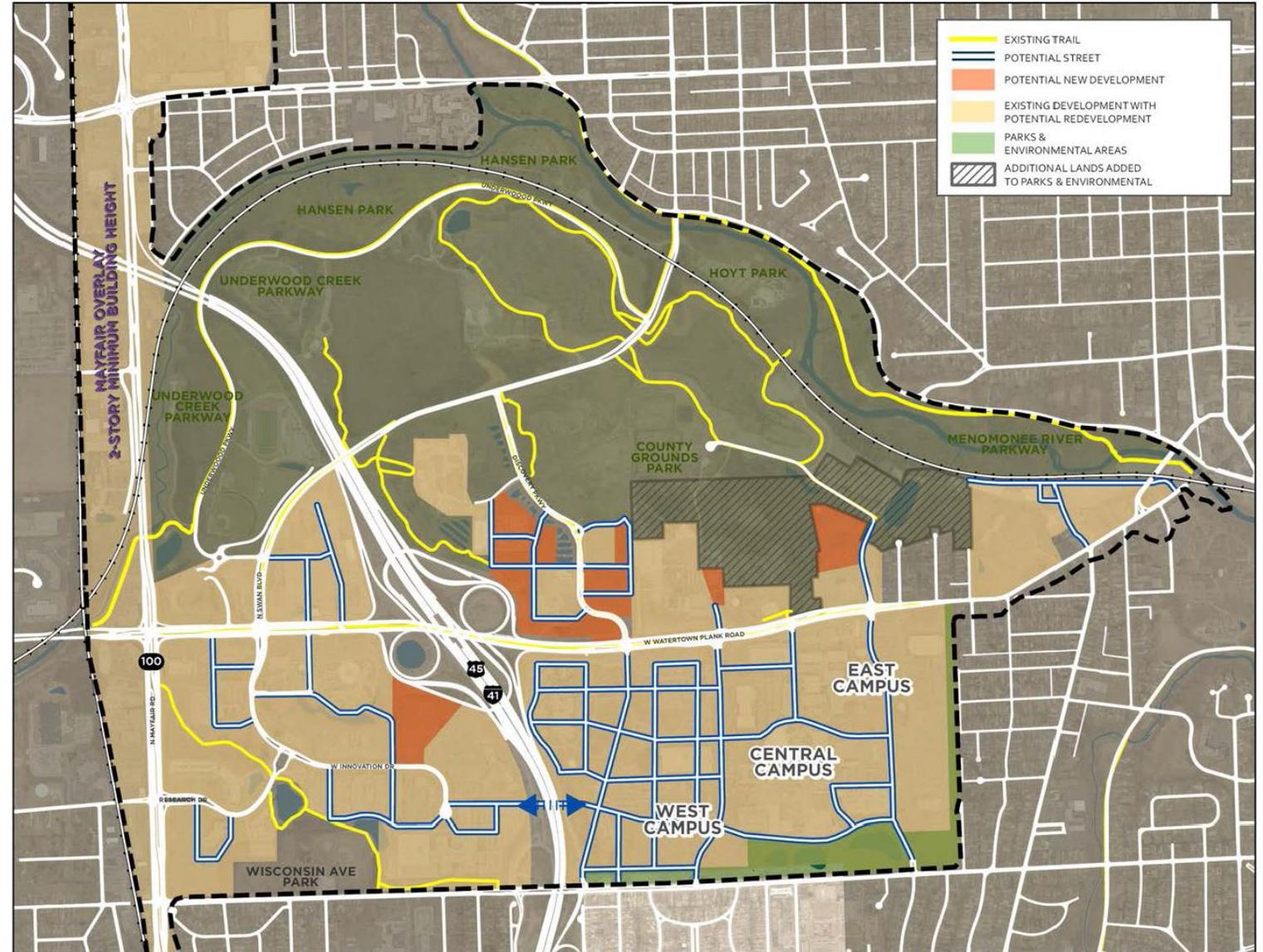




## Additional Goals

- Support Bus-Rapid Transit
- Support a state-of-the-art Center for Forensic Science and Protective Medicine (CFSPM).
- Allow MRMC partners to control their growth and further invest in Milwaukee County.
- Aligns with Wauwatosa's Life Science District Master Plan (December 2018)
- Connects road networks

### LIFE SCIENCES DISTRICT FRAMEWORK PLAN - Land Use and Road Network





## Land Sale: Terms

- The Sale price is based on appraised value of the property.
- The buyer will demolish the CATC and Day Hospital Buildings at their cost.
- BHD will remain operational on site. Initial lease term is for 10 years at \$1/year, but the County has the option to extend the lease as necessary.
- The lease back includes the entirety of “Lot 3” and an additional 200 parking spaces. Milwaukee County remains responsible for facilities maintenance throughout the lease.
- After the County leaves the facility, the buyer may terminate the County’s lease. When the buyer terminates the lease, they become responsible for demolition of the building.

### OPTION AGREEMENT (Land Bank)

For and in consideration of the sum of Five Thousand Dollars (\$5,000.00) (“Option Fee”) tendered herewith, Milwaukee County (the “County”) does hereby grant unto MPMC Land Bank, LLC, a Wisconsin limited liability company, or its permitted assigns (“Purchaser”) an exclusive Option to Purchase (“Option”) the County’s interest in the property at 9201-9501 Watertown Plank Road, in the City of Wauwatosa, Milwaukee County, Wisconsin and certain other surrounding land, all of which is more particularly described herein, on the following terms and conditions:

1. **Background; Purpose; Description of the Land.** Purchaser’s members, The Medical College of Wisconsin, Inc. (“MCW”), Children’s Hospital of Wisconsin, Inc. (“CHW”) and Froedtert Memorial Lutheran Hospital, Inc. (“FMLH”), as well as Versiti Wisconsin, Inc. (“Versiti”), currently lease land on the Milwaukee Regional Medical Center campus (“Campus”) from County, each pursuant to an individual lease (a “Campus Lease”). (Purchaser’s members are individually referred to as a “Land Bank Member” and each Land Bank Member and Versiti are also individually referred to as a “Tenant.”) County has or will have entered into option agreements with each of the Tenants (each, a “Leased Parcel Option”) pursuant to which the County will convey its interest in all property subject to a Campus Lease (with minor exceptions [e.g., gravesites]) and, with respect to FMLH, certain other property on Campus. This Option is granted for the purpose of granting the right to Purchaser to acquire certain land on Campus that is not subject to a Campus Lease or otherwise subject to an option agreement between FMLH and County, and certain land adjacent to Campus, all of which is sometimes referred to herein as the “Land” and is described as follows:

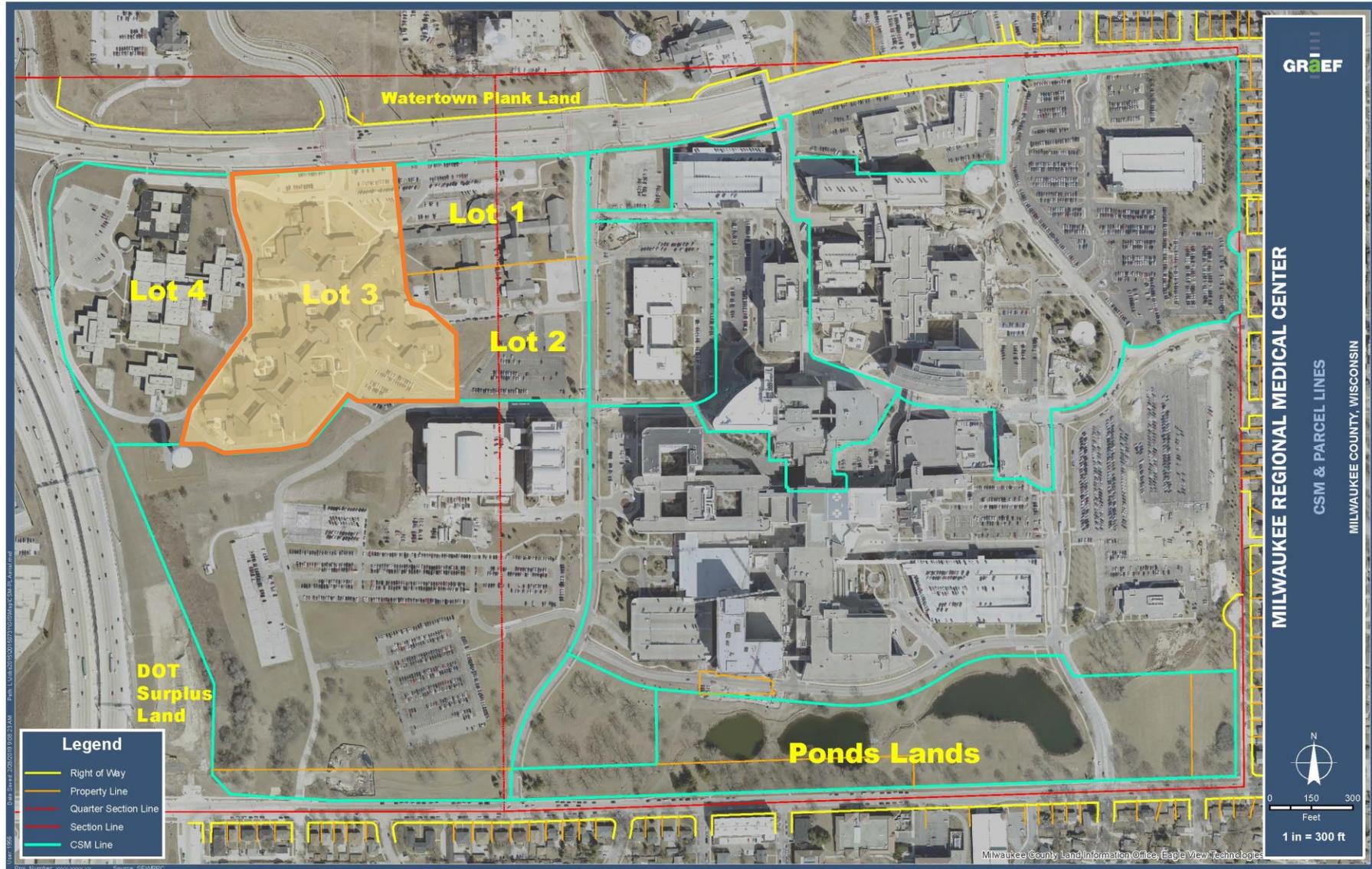
- a. The land depicted as Lot 1, Lot 2, Lot 3 and Lot 4 on the BHD CSM (as defined below) (the “BHD Campus Land”). Prior to the Closing (as defined in Section 8(a) hereof), County will subdivide the BHD Campus Land into parcels as depicted on the draft certified survey map attached hereto as Exhibit A-1 (the “BHD CSM”), in accordance with Section 8(d) hereof. Lot 1 and Lot 2 (as shown on the BHD CSM) together were formerly the County’s Day Hospital, and contain approximately 12.101 acres (hereinafter collectively “Lots 1 and 2”). Lot 3 (as shown on the BHD CSM) is currently the County’s BHD Hospital, and contains approximately 14.850 acres. Lot 4 (as shown on the BHD CSM) was formerly the County’s CATC Building, and contains approximately 13.422 acres.

<https://county.milwaukee.gov/files/county/administrative-services/EconDev/Documents/BHDOptionAgmt-Signed1.pdf>





# Behavioral Health Complex





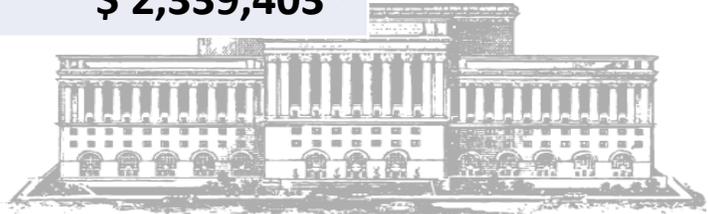


# Land Sale Value

MARKET VALUE	
Land Value (BHD and Surplus) (\$190,821/acre)	8,070,391
Cost to Demolish Existing Buildings	- 14,200,000
<b>Total Land Price</b>	<b>- \$ 5,354,909</b>

SALE VALUE	
Land Value (BHD and Surplus) (\$190,821/acre)	8,070,391
<del>Cost to Demolish Existing Buildings</del>	<del>14,200,000</del>
BRT Investment Credit	- 4,511,062
CFSPM Land Credit (≈6 acres)	- 1,144,926
Surplus Land Environmental Credit	- 75,000
<b>Total Land Price</b>	<b>\$ 2,339,403*</b>

\*Final amounts are dependent on credits



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

**DATE:** February 10, 2020

**TO:** Thomas Lutzow, Chairman – Milwaukee County Mental Health Board

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

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

**Background**

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

**Discussion**

**Optimal Operations and Administrative Efficiencies**

- **Systems Improvement Agreement (SIA) Update**

As previously discussed, BHD has agreed to enter into a SIA agreement with the Centers for Medicare and Medicaid Services (CMS) to bring BHD into compliance with the Conditions of Participation for the Medicare/Medicaid Programs. Critical Management Solutions was awarded the contract after a Request for Proposals (RFP) for an “expert consultant” to complete a gap analysis at BHD.

Critical Management Solutions was on site at BHD the week of January 7<sup>th</sup> with a team of four subject matter experts deployed to all BHD hospital related components. Their final report is due to CMS on February 17, 2020, and we would expect to see it sometime shortly thereafter. At an exit meeting with BHD leadership, a high-level summary document was provided listing areas of improvement. As expected, patient safety issues related to the outdated BHD hospital building topped the list. It has been well described that the aging BHD Acute Hospital was not designed with the current Joint Commission standards regarding ligature risk in mind and years of deferred maintenance make it very challenging to maintain our current units---a significant factor in the decision to outsource BHD inpatient to Universal Health Services.

Based on the identified risks, the BHD team has developed a plan to immediately address the areas of high risk to patient safety, with a plan to resolve every other identified issue by the August 30, 2020, deadline to be ready for a CMS survey per the SIA agreement. The top ranked identified issues are ligature risks, Emergency Medical Treatment and Labor Act (EMTALA) documentation, Quality Assurance Performance Improvement (QAPI), which consists of data integrity, aggregation of data and use, Root Cause Analysis, and hospital contract oversight.

The Compliance Monitor position called for in the SIA has also been filled. Original RFP winner Barrins backed out at the last minute, but Greeley - who scored similarly on the RFP - has agreed to contract terms and assigned Jeanne Wypyski. She started full time at BHD on Feb 3, 2020. On Feb 4, 2020, the BHD team and Chairman Lutzow reviewed some preliminary cost analysis around the various building improvements, and we continue to weigh options to complete the work in the most cost-effective and efficient manner possible, without compromising patient safety.

On February 7, 2020, we had a call with Critical Management Solutions where we reviewed our risk stratification analysis, and we received guidance as to how to more thoughtfully and scientifically assign risk scores to various observed risks. An immediate risk abatement strategy of locking patient bathroom doors until the ligature risks raised with bathroom doors and shower doors can be permanently addressed was approved by the consultants, as was the immediate removal of some built-in furniture and sprinkler head replacement on Child/Adolescent Inpatient Services (CAIS). Assignments have been made to several teams who will address shortcomings identified in the gap analysis. Once we receive the official report, the teams will devise plans to resolve areas of concern by our SIA imposed deadlines.

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

- **Request for Proposals (RFP) Appeals/Protests**

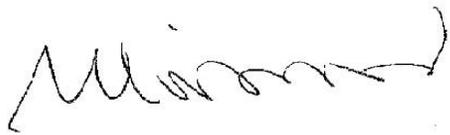
There have been a number of protests filed regarding RFP award decisions made over the past few months. This has necessitated the extension of several contracts with incumbent providers in 2020 until the appeals process is complete and concerns are addressed as prescribed in our policies. The issue of making the Department of Health and Human Services (DHHS)-wide RFP process more accessible to grassroots providers and making sure our policies and procedures going forward are aligned with our goals around racial equity is a top priority. In response to one recent protest, we identified scoring disparities that led us to re-score submissions with a new five-person panel. In assembling the panels, we focused on diversity, subject matter experience, and included both Behavioral Health Division/DHHS staff and outside agency partners. We are committed to establishing a new RFP process in 2020 which is more accessible and

manageable for smaller and upstart community providers, addresses concerns around racial bias and opportunity, and where expectations and processes are clear to all.

### **Other Topics of Interest**

- **Kane Communications Update**

See **Attachment A**.

A handwritten signature in black ink, appearing to read "Mike Lappen". The signature is fluid and cursive, with a long horizontal stroke at the end.

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

# Attachment A

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

## COMMUNICATIONS UPDATE

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Mental Health Board Report / February 2020

### EMPLOYEE ENGAGEMENT

#### BHD Newsletter

The Q4/Winter Newsletter was sent out on December 17 to nearly 1300 BHD staff, Mental Health Board members, community partners and providers. The newsletter features updates from administrator Michael Lappen and the following sections: program spotlight, employee spotlight, important dates, Schneider studies and top town hall questions.

- 44.6 % of respondents engaged with the newsletter.
- 82% of respondents indicated that the newsletter provided “just the right amount of information”, while 18% indicated that they are looking for “more information.”

#### Town Hall Meetings

- Town Hall Meetings
  - January- Town Hall meetings were held on January 23 at 7:15 a.m. and 1:45 p.m.
    - Agenda:
      - Systems Improvement Agreement Update
      - Site visit and gap analysis from Critical Management Solutions
      - Crisis Redesign Update
      - Town Hall Question Box
    - Round-up analytics will be available later in the month.
  - February- Town Hall meetings will be held on February 20 at 7:15 a.m. and 1:45 p.m.

### SYSTEMS IMPROVEMENT AGREEMENT - CRITICAL MANAGEMENT SOLUTIONS VISIT

With the importance of transparency and the teamwork that will be necessary, Kane and Mike Lappen worked together to create messaging for all BHD staff regarding the systems improvement agreement and the onsite visit from Critical Management Solutions. An all staff email was distributed to 660 BHD staff. **51.6% of staff engaged with the communication.**



## PUBLIC RELATIONS

### Media Relations

- [Help for the holidays: 'Don't give up': Help for those suffering from a mental illness](#) - Milwaukee Neighborhood News Service
- [Milwaukee call center provides 24-hour help to people experiencing holiday sadness](#) - CBS58
- [Crisis Resource Center planned for Milwaukee's northwest side](#) - BizTimes
- [Clarke Square to get new clinic emphasizing behavioral & mental health services](#) - OnMilwaukee
- [Clarke Square will get new clinic that emphasizes behavioral and mental health services](#) - Milwaukee Neighborhood News Service
- ['Unhappiness comes in a lot of forms:' The psychology of school gun violence, threats](#) - FOX6

## NURSE RECRUITMENT CAMPAIGN

Current planning for the extended contract (January 1 - March 31) is underway with BHD Administration, Human Resources and Kane Communications Group to indicate objectives and key performance indicators.

## CLINICALLY HIGH-RISK CAMPAIGN

The objective of this project is to raise awareness of psychosis, educate audiences on what it means to be clinically at-risk for developing psychosis and share information with Wraparound Milwaukee's target audiences on the resources available through BHD's Wraparound Milwaukee program.

The campaign includes high impact videos and strategically placed transit ads. The videos will be used for a combination of target audiences including the general public, high school students and their families, high school educators and community health workers. The transit ads will raise awareness among target audiences and encourage youth and their families to partner with BHD to access behavioral health services and resources. Bus shelter ads will also be placed around the four Milwaukee public high-schools that are partnering with Wraparound Milwaukee for high message visibility.

Bus Advertisements for the program are currently running now through March 2, 2020.

## Psychiatric Crisis Redesign Community Engagement Project

Perceptivity, a subsidiary of Kane Communications Group, is contracted to develop and implement community engagement efforts that align with the following goals:

- Educate the community and build awareness of the psychiatric crisis service redesign process and the programs and services BHD continues to offer.
- Gather systems-level and specific element input from key stakeholders at various points in the redesign process.
- Keep the community well-informed at every step of the redesign process.

The community engagement efforts will serve the following purposes:

- To turn outward and authentically engage key stakeholders.
- To generate public knowledge or input, ideas and aspirations that can be combined with expert knowledge and used to inform the psychiatric crisis redesign.



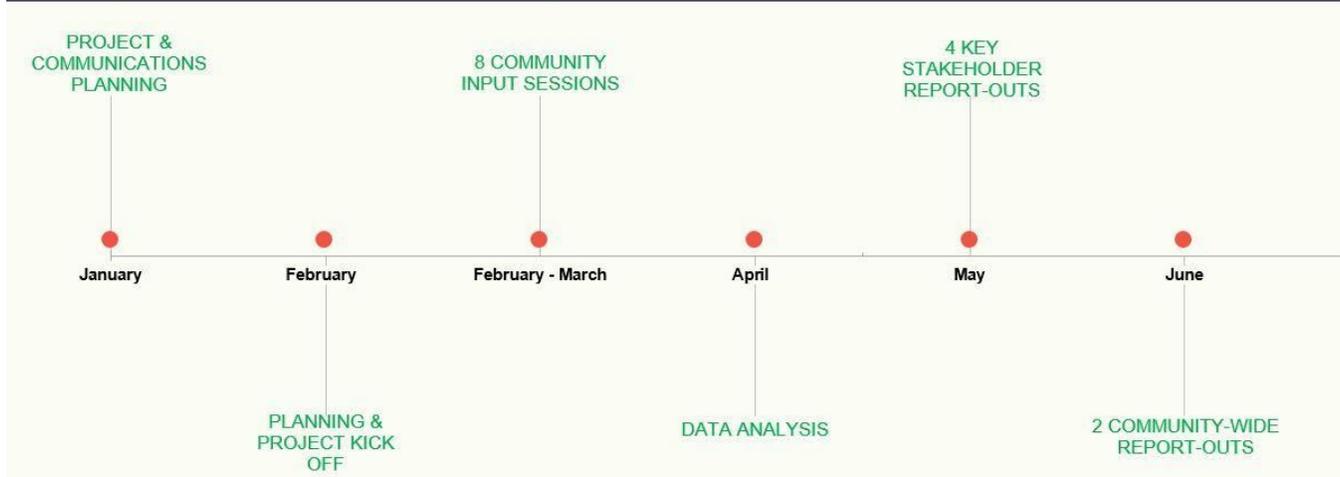
- To provide Kane Communications Group and BHD with critical research that is needed to tailor ongoing communication plans, strategies and tactics.

The strategy is multi-pronged and includes:

- Community Input Sessions - eight (90 to 120-minute), facilitated community input sessions, for 15 to 20 participants per input session.
- Communications - comprehensive, targeted communications to build awareness of BHD's redesign process, drive participation in the input sessions and keep stakeholders informed.
- Report-Out - a combination of report-out tactics including a written summary report, video report, key stakeholder sessions, community-wide sessions and face-to-face meetings.
- Evaluation - pre and post input session evaluations to collect demographic and quantitative data on participant knowledge of the psych crisis redesign efforts and the community input process.

### Psychiatric Crisis Redesign Community Engagement

## Project Timeline - January to June 2020





# BHD

MILWAUKEE COUNTY  
Behavioral  
Health  
Division

**DATE:** February 03, 2020

**TO:** Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board

**FROM:** Mary Jo Myers, Director, Department of Health and Human Services  
Approved by Michael Lappen, Administrator, Behavioral Health Division  
Prepared by Jennifer Bergersen, Chief Operations Officer, Behavioral Health Division

**SUBJECT:** Informational Report from the Director, Department of Health and Human Services (DHHS), Identifying BHD's Funding Allocations and Program Efficiencies for Mental Health Programs in Compliance with Ch. 51 of Wisconsin Statutes

## Issue

Wisconsin Statute 51.41 (8)(a) requires the Milwaukee County Mental Health Board to submit a report on the funding allocations for mental health programs and services by March 1 every year beginning in 2015.

Per the statute, the report is to include a description of the funding allocations for mental health functions, services and programs as well as describe improvements and efficiencies in these areas. The report is to be provided to the County Executive, Milwaukee County Board of Supervisors and the State Department of Health Services. DHS is to make the report available to the public by posting it to the DHS website.

## Discussion

### I. Funding Allocations

In compliance with the statute, the table below identifies the 2018 net revenues received by program area for both Inpatient and Community Access to Recovery Services (CARS). As shown in the table, Patient Revenue is half of total revenue. Patient Revenue accounts for 30% of Inpatient's overall revenue and 57% of CARS' overall revenue. Patient Revenue for Community programs increased \$3.4 million over 2017: \$4.9 million for Community Mental Health and Crisis Services partially offset by a reduction of (\$1.5) million for the Wraparound program. Total Patient Revenue for Inpatient Hospital based services increased \$1.1 million. Adult Inpatient revenue increased \$2.9 million due to enhanced payer mix from HMO changes. Revenue for Child and Adolescent Inpatient services decreased (\$1.2) million and the Psychiatric Emergency Room revenue decreased (\$0.6) million.

In terms of the split between Inpatient and CARS, 53% or \$30 million of the BHD's total tax levy allocation supports Inpatient and Emergency Room Services. This is a decrease of \$2.4 million over prior year mostly due to the improved patient revenue for Adult Inpatient Services. CARS receives 47% or \$26.5 million of the BHD's total tax levy allocation, however, with the array of funding sources for Community Services, the tax levy amounts to only 18% of the CARS' funding mix.

Milwaukee County Behavioral Health Division  
Funding Allocations by Program – 2018 Actuals

2018 BHD Funding Allocation						
	Patient Revenues	State/Federal Grants	BCA	Other	Tax Levy	Total
Inpatient Hospital	16,577,310	159,040	7,700,026	311,482	29,970,841	54,718,699
Community Services	82,873,510	19,852,608	14,636,560	2,059,823	26,499,903	145,922,404
<b>Total BHD</b>	<b>99,450,820</b>	<b>20,011,648</b>	<b>22,336,586</b>	<b>2,371,305</b>	<b>56,470,744</b>	<b>200,641,103</b>
<i>% of total funding</i>	50%	10%	11%	1%	28%	

2018 Inpatient Funding Allocation						
	Patient Revenues	State/Federal Grants	BCA	Other	Tax Levy	Total
Acute Adult	12,324,725	159,040	-	-	18,770,465	31,254,230
CAIS	2,978,037	-	-	85,478	3,586,101	6,649,616
Psychiatry/Fiscal Admin	53,036	-	-	226,004	(427,625)	(148,585)
Psych Crisis (ER/Obs only)	1,221,512	-	7,700,026	-	8,041,900	16,963,438
<b>Total Inpatient</b>	<b>16,577,310</b>	<b>159,040</b>	<b>7,700,026</b>	<b>311,482</b>	<b>29,970,841</b>	<b>54,718,699</b>
<i>% of Inpatient Funding</i>	30%	0%	14%	1%	55%	

2018 Community Services Funding						
	Patient Revenues	State/Federal Grants	BCA	Other	Tax Levy	Total
MH	29,850,368	8,492,522	12,302,829	839,203	22,188,036	73,672,958
						-
AODA	-	9,682,049	2,333,731	589,265	3,636,938	16,241,983
						-
Wraparound	53,023,142	1,678,037	-	631,355	674,929	56,007,463
						-
<b>Total Community Services</b>	<b>82,873,510</b>	<b>19,852,608</b>	<b>14,636,560</b>	<b>2,059,823</b>	<b>26,499,903</b>	<b>145,922,404</b>
<i>% of Community Funding</i>	57%	14%	10%	1%	18%	

## II. Program and Service Improvements & Efficiencies

BHD has been working diligently to provide outstanding care to its patients while simultaneously making an increased and continual investment in behavioral health services and support in the community. The following narrative, previous SMART Goals chart (**Attachment 1**) and slide show (**Attachment 2**) describe the strides BHD has achieved in key areas since 2010, including a 69.3 % decrease in psychiatric acute adult inpatient admissions, 61.0 % reduction in emergency detentions and 44.3 % reduction in emergency room visits.

***Community Access to Recovery Services (CARS)***

Community Access to Recovery Services (CARS) is the community-based mental health and substance abuse system for adults in Milwaukee County. CARS provides and oversees a variety of services to help adults with behavioral health issues achieve the greatest possible independence and quality of life by assessing individual needs and facilitating access to appropriate community services and supports. CARS is committed to fostering independence, choice, and hope for individuals by creating an array of services that are person-centered, recovery oriented, trauma informed, and culturally intelligent.

***Grant and Foundation Awards******SAMHSA Treatment Drug Court Expansion***

In April 2019, CARS was awarded funding from SAMHSA to expand the Milwaukee County Adult Drug Treatment Court (MCADTC) treatment services. Project goals are to: (1) Increase the access and availability of services to reduce recidivism and SUD among substance-using offenders, (2) Address gaps in the continuum of treatment for individuals who have treatment needs for SUD and/or COD, and (3) Apply MCADTC program evaluation findings for continuous quality program improvement. This award is in the amount of \$1,999,990 over five years (2019-2024).

***BJA Comprehensive Opioid Abuse Site-Based Program (COAP)***

In September 2019, CARS was awarded funding from the U.S. Department of Justice (DOJ) Bureau of Justice Assistance (BJA) for a locally driven response to the opioid epidemic. This Medication-Assisted Treatment (MAT) pilot project focuses on implementing Naltrexone (Vivitrol) for sentenced and sanctioned offenders in custody at the Milwaukee County House of Correction and supporting the transition to community-based services once these individuals are released from custody. Project goals include: expanding infrastructure and building capacity among correctional staff to implement evidence-based practices to address offenders' mental health, substance abuse, and trauma-related needs; improving the access and availability of services to reduce recidivism and opioid use disorders among substance-using offenders who are within 30-90 days of release; and increasing capacity for replication by criminal justice systems and MAT providers across Wisconsin by identifying and disseminating program impacts and outcomes. This award is in the amount of \$1,199,999 for three years (2019-2022).

***State Opioid Response (SOR) Grant***

- In 2019, CARS was awarded funding from the state of Wisconsin Department of Health Services (DHS) Division of Care and Treatment Services (DCTS) for decreasing waitlists, service denials, or other unmet needs for individuals seeking treatment services for an opioid use disorder. This award was in the amount \$729,143.
- In 2019, BHD was awarded a continuation of grant funding from the state of Wisconsin Department of Health Services (DHS) Division of Care and Treatment Services (DCTS) for an emergency department response collaborative to address the opioid crisis. BHD Community Crisis Services, in partnership with the MCW Department of Emergency Medicine (EM), and the Froedtert Hospital Emergency Department (ED), have been completing a pilot to expand person-centered care for individuals with Opioid Use Disorder (OUD) by linking overdose survivors and those identified as drug seeking in the emergency department directly to care for their underlying

substance use disorder at the time of their care in the emergency department. This award was continued in the amount of \$250,000.

### ***Reduction in Wait Time to CARS Service***

CARS has continued significant efforts to create efficiencies for adults accessing services and the overall reporting process for quality indicators. Significant among these efforts has been the continued enhanced services and documentation of the CARS Intake Team to provide new clients with a more seamless transition to their subsequent level of care. The metric used to look at wait time has also changed. Previously, the average number of days between referral and first date of service has been reported. In order to get a more accurate look at how quickly consumers are being served, CARS now reports the percentage of individuals who receive services within seven days of their comprehensive assessment. For the fourth quarter of 2019, 98.95% of individuals received a service within one week of their comprehensive assessment. Additionally, there was an increase in the number of referrals both at the community Access Points and with the CARS Intake Team every quarter of 2019.

### ***Community Support Program***

A Community Support Program (CSP) is an integrated community service model for persons who have the most severe and persistent mental illnesses and significant functional limitations. All CSPs in Milwaukee County are certified under DHS 63 and provide psychiatry, budgeting, payeeship, crisis intervention, nursing, housing, vocational, medication management, symptom management, and social skill training. In 2019, these services were successfully transitioned from a purchase-of-service to a fee-for-service network to address access issues and increase Medicaid reimbursement for services provided by the contracted CSP agencies. Additionally, the co-enrollment of individuals in CSP and My Choice Family Care was also operationalized in 2018 and 2019. This allows BHD to draw down revenue from Family Care while still serving individuals in the CSP level of care. Progress is steadily continuing to improve the operationalization of this co-enrollment.

### ***Recovery Support Coordination***

Recovery Support Coordination (RSC) services are designed to provide individuals with substance use disorders and their families support in their recovery and help them live fulfilling lives in the community. The program can achieve this by helping to facilitate treatment, outreach, intervention, multi-system collaboration, and recovery support services that are gender and culturally responsive. In July 2019, the reimbursement for this care coordination service was changed from a daily per diem to a per service reimbursement model. This change in structure was completed to reduce overall costs associated with the program by utilizing a reimbursement structure for the services that are being delivered directly to the individual clients.

### ***Individual Placement and Support (IPS)***

Individual Placement and Support (IPS) is a model of supported employment for people with serious mental illness. IPS refers to the evidence-based practice of supported employment, which is based on eight principles and the belief that employment is part of recovery. IPS supported employment helps

people living with behavioral health conditions work at regular jobs of their choosing. Mainstream education and technical training are included as ways to advance career paths as well. In 2019, IPS was expanded to include two additional adult CCS Care Coordination agencies and three youth CCS agencies. In 2019, IPS services were provided to 372 individuals and assisted with 215 job starts for these individuals (note: some individuals may have had more than one job start). Lastly, IPS clients averaged an approximate 40% employment rate-compared to the 15% U.S. employment rate for individuals with mental illness.

### ***Bridge Housing***

Bridge Housing provides a safe, supportive and sober environment for single adults and/or families with children under the age of 18-years-old and is a highly needed services in the continuum of residential services for individuals with substance use disorders. The purpose of Bridge Housing is to provide interim housing for consumers or families who are struggling with substance abuse and/or mental health issues and need a supportive living environment while working toward self-sufficiency. In 2019, BHD was able to expand the capacity of this highly needed service by eight (8) additional beds so that more individuals with substance use disorders could obtain safe and sober housing during their recovery. This expansion allowed BHD to onboard a new bridge housing provider to focus on providing these additional services with a focus on women.

### ***CBRF/AFH***

CARS Program and BHD Contract staff have formed a workgroup to focus on efficiencies and savings for residential placements. Work has continued to phase out higher cost vendors and to renegotiate contracts with remaining vendors to more closely align with one another. Additionally, significant work was completed to reduce and minimize individuals receiving 1:1 companion care and supervision in the group homes. This reduction in 1:1 companion care has showed a cost savings in 2019. Lastly, a pilot was started in 2019 to provide CCS services directly in one identified CBRF to those individual residents enrolled in CCS. The pilot has shown successful in delivering rehabilitative services to those individuals with the rehab worker being fully reimbursed by CCS. With this success, CARS will be working to expand this model to additional CBRF's.

### ***Parachute House***

On February 12, 2019, the first peer-run respite in Milwaukee, Parachute House, opened its doors via BHD's contracted vendor Our Space Inc. The Parachute House is a short-term, peer-run residential program that provides a welcoming, safe, nonjudgmental home-like environment 24/7/365. Parachute House can accommodate 5 individuals at a given time. Individuals may self-refer to the service, where they experience a safe place to pause, relax, and reset; in addition, individuals receive one-on-one supportive conversations with a peer, wellness activities and hope. The Parachute House help individuals set goals and connect with additional supports in the community that will forward their recovery. In 2019, 162 unique individuals received services at the Parachute House. Additionally, from May 2019 through the end of the year, the Parachute House has had an occupancy rate of 85%.

***Community Health Center (CHC) Partnership***

The partnerships with the local Community Health Centers are a critical part of BHD's transition plan to increase access to services within the community and to improve behavioral health care services in all areas of Milwaukee County. In December 2019, our first partnership became operationalized when two members of BHD's Team Connect transitioned to Progressive Community Health Center to provide embedded crisis response services from the CHC. This team is comprised of one clinician and one certified peer specialist who work to engage CHC members in services and help link them to the resources and services offered at BHD and the community that could be beneficial to the individual and their families.

***Children's Community Services & Wraparound Milwaukee***

Children's Community Services & Wraparound Milwaukee is a system of care designed to help build strong and healthy communities by enhancing children and families' ability to meet life's challenges and to foster resiliency and hope for a better future. A portion of Wraparound Milwaukee is a specialized HMO created to serve the children and families of Milwaukee County with complex needs who meet the designated enrollment criteria. Additionally, through the provision of Comprehensive Community Services (CCS) for youth and young adults, Wraparound Milwaukee receives funding via this Medicaid benefit. Due to its recognized Practice Model and flexible funding structure, Wraparound Milwaukee became an umbrella for the programs listed below. Wraparound Milwaukee HMO programming receives funding from Medicaid through a capitation rate for all eligible youth. In addition, funding is received through Medicaid for crisis services on a fee-for-service basis. Wraparound Milwaukee pools those dollars with monies from Milwaukee County Department of Youth and Family Services Division (DYFS) in the form of a case rate payment for the youth they enroll, as well as from the Division of Milwaukee Child Protective Services (DMCPS) for the youth they enroll. There is no tax levy used in Children's Community Services & Wraparound Milwaukee.

Children's Community Services & Wraparound Milwaukee has worked progressively over the years to transform their delivery of service and to continuously improve and expand all supports for children and their families. This occurs through consistent engagement with our system partners, such as schools, child protective services, and delinquency services, as well as partnerships with the greater community. Wraparound Milwaukee actively seeks outreach activities to increase awareness, and there are not waiting lists for programming. In 2019, Wraparound Milwaukee engaged in a robust strategic plan development process with the intention of more strongly partnering with families and communities to join collective expertise and resilience to strengthen individuals, homes, and neighborhoods; the plan contains one, three and five year goals constructed around six key initiatives rooted in movement towards racial equity and in alignment with the overall DHHS vision. Wraparound Milwaukee and Children's Disability Services Division (DSD) continue to share the Resource & Referral Line to support a coordinated response for youth and families seeking help from Milwaukee County. Members of Wraparound Milwaukee, DSD and now the Division of Youth and Family Services (DYFS) are currently engaged in a guided process to explore how further integration could be achieved in the future.

Over the years, Children's Community Services & Wraparound Milwaukee has taken advantage of various grant-funded opportunities as a way to explore new, innovative and evidence-based practices that have the potential for positive community impact. We continue to receive a portion of the 10% set-aside of the Wisconsin Mental Health Block Grant for First Episode Psychosis (FEP) which assists in funding our Coordinated Opportunities for Recovery & Empowerment (CORE) Program. In 2019, Wraparound Milwaukee continued participation in the Urban Youth Primary Substance Use Prevention grant from the

Division of Care and Treatment Services (DCTS) in partnership with the CARS Division. This one year grant provided AODA prevention groups to youth and parents through the evidence-based Creating Lasting Family Connections (CLFC) curriculum in partnership with local community agencies. These activities will continue in 2020 with the initiation of a new funding cycle for this project. In partnership with Milwaukee Public Schools (MPS), Children’s Community Services & Wraparound Milwaukee is in year two of a SAMHSA grant to assess and support youth and young adults who are Clinically High Risk for Psychosis (CHR-P). Funding began in September 2018, and targeted efforts have taken place in four Milwaukee Public High Schools, as well as larger training efforts across MPS. Youth who experience CHR-P are enrolled within CORE programming, as it aligns well with the treatment needs of these youth and young adults. Children’s Community Services & Wraparound Milwaukee is proud to have been a part of two new grant awards in 2019. First, in partnership with St. Charles, the Transforming Lives through Supported Employment SAMHSA grant was awarded in August 2019. The project will assist with implementing and sustaining an evidence-based practice Supported Employment program, and mutually compatible Supported Education, and Supported Housing for transition-aged youth. Additionally, Wraparound Milwaukee was excited to be awarded the SAMHSA System of Care (SOC) Expansion and Sustainability grant in September 2019 which will support the redesign and implementation of the psychiatric crisis service SOC by expanding early intervention, prevention, response, and post intervention services, while also working to enhance the crisis SOC for youth and their caregivers through infrastructure development.

Wraparound Milwaukee Enrollees Served	2015	2016	2017	2018	2019	% Change 2015-2016	% Change 2016-2017	% Change 2017-2018	% Change 2018-2019
Wraparound	1,066	1,068	1038	943	875	-	-2.8%	-9.1%	-7.21%
REACH	637	691	794	802	860	8.4%	14.9%	1%	7.23%
O-YEAH (Older Youth and Emerging Adult Heroes)	116	109	119	206	132	-6%	9.1%	73.1%	-35.92%
CORE (Coordinated Opportunities for Recovery & Empowerment)*	17	49	61	80	139	188%	24.4%	31.1%	73.75%
CCS (Comprehensive Community Services)*	NA	NA	10	79	385	NA	NA	690%	387.34%
Children’s Mobile Crisis # youth SERVED**	2,645	2,659	2,368	1,932	1,765	0.52%	-10.9%	-18.4%	-8.64%
Children’s Mobile Crisis # youth SEEN**	1,560	1,519	1,507	1,235	1,084	-2.6%	-.78%	-18%	-12.22%
<p>*CORE participants are enrolled within the CCS Benefit, but are listed here separately based on FEP/CHR-P distinctions in enrollment criteria and program structure.</p> <p>**Children’s Mobile data is segmented by: # of youth SERVED and # of youth SEEN. SERVED data includes all contact, including phone. SEEN data includes only face-to-face contact.</p>									

Overall, Children's Community Services & Wraparound Milwaukee experienced an increase in youth served over 2019; however, different programs exhibited distinct trends. Wraparound, typically associated with youth and families involved in the court system, saw a 7% decrease from 2018. In reviewing the data, it appears this partially stemmed from a reduction in referrals from system partners, as well as youth referred to this program being enrolled in another area of the Wraparound Milwaukee umbrella, such as REACH or Comprehensive Community Services (CCS). REACH conversely experienced a 7% growth over the past year, which could be related to the integration of the Resource & Referral Line. The Older Youth and Emerging Adult Heroes (O-YEAH) Program decreased in enrollment throughout 2019, and led to a decision at the end of the year to have transition age youth served within the CCS program, versus a standalone program under the HMO funding model. This change in programming will occur slowly over Quarters One and Two of 2020. CCS saw exponential growth in 2019, and it is predicted that these enrollment numbers will continue to increase in 2020. As a part of CCS, CORE (including FEP and CHR-P) grew to a total of eight teams in 2019, and it is anticipated expansion will continue. This program is modeled from the evidence based practice of Coordinated Specialty Care (CSC) that works with youth and young adults who are experiencing their first episode of psychosis.

Children's Community Services & Wraparound Milwaukee continues to have a presence at Owen's Place, a community drop-in center for youth. Activities at Owen's Place range from skill-building classes to job fairs and haircuts – as well as lots of fun! Family Intervention Support Services (FISS), a contracted program through the Division of Milwaukee Child Welfare, executed in partnership with St. Charles Youth and Family Services continues to support families to avoid unnecessary court intervention. In 2019, FISS completed 691 assessments, including re-assessments, which is a jump from the 429 completed in 2018. After assessment, families receive support from FISS staff to help them meet their needs through FISS case management, programming within the Wraparound umbrella, or other community-based services.

In reviewing the Children's Mobile Crisis (CMC) information, it was interesting to note that while the number of youth served (phone and in-person contact) continued to decrease in 2019, the productivity of CMC staff did not. This suggests that even though less youth were served, staff were able to spend more time with them to ensure their needs were addressed. Wraparound Milwaukee will continue to explore this trend in 2020. CMC continues to partner with the City of Milwaukee Health Department to implement a Trauma Response Team (TRT), which is an evidence based approach from Yale University in New Haven, Connecticut, which connects children and families to resources and support following a traumatic event.

### ***BHD Inpatient***

Nursing recruitment and retention continues to be a major priority for the hospital. Strategies include continuing the recruitment campaign started in 2017, ease of access and attainment of information for prospective staff, sign on bonuses, tuition reimbursement, and referral bonuses for current staff and loan repayment program for eligible individuals. New staff will also be eligible for the retention bonus which began in December of 2019. The ongoing community wide nursing shortage has greatly impacted BHD's ability to recruit nursing staff both for the hospital as well as community programs.

The Psychiatric Technician program which was implemented in 2018 to assist with improvement of the patient experience, allow for nursing assistant staff to advance in their careers and be a resource as Vistelar champions was expanded. The program now includes a strategy to assist clinical staff by the availability of "roving" techs to assist with any behavior escalations that may be occurring on various units. Further plans to develop an advanced Psychiatric Technician role are being developed which will further

expand their role to include assisting with transportation of patients to appointments and discharges from the hospital.

The University of Wisconsin-Milwaukee School of Social Welfare, retained to evaluate the effectiveness of Vistelar training, completed its report and concluded that the Vistelar program was effective in decreasing role conflict and assisting with increasing the safety of staff on inpatient units. Vistelar is a global organization that specializes in conflict resolution and safety tactics for those individuals working with a variety of populations including behavioral health clients. The Vistelar program expanded in 2019 to include competency based sustainability modules for staff on a bi-monthly basis.

The Centers for Medicare and Medicaid and BHD entered into a Systems Improvement Agreement in response to ongoing concerns with EMTALA and Conditions of Participation compliance on a triannual survey. BHD has contracted with Critical Management Solutions to provide an Expert Consultant to perform a gap and root cause analysis in order to correct processes and sustain improvements. A compliance consultant from Greeley and Associates will also be retained in order to assess BHD's ability to implement the plan of correction which will be developed from the gap and root cause analyses.

#### ***Partnership with Universal Health Services (UHS)***

On September 26, 2018, the Milwaukee County Mental Health Board approved a contract with UHS to become the provider of acute, inpatient mental health care for the service recipients of the Milwaukee County Behavioral Health Division. UHS will construct and operate a new, freestanding 120-bed inpatient mental health facility open to members of the community, including the individuals provided treatment at BHD's hospital today. Working with an exceptional provider like UHS will increase the number of acute beds available and make it possible for BHD to focus on increasing access and improving the quality of care available in our community. BHD will continue to serve patients at the Mental Health Complex until an anticipated transition of inpatient services with the new hospital in 2021. Construction of the new facility is targeted to being first quarter of 2020.

#### ***Rehabilitation Centers – Closure Hilltop and Central***

The shift from BHD institutional care to smaller settings and homes throughout the community has been underway for several years. The Hilltop Program closed in 2014 with all residents transitioning to community-based settings. In addition, Rehabilitation Center-Central completed the discharge of all remaining resident participants on January 15, 2016. Continued efforts to define, measure and ensure quality community care and less reliance on institution model continues.

The following document reflects an updated 2013-2019 BHD Rehab Center Resident Readmission Report:

2013-2019 BHD Admissions by Discharged Rehab Center Residents												
BHD admissions detailed below are from Rehab Center residents discharged after 4/1/13												
Created 1/21/20												
Program	Year	Rehab Center Resident Discharges	Admissions From Discharged Rehab Center Residents								Percent of former Rehab Center Residents with a PCS visit (1)	Percent of former Rehab Center Residents with an Acute Adult Inpatient Readmission (2)
			Crisis Service						Acute Adult Inpatient Service			
			Crisis Mobile		PCS		Observation					
			Admissions	Unique former Rehab Center residents	Admissions	Unique former Rehab Center residents	Admissions	Unique former Rehab Center residents	Admissions	Unique former Rehab Center residents		
Central	2013	18	1	1	2	1	0	0	0	0	5.6%	0.0%
	2014	23	5	5	13	7	3	2	5	3	17.1%	7.3%
	2015	27	9	7	45	12	13	10	8	6	17.6%	8.8%
	2016	1	11	6	29	6	3	3	8	5	8.7%	7.2%
	2017	-	9	4	32	10	2	2	11	6	14.5%	8.7%
	2018	-	18	8	41	12	0	0	14	7	17.4%	10.1%
	2019	-	19	13	74	12	1	1	7	6	17.4%	8.7%
Hilltop	2013	9	0	0	1	1	1	1	1	1	11.1%	11.1%
	2014	45	6	2	10	2	4	2	1	1	3.7%	1.9%
	2015	1	8	5	25	8	7	3	0	0	14.5%	0.0%
	2016	-	5	2	12	6	2	2	0	0	10.9%	0.0%
	2017	-	3	2	13	7	2	2	0	0	12.7%	0.0%
	2018	-	5	4	8	4	0	0	0	0	7.3%	0.0%
	2019	-	5	3	19	3	0	0	2	1	5.5%	1.8%

Notes:

(1) Percent of residents with a PCS visit formula: Unique former Rehab Center residents with a PCS visit/Rehab Center resident discharges (4/1/13 through end of time period)

(2) Percent of residents with an Acute Adult readmission formula: Unique former Rehab Center residents with an Acute Adult Inpatient Admission/Rehab Center resident discharges (4/1/13 through end of time period)

**Recommendation**

The DHHS Director, or her designee, requests permission to submit this informational report to the State of Wisconsin Department of Health Services, Milwaukee County Executive and Milwaukee County Board in compliance with Ch. 51 of the Wisconsin Statutes.



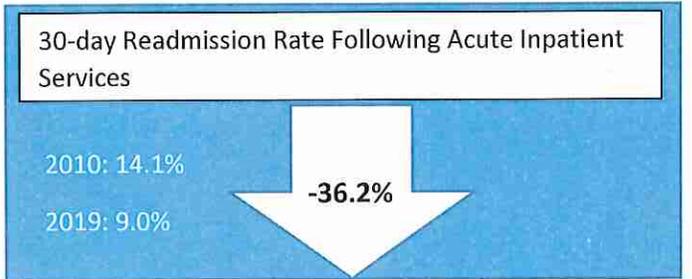
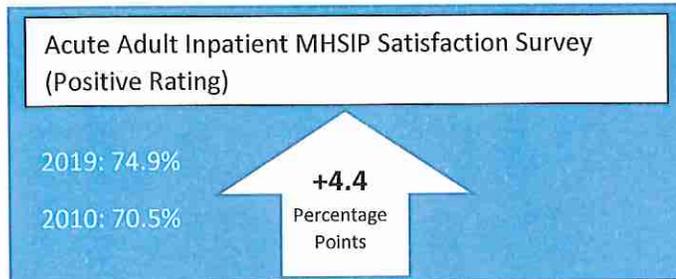
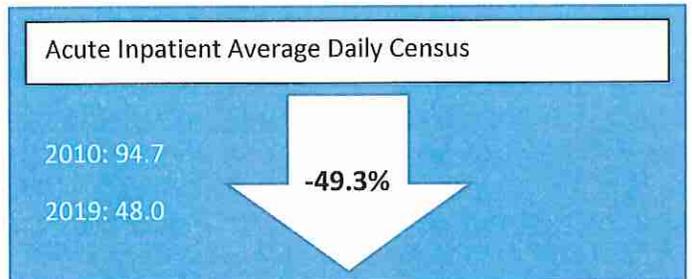
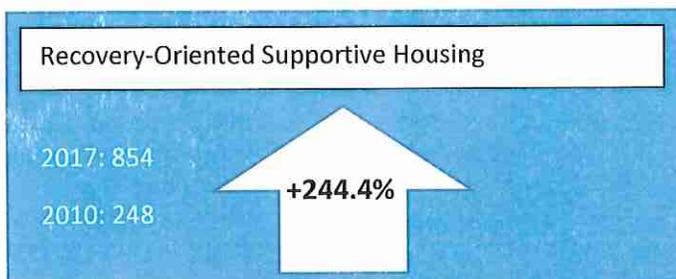
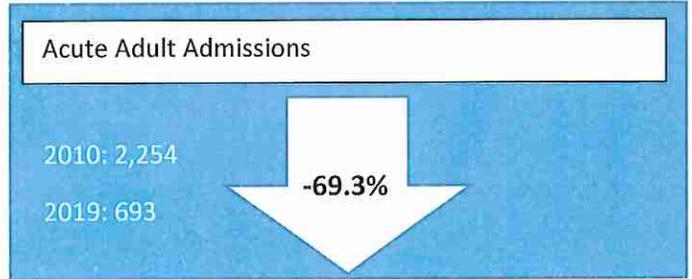
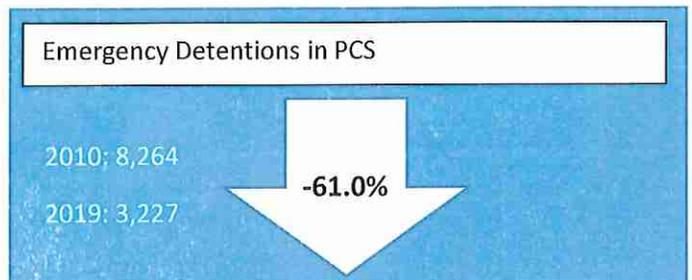
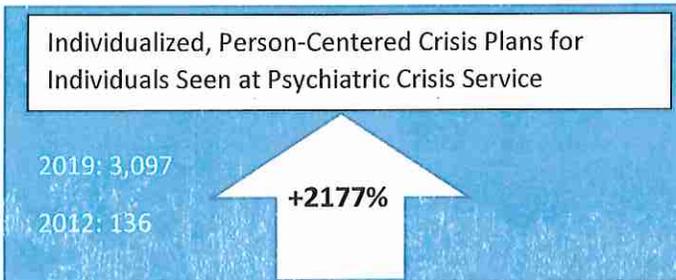
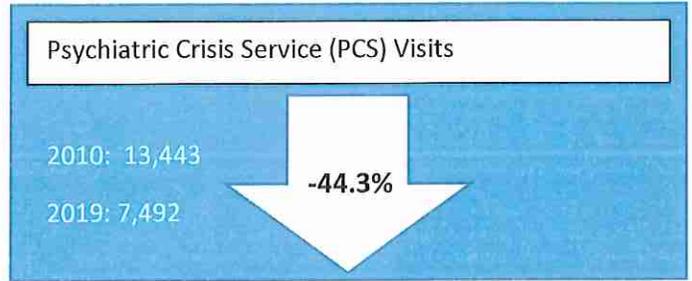
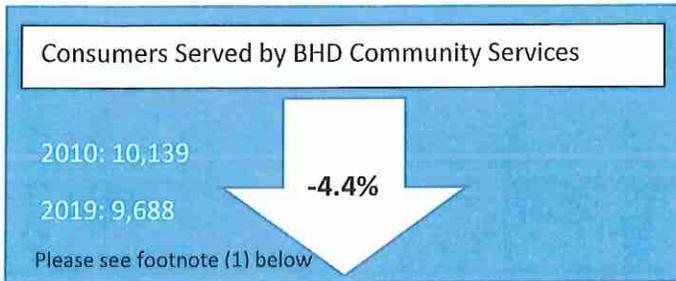
Mary Jo Meyers, Director  
Department of Health and Human Services

**Attachments (2): SMART Goals chart (Attachment 1) and slide show (Attachment 2)**

Cc: Secretary Andrea Palm, Wisconsin Department of Health Services (DHS)  
Milwaukee County Executive Chris Abele  
Raisa Koltun, Chief of Staff, County Executive Abele  
Milwaukee County Board of Supervisors  
Milwaukee County Mental Health Board

# 2010-2019 SMART Goal Accomplishments

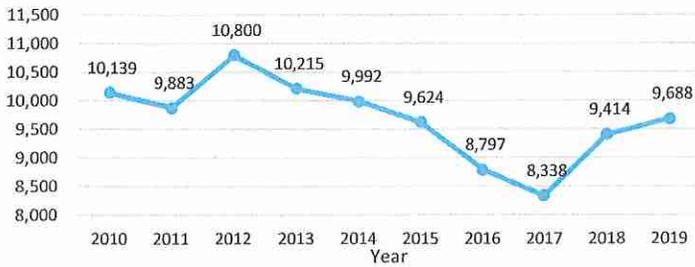
1/28/2020



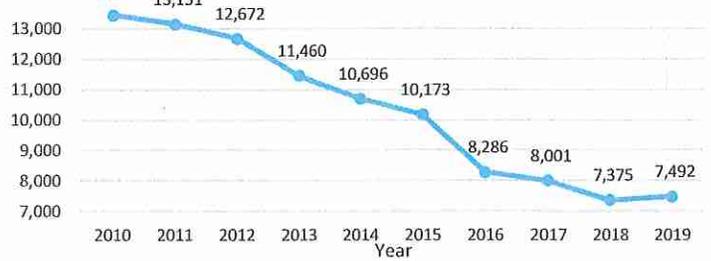
(1) The 2010-2019 decrease in consumers served by BHD Community Services is due to the increase in Medicaid enrollees as well as the implementation of Avatar, which consolidated separate mental health and AODA systems, where there was duplication of clients in the past.

# 2010-2019 SMART Goal Accomplishments

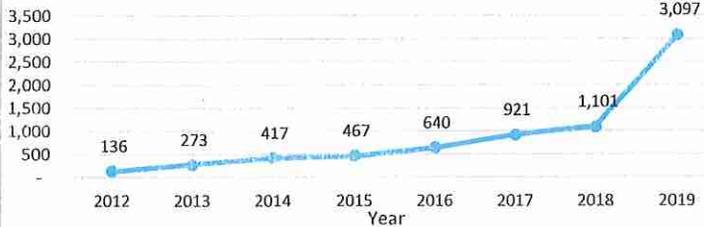
Consumers Served by BHD Community Services



Psychiatric Crisis Service (PCS) Visits



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



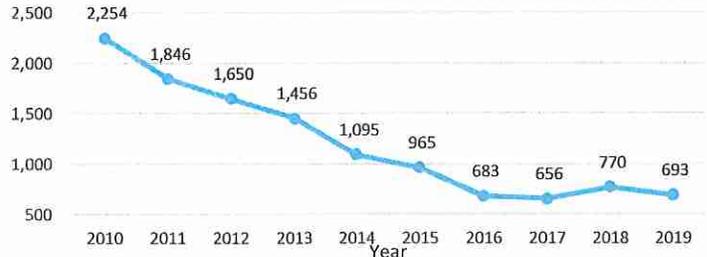
Emergency Detentions in PCS



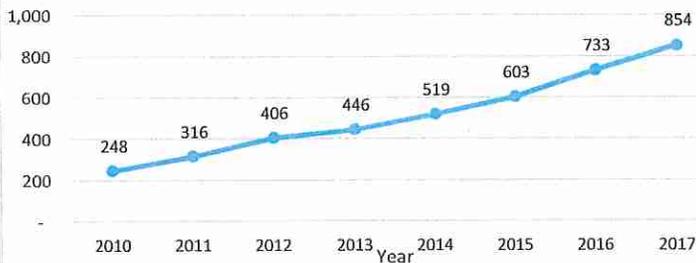
Certified Peer Specialists (Milwaukee County)



Acute Adult Admissions



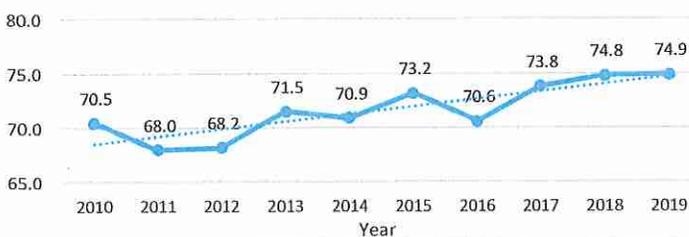
Recovery-Oriented Supporting Housing



Acute Inpatient Average Daily Census



Acute Adult Inpatient MHSIP Satisfaction Survey (Positive Rating %)



Acute Adult 30-Day Readmission Rate

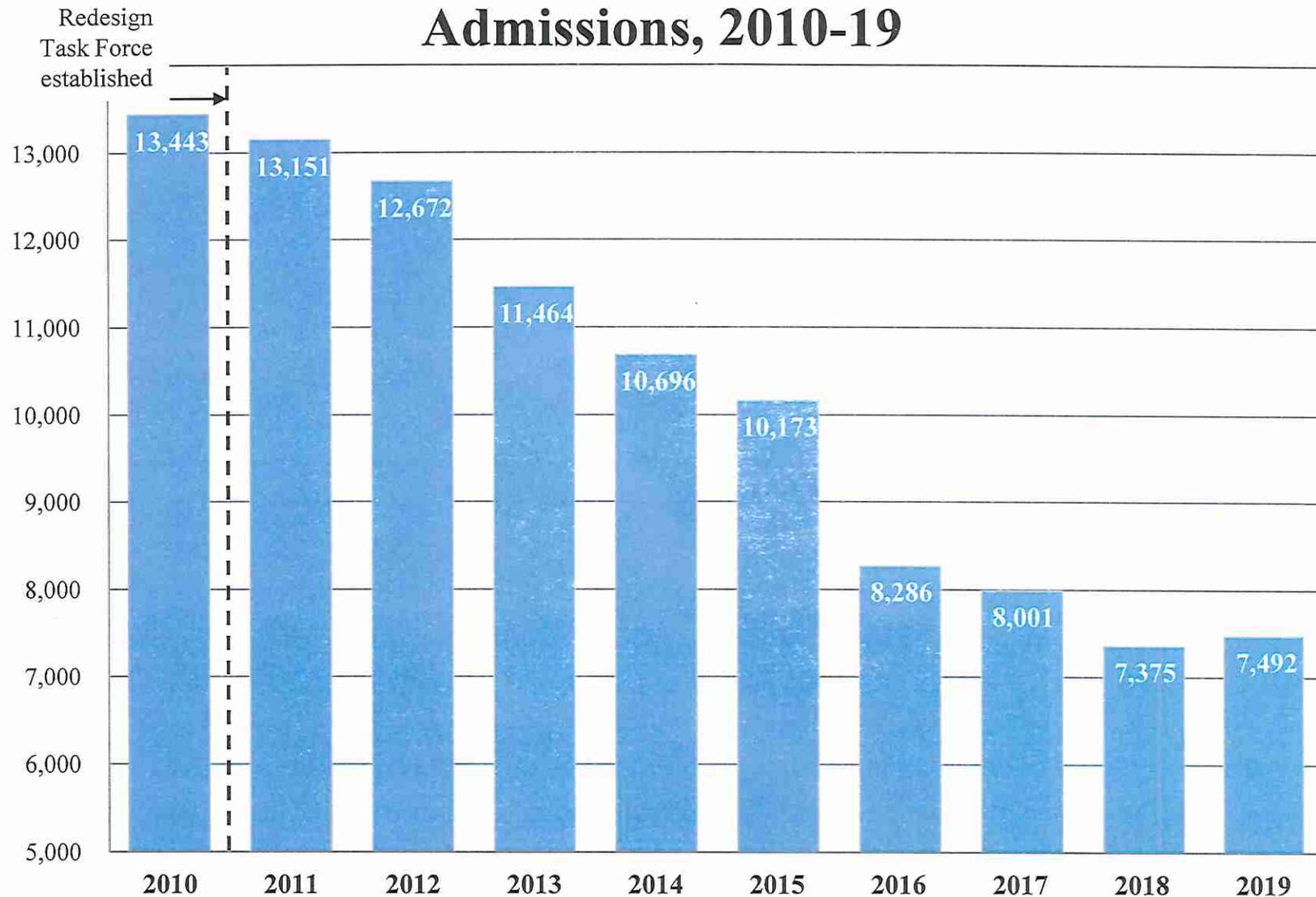


# Data Dashboard

Milwaukee County  
Behavioral Health Division

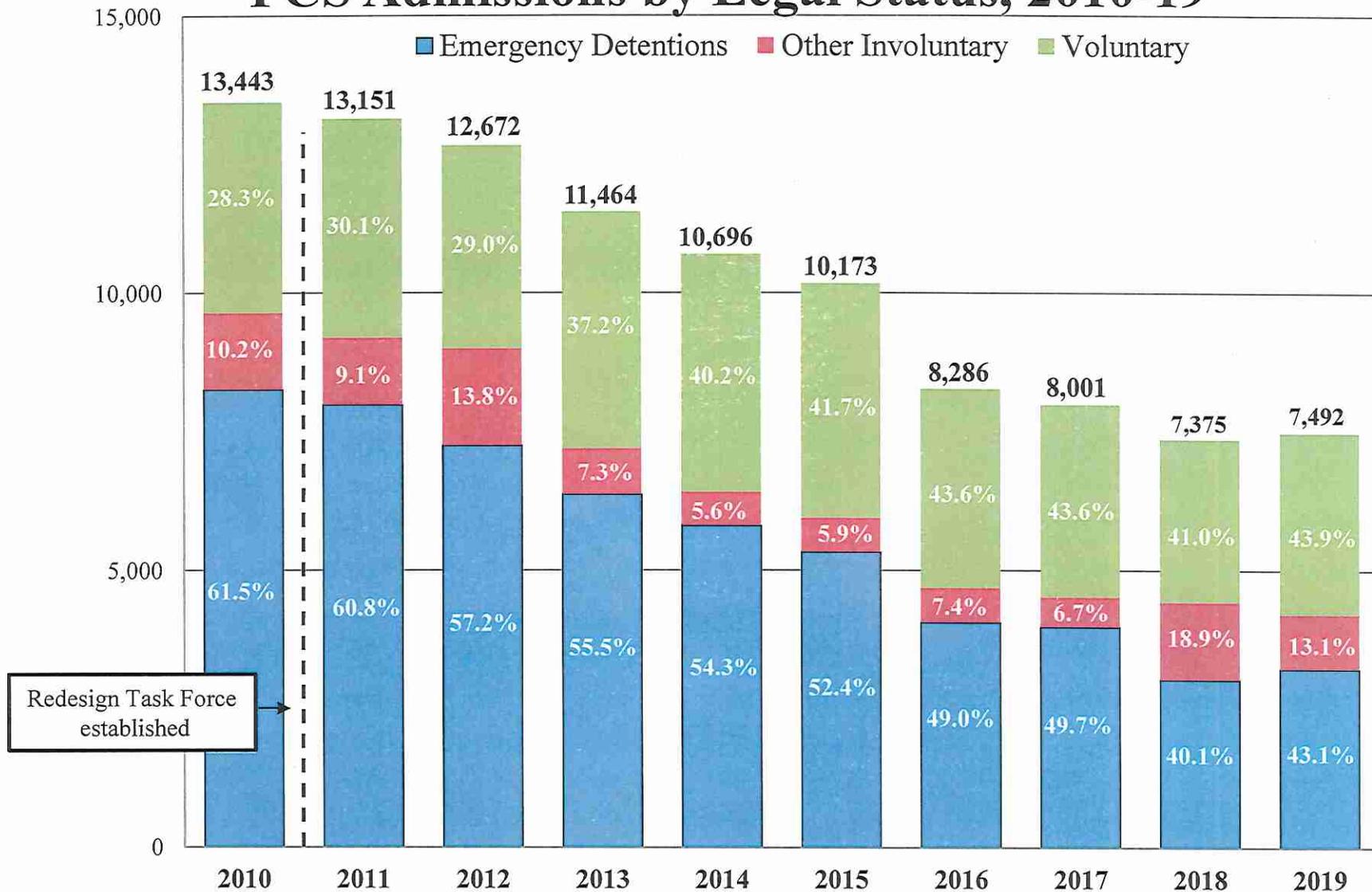
Revised January 27, 2020

# Psychiatric Crisis Service (PCS) Admissions, 2010-19



PCS: Psychiatric Crisis Service (Behavioral Health Division emergency department)

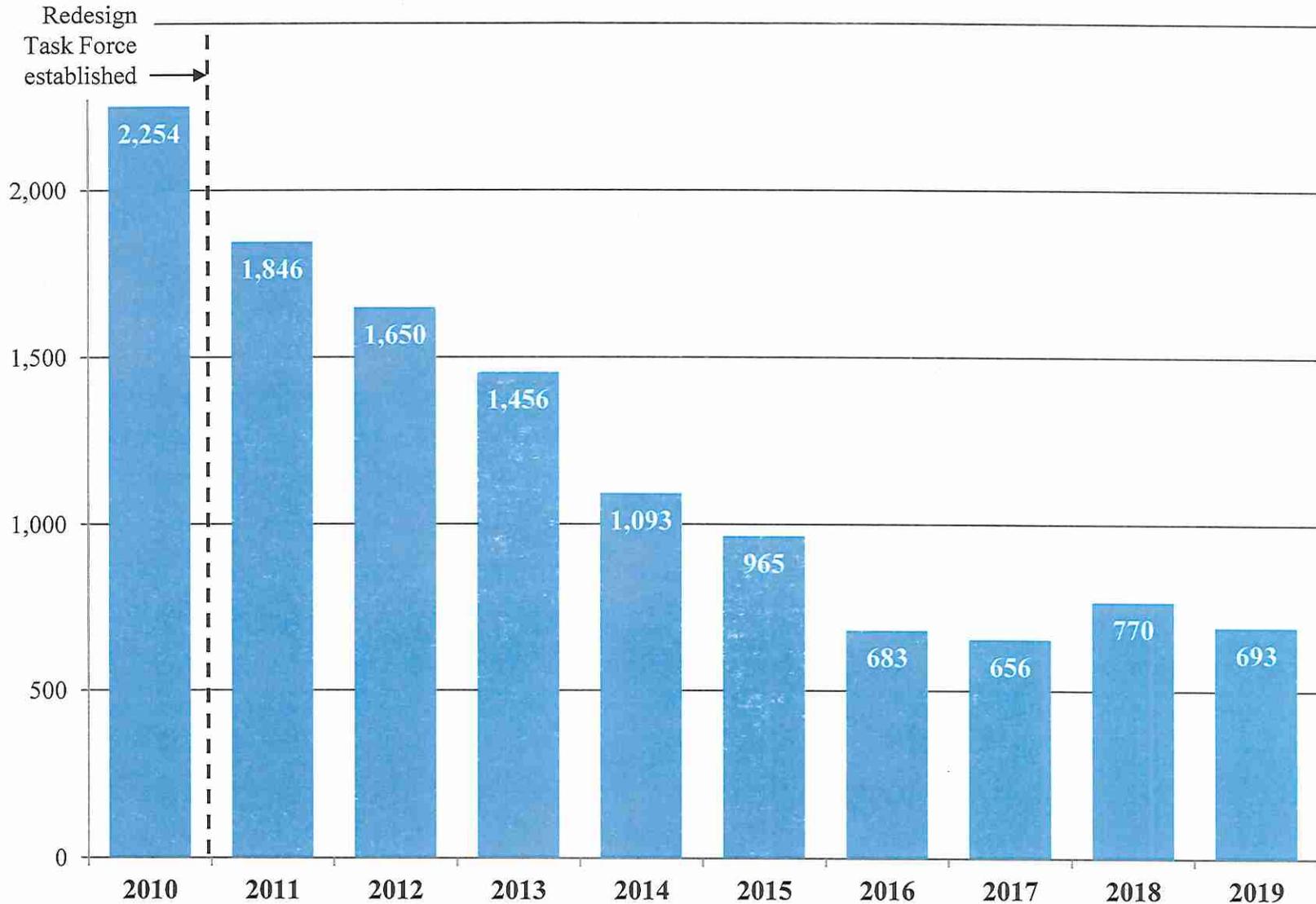
# PCS Admissions by Legal Status, 2010-19



**PCS:** Psychiatric Crisis Service (Behavioral Health Division emergency department)

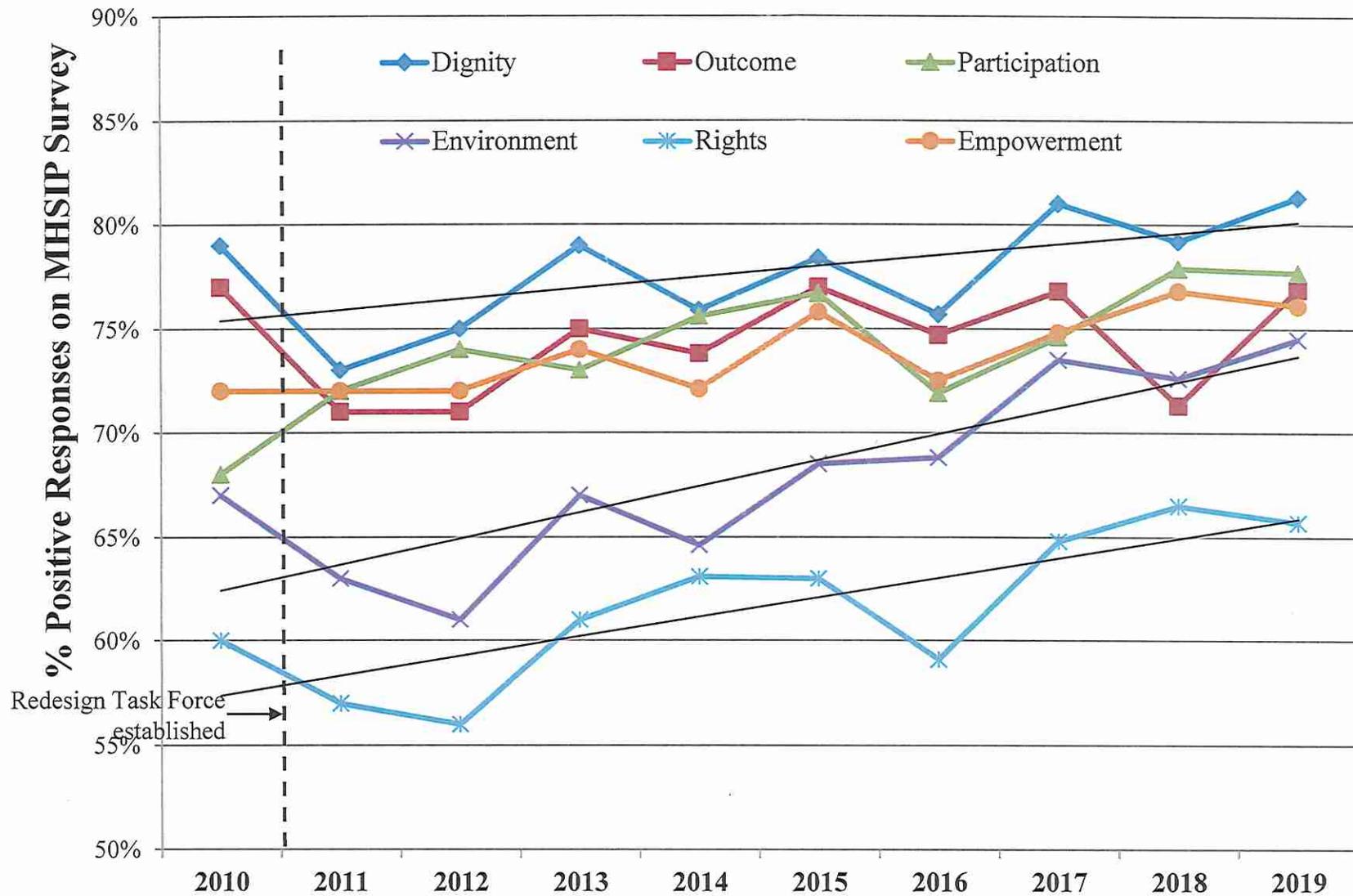
**Other Involuntary:** Three-Party Petition, Treatment Director Affidavit, Treatment Director Supplement, Re-Detention from Conditional Release, Re-Detention / Not Follow Stipulations

# BHD Adult Inpatient Admissions, 2010-19



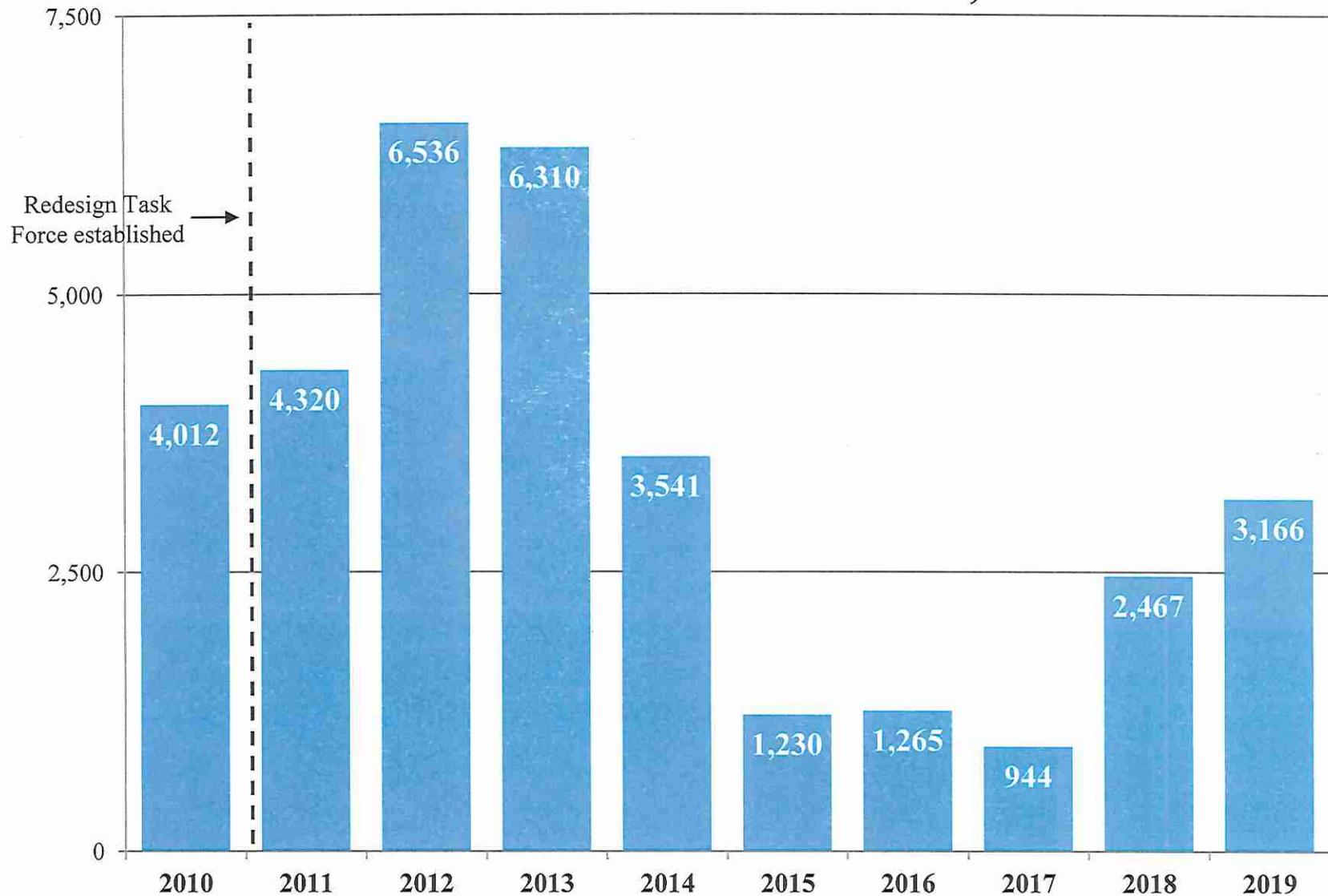
Capacity on BHD inpatient units (Adult & Child/Adolescent) was 108 from 2008-11. Staffed capacity was reduced to 91 in 2012, 78 in 2013, and 64 in 2014. There are three adult units (16, 18, and 18 beds) and one Child/Adolescent unit (12 beds).

# BHD Adult Inpatient – Satisfaction, 2010-19



Issues addressed by domain: **Dignity** – respect, recovery-oriented staff; **Outcome** – crisis planning, reduced symptoms, social improvement; **Participation** – engaging community provider(s), involved in discharge planning; **Environment** – atmosphere, privacy, safety, comfort; **Rights** – grievances addressed, safety refusing treatment; **Empowerment** – choice, helpful contact

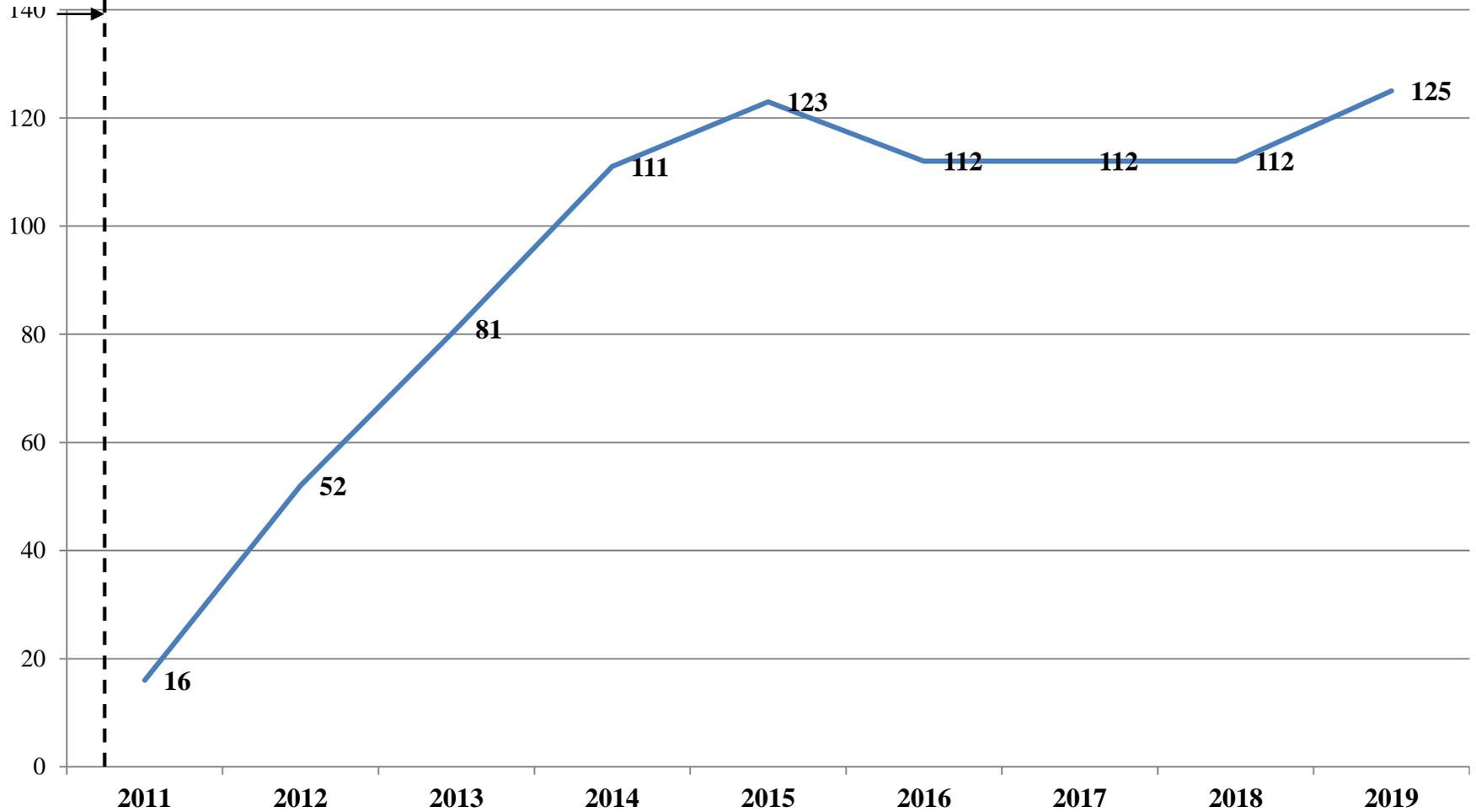
## BHD Access Clinic Client Sessions, 2010-19



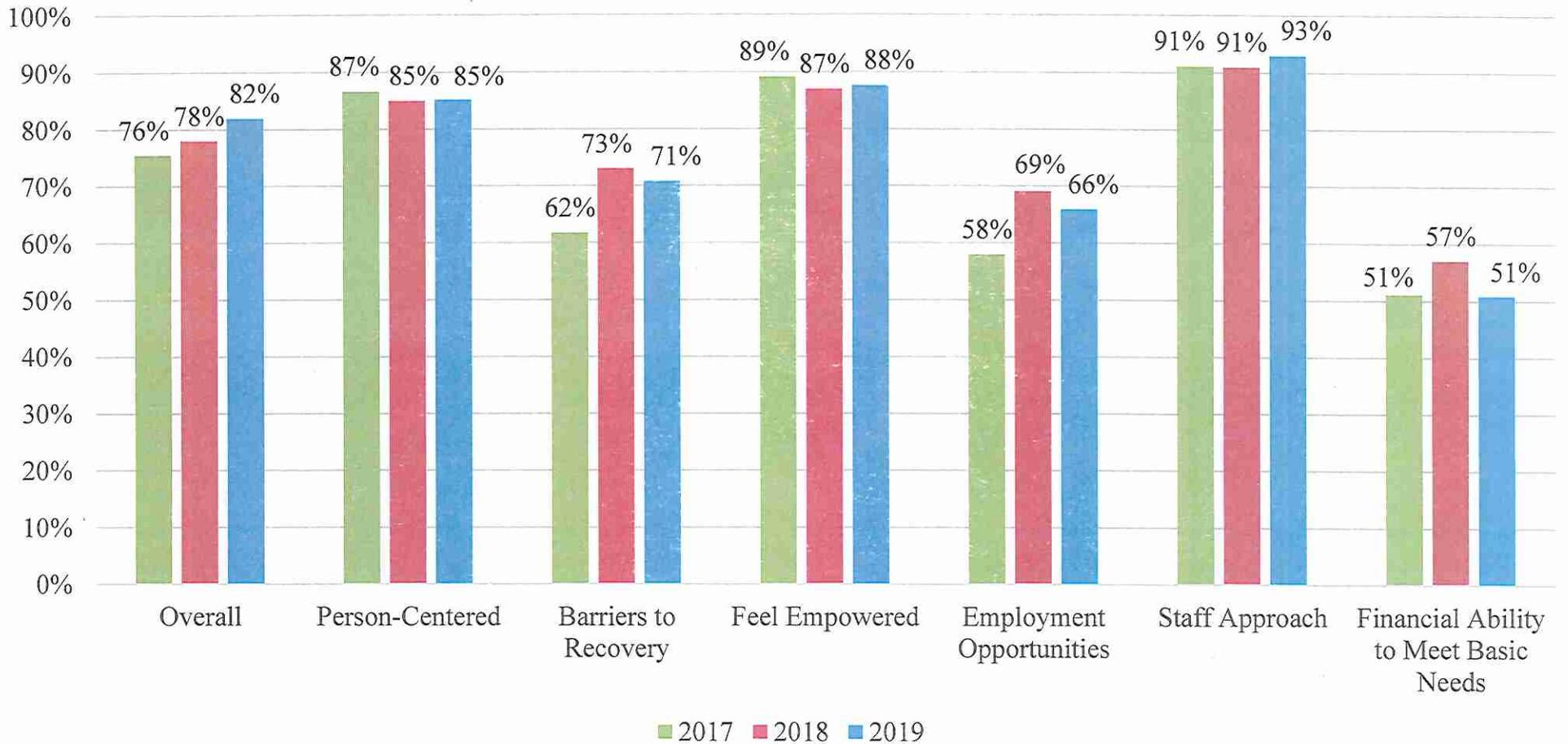
The **Access Clinic** is a walk-in center (located at the Milwaukee County Mental Health Complex) providing mental health assessment and referral for individuals without insurance.

# Certified Peer Specialists in Milwaukee County, 2011-19

Redesign  
Task Force  
established

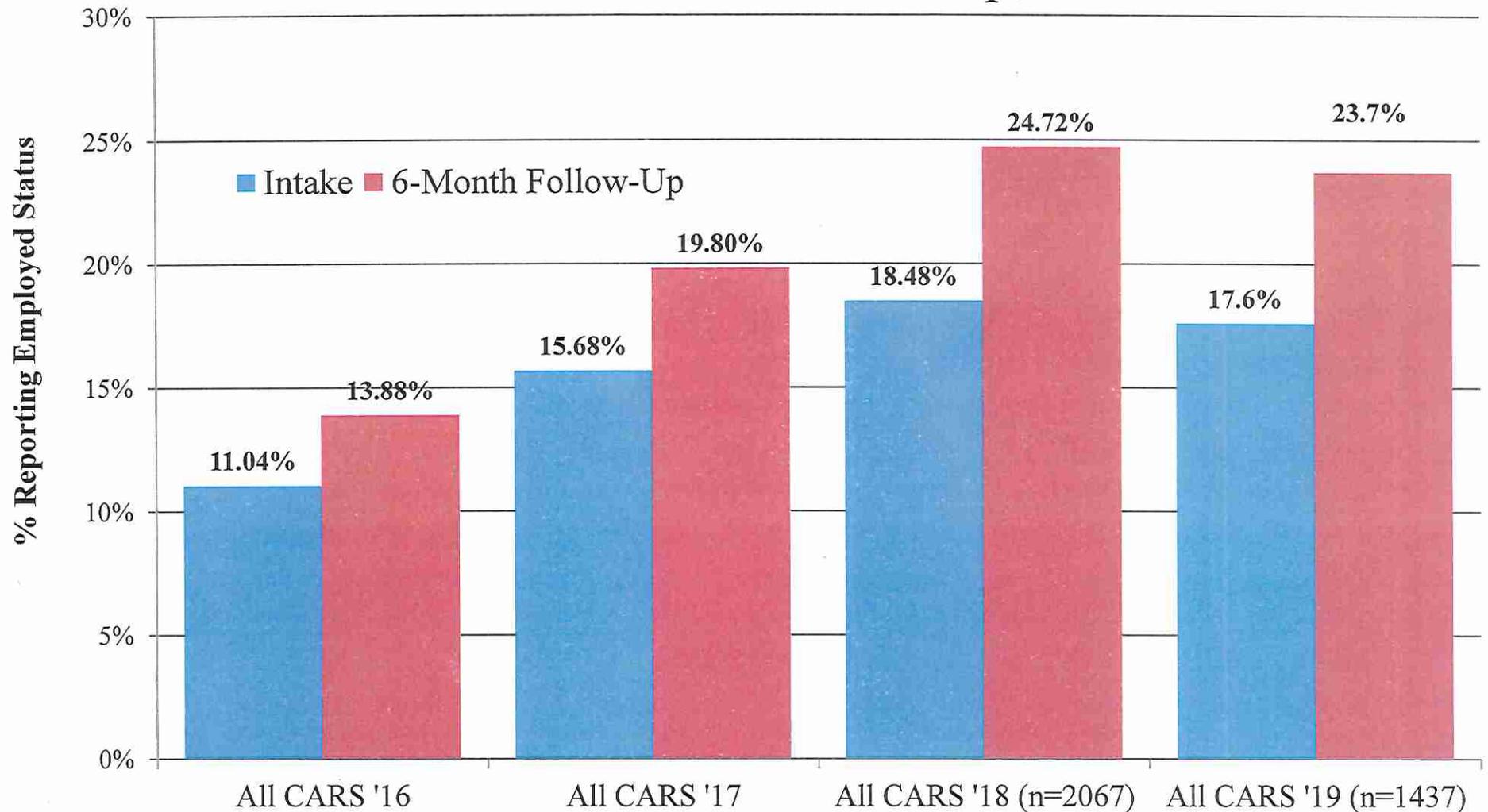


Recovery Oriented System Indicators (ROSI) Survey  
 "Mostly Recovery-Oriented Experience" Mean Percentages  
 2017-2019



ROSI: Recovery Oriented System Indicators

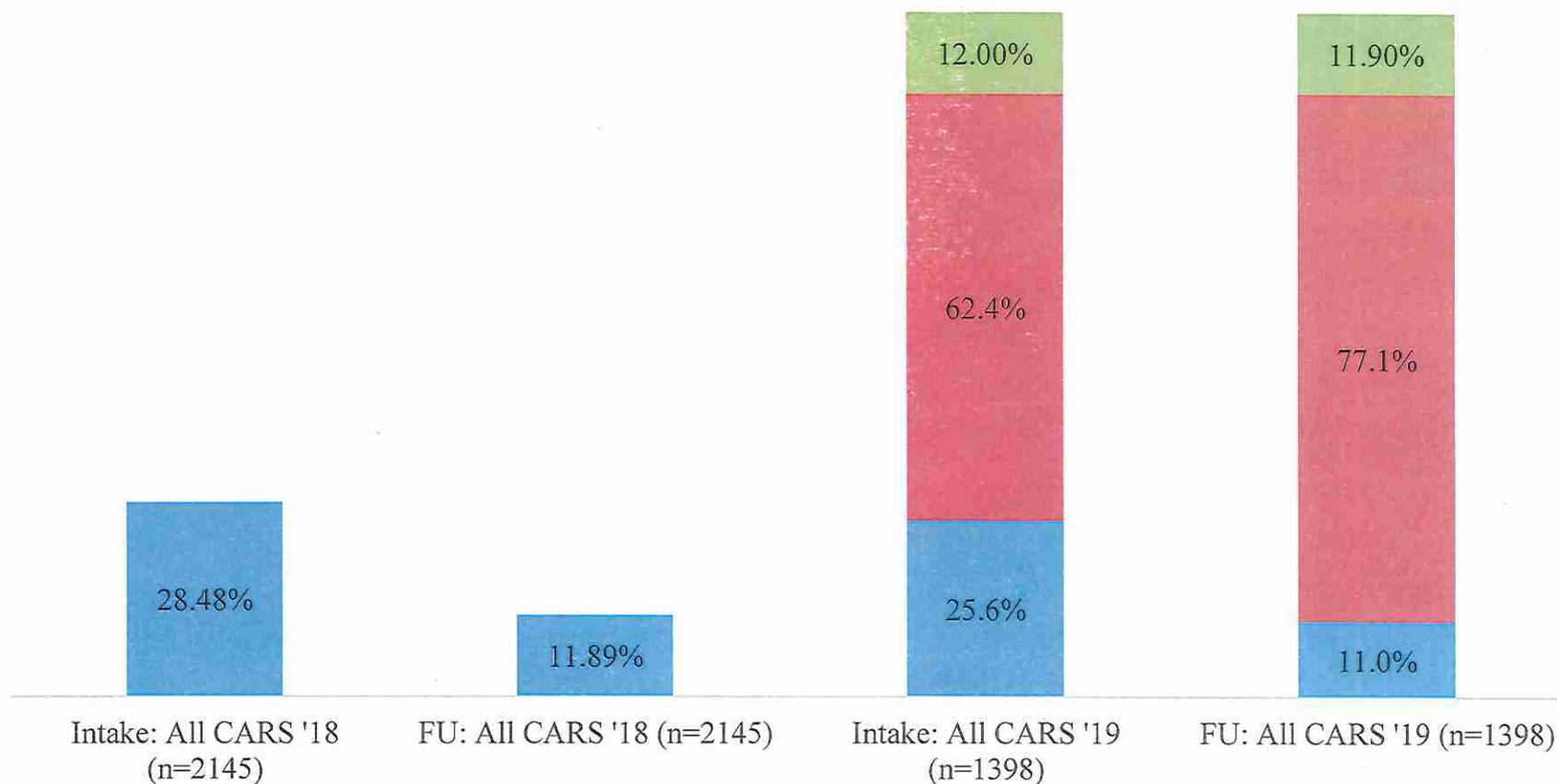
## Community Services – Employment Intake & 6-Month Follow-Up, 2016-19



**Employed Status in 2016 and 2017** includes full and part time employment and student status. **Employed Status for 2018-2019** includes full time, part time, supported competitive, student status, sheltered workshop, and homemaker employment. Please note that the average length of time between a CARS intake assessment and follow up could range from 120-210 days, which is a slight change from the way the data was extracted in 2018 (which included individuals who had a follow up assessment anywhere from 30-210 days post intake assessment) and led to a smaller sample size.

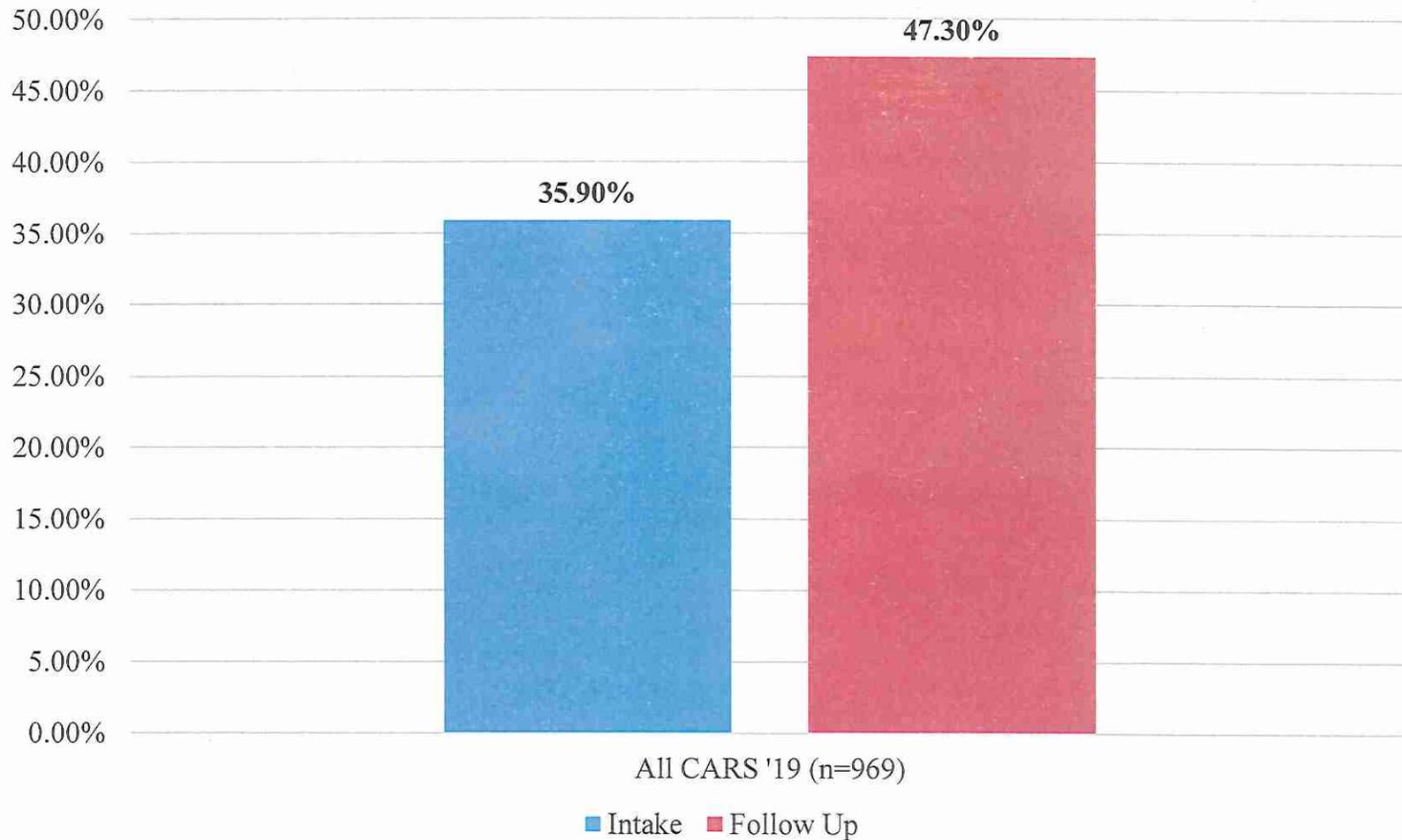
## Community Services – Housing Status Intake & 6-Month Follow-Up, 2018-2019

■ Homeless   ■ Stable Housing   ■ Other



**Homelessness Status in 2018 and 2019** includes clients who self-reported that their living arrangement was “street, shelter, no fixed address, homeless” at intake and follow up. **Stable Housing** was defined as those who had “permanent housing” or “supported housing”. Please note that the average length of time between a CARS intake assessment and follow up could range from 120-210 days. As above, the data was drawn from a smaller sample because of the observation time frame.

## Community Services – % Reporting “Good” or “Very Good” Quality of Life: Intake to 6 Mo. Follow Up, 2019



The above represents a new metric which CARS is using to track population health among clients receiving CARS services.

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

**DATE:** January 23, 2020

**TO:** Thomas Lutzow, Chairperson – Milwaukee County Mental Health Board

**FROM:** Mary Jo Meyers, Director, Department of Health and Human Services  
*Approved by Michael Lappen, Administrator, Behavioral Health Division*

**SUBJECT:** **Report from the Director, Department of Health and Human Services, Requesting Authorization to Execute 2019 Professional Services Contract Amendments and 2020 Contracts for Therapy, Radiology, Pharmacy, Consulting, Software, Training, Laboratory, and Grant Management 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 2019 and 2020.

**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**

**Hospital/Operations Contracts**

**Column Rehab Services, Inc. - \$126,000**

Column Rehab Services, Inc. provides physical therapy and speech pathology services at Milwaukee County BHD. \$26,000 is requested for 2019 and an additional \$100,000 is requested for 2020. The three-year contract amount will be increased to \$225,000.

**MobileX USA - \$33,434**

MobileX USA provides radiology and ultrasound services to BHD. BHD is requesting \$33,434 for 2020. The three-year contract amount will be increased to \$103,434.

**Pharmacy Systems, Inc. - \$1,000**

Pharmacy Systems, Inc., provides pharmaceutical services to BHD. BHD is requesting an additional \$1,000 for 2019 as a result of the adjusted/projected consumer price index (CPI). These funds are being requested for 2019. The six-year contract amount will be increased to \$4,552,145.

**The Greeley Company, LLC (Greeley) - \$950,000**

Greeley is a healthcare consulting company that specializes in accreditation and regulatory compliance. They will be providing a full-time compliance consultant to perform ongoing monitoring of the hospital's plan of correction in accordance with the Centers for Medicare and Medicaid System Improvement Agreement (SIA) requirements. The Compliance Consultant will be required for the duration of the SIA anticipated to end on July 1, 2021. This contract was initially awarded to Barrins & Associates Consulting (Barrins) as part of the request for proposal process, however Barrins declined the contract as they no longer had an Associate available to fill the position BHD is requesting \$950,000 for the 2020 contract. The one-year contract amount will be \$950,000.

**Verge Solutions, LLC dba Verge Health - \$53,590**

Verge Health owns and operates a hosted, Proprietary software suite of products (the "Verge Systems"). The Verge System assists healthcare entities to automate processes through customized workflows, creation and management of performance improvement activities, collection, management and analysis of data. \$53,590 is requested for 2020. The four-year contract amount will be increased to \$198,428.

**Vistelar, LLC - \$450,000**

Vistelar, LLC performs consulting, and training focused on creating a culture where all stakeholders are treated with dignity, while creating and maintaining an environment of care incompatible with aggression and that emphasizes everyone's emotional and physical safety. The one-year contract amount will be \$450,000.

**Wisconsin Diagnostics Laboratories, Inc.- \$28,000**

Wisconsin Diagnostics Laboratories, Inc. provides Laboratory and Phlebotomy Services at Milwaukee County BHD. \$28,000 is requested for 2020. The four-year contract will be increased to \$127,900.

### Youth Services Contracts

#### **Evaluation Research Services, LLC - \$450**

Evaluation Research Services, LLC provides grant management coordination, inclusive of grant writing to Milwaukee County BHD. Using a Lifecycle management approach to grant management, processes and infrastructure is developed and implemented to manage grant proposals from beginning, or 'pre-award', stage of a project implementation, or 'post award', through the termination, or 'closeout', of an award. BHD is requesting an additional \$450 for 2019 to assist Wraparound Milwaukee. The three-year contract amount will be increased to \$362,250.

#### **The Medical College of Wisconsin – \$30,000**

The vendor provides behavioral health services to children and youth enrolled in Wraparound. BHD is requesting \$30,000 for 2020. The ten-year contract amount will be increased to \$117,360.70.

#### **UW-Milwaukee - \$940,451**

University of WI-Milwaukee will support the redesign and implementation of the psychiatric crisis service system of care (SOC) for youth and young adults by expanding early intervention, prevention, response, and post-prevention services, while also working to enhance the crisis SOC for youth and their caregivers through infrastructure development. BHD is requesting an additional \$940,451 over a four-year period. The four-year contract amount will be \$1,272,999.

Year	Amount	Term
Year 1	\$256,998.00	10/1/19 - 9/30/20
Year 2	\$222,617.00	10/1/20 - 9/30/21
Year 3	\$208,519.00	10/1/21 - 9/30/22
Year 4	\$252,317.00	10/1/22 - 9/30/23

### Fiscal Summary

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

Vendor Name	Existing Amount/New	2019 Amount Requested	2020 Amount Requested	2021 Amount Requested	2022 Amount Requested	2023 Amount Requested	Total Contract Amount
Column Rehab	\$99,000	\$26,000	\$100,000	N/A	N/A	N/A	\$225,000
MobileX USA	\$70,000	N/A	\$33,434	N/A	N/A	N/A	\$103,434
Pharmacy Systems Inc.	\$4,551,145	\$1,000	N/A	N/A	N/A	N/A	\$4,552,145
The Greeley Company	New	N/A	\$950,000	N/A	N/A	N/A	\$950,000

Vendor Name	Existing Amount/New	2019 Amount Requested	2020 Amount Requested	2021 Amount Requested	2022 Amount Requested	2023 Amount Requested	Total Contract Amount
Verge Solutions, LLC	\$144,838	N/A	\$53,590	N/A	N/A	N/A	\$198,428
Vistelar, LLC	New	N/A	\$450,000	N/A	N/A	N/A	\$450,000
Wisconsin Diagnostic Laboratories, Inc	\$99,900	N/A	\$28,000	N/A	N/A	N/A	\$127,900
Evaluation Research Services, LLC	\$361,800	\$450	N/A	N/A	N/A	N/A	\$362,250
The Medical College of Wisconsin	\$87,360.70	N/A	\$30,000	N/A	N/A	N/A	\$117,360.70
*UW Milwaukee	\$332,548	\$256,998	\$222,617	\$208,519	\$252,317	N/A	\$1,272,999
<b>TOTAL</b>	<b>\$5,746,592</b>	<b>\$284,448</b>	<b>\$1,867,641</b>	<b>\$208,519</b>	<b>\$253,317</b>	<b>\$0</b>	<b>\$8,359,517</b>

\*Denotes a Vendor whose funding is supported by a grant.

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Mary Jo Meyers, Director  
Department of Health and Human Services  
Cc: Maria Perez, Finance Chairperson

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

**DATE:** February 27, 2020

**TO:** Thomas Lutzow, Chairperson – Milwaukee County Mental Health Board

**FROM:** Mary Jo Meyers, Director, Department of Health and Human Services  
*Approved by Michael Lappen, Administrator, Behavioral Health Division*

**SUBJECT:** **Report from the Director, Department of Health and Human Services, Requesting Authorization to Execute 2019 Purchase-of-Service Contract Amendments and 2020 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 2020

## 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 Contracts

### Adult Service Contracts

#### **Impact Alcohol & Other Drug Abuse Services, Inc. - \$127,353**

The Vendor is a Community Access Point that currently does screening and assessments for CARS consumers and matches the recommended services to the individual's needs. BHD is asking for an additional \$127,353 to extend the current agreement until June 30, 2020. The total contract amount for 2019-2020 will be increase from \$636,765 to \$764,118.

#### **M&S Clinical Services, Inc. - \$136,925**

The Vendor is a Community Access Point that currently does screening and assessments for CARS consumers and matches the recommended services to the individual's needs. BHD is

asking for an additional \$136,925 to extend the current agreement until June 30, 2020. The total contract amount for 2019-2020 will be increased from \$684,925 to \$821,850.

**Wisconsin Community Services, Inc. - \$78,878**

The Vendor is a Community Access Point that currently does screening and assessments for CARS consumers and matches the recommended services to the individual's needs. BHD is asking for an additional \$78,878 to extend the current agreement until June 30, 2020. The total contract amount for 2019-2020 will be increase from \$394,390 to \$473,268.

**Wisconsin Community Services - \$250,000**

BHD's Community Linkages and Stabilization Program (CLASP) is an extended crisis stabilization program designed to assist persons with ongoing behavioral health concerns through individual support in the community provided by a state-certified Peer Specialists. BHD is requesting an increase of \$250,000 related to Medicaid pass-through funding for this program. The new 2020 contract amount is \$529,714.

**Our Space, Inc. - \$129,540**

Our Space, Inc. provides participants an introduction to the Family Drug Treatment Court and continued engagement by offering support to the participants from someone who has been through the process and can provide guidance, mentoring and role modeling. BHD is requesting an additional \$43,180 per year, over a three-year period in funding for this vendor to add an additional Peer Specialist to the Family Drug Treatment Court program. The three-year contract amount will be \$129,540.

Year	Amount	Term
Year 1	\$43,180.00	10/1/19 - 9/30/20
Year 2	\$43,180.00	10/1/20 - 9/30/21
Year 3	\$43,180.00	10/1/21 - 9/30/22

**Youth Services Contracts**

**AJA Enterprises, LLC DBA AJA Counseling Center - \$370,372**

The Vendor provides Care Coordination, REACH, and screening/assessment services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting an additional \$370,372 for 2020. The one-year contract amount will be increased to \$1,770,372.

**St. Charles Youth & Family Services, Inc. - \$2,971,711**

Contractor oversees the implementation of the Supported Employment Program (SEP) and monitors fidelity of the SEP pilot program for OYEAH enrolled youth interested in working. The funding is from a five-year SAMHSA grant. BHD is requesting \$2,971,711 over a five-year period. The five-year contract amount will be \$2,971,711.00.

Year	Amount	Term
Year 1	\$571,531	10/1/19 - 9/30/20
Year 2	\$598,694	10/1/20 - 9/30/21
Year 3	\$603,002	10/1/21 - 9/30/22
Year 4	\$599,242	10/1/22 - 9/30/23
Year 5	\$599,242	10/1/23 - 9/30/24

### **Fiscal Summary**

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

Vendor Name	Existing Amount/New	2020 Amount Requested	2021 Amount Requested	2022 Amount Requested	2023 Amount Requested	Total Contract Amount
AJA Enterprises, LLC	\$1,400,000	\$370,372	N/A	N/A	N/A	\$1,770,372
*Impact Alcohol & Other Drug Abuse Services, Inc.	\$636,765	\$127,353	N/A	N/A	N/A	\$764,118
*M&S Clinical Services, Inc	\$684,925	\$136,925	N/A	N/A	N/A	\$821,850.
*Our Space, Inc.	New	\$43,180	\$43,180	\$43,180	N/A	\$129,540
*St. Charles Youth and Family Services	New	\$571,531	\$598,694	\$603,022	\$599,242	\$2,971,711
*Wisconsin Community Services, Inc.	\$394,390	\$78,878	N/A	N/A	N/A	\$473,268
Wisconsin Community Services, Inc.	\$279,714	\$250,000	N/A	N/A	N/A	\$529,714
<b>Total</b>	\$3,395,794	\$1,578,239	\$641,874	\$646,202	\$599,242	\$7,460,573

\*Denotes a Vendor whose funding is supported by a grant.

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Mary Jo Meyers, Director  
Department of Health and Human Services

Cc: Maria Perez, Finance Chairperson

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

**DATE:** January 23, 2020

**TO:** Thomas Lutzow, Chairperson – Milwaukee County Mental Health Board

**FROM:** Mary Jo Meyers, Director, Department of Health and Human Services  
*Approved by Michael Lappen, Administrator, Behavioral Health Division*

**SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Execute a 2020 Fee-for-Service Agreement with a Value in Excess of \$100,000 for the Behavioral Health Division for the Provision of 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 2020.

**Background**

Approval of the recommended contract allocation **projections** 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**

**Butterflies Home for Teen Girls - \$115,000**

This vendor provides Group Home Care Services for Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting \$115,000 for the 2020 contract. The one year contract amount will be \$115,000.

## **Fiscal Summary**

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

Vendor Name	Existing Amount/New	2020 Amount Requested	Total 2020 Contract Amount
Butterflies Home for Teen Girls	New	\$115,000	\$115,000
		\$115,000	\$115,000

\*Denotes a Vendors whose funding is supported by a grant

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Mary Jo Meyers, Director  
 Department of Health and Human Services  
 Cc: Maria Perez, Finance Chairperson

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

**DATE:** January 23, 2020

**TO:** Thomas Lutzow, Chairperson – Milwaukee County Mental Health Board

**FROM:** Mary Jo Meyers, Director, Department of Health and Human Services  
*Approved by Michael Lappen, Administrator, Behavioral Health Division*

**SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Amend 2020 Contracts with the State of Wisconsin for Social Services and Community Programs.**

**Issue**

Sections 46.031 and 49.325 of the Wisconsin Statutes require counties to execute annual contracts with the State Departments of Health Services (DHS) and Children and Families (DCF) for Social Services and Community Programs. The contracts, referred to as Community Aids, provide State and Federal funding for county services to persons with mental illness, disabilities, and substance abuse problems, and to juvenile delinquents and their families as mandated by State and/or Federal law.

**Background**

In July 2019, the Milwaukee County Mental Health Board approved the 2020 Budget including \$40,655,019 in State grant funding for adult mental health and AODA services. Most of those funds are included in the CY 2020 State and County Grant Award Contract through the Wisconsin Department of Health Services. Several grants, including the IV Drug Abuse Treatment Grant and the State Targeted Response (STR) to the Opioid Crisis funds, are contracted separately. This is funding that supports community mental health and AODA services.

Below is a summary of anticipated State Community Aids revenue at Milwaukee County BHD for CY 2020 and how it compares with budgeted amounts.

**CY 2020 State/County Social Services/Community Program  
Final Revenue Allocation Compared to the 2020 Budget**

	<b>2020 BHD Budget</b>	<b>2020 Final State Allocation</b>	<b>Variance from Budget</b>
<b>Basic County Allocation</b>			
DHS Community Aids	\$22,336,586	\$22,336,586	-
<b>Earmarked Revenues</b>			
Community Mental Health Allocation	\$7,780,317	\$7,780,317	-
Mental Health Block Grant	\$685,914	\$685,914	-
TANF	\$4,394,595	\$4,394,595	-
Urban Youth Prevention	-	\$50,000	\$50,000
Substance Abuse Block Grant & Treatment Services	\$2,431,021	\$2,431,021	-
Total State/County Contract Revenue	\$37,628,433	\$37,678,433	\$50,000
<b>Other Grant Revenues</b>			
Coord Specialty Care (FEP)	-	\$548,832	\$548,832
SABG Supplemental	\$1,093,959	\$1,093,959	-
IV Drug Treatment Grant	\$510,000	\$510,000	-
MHBG Supplemental	\$609,966	\$654,966	\$45,000
SOR / STR Opioid	\$729,346	\$729,346	-
SOR / STR II Expansion	\$83,315	\$248,371	\$165,056
Subtotal Other Revenues	\$3,026,586	\$3,785,474	\$758,888
<b>Grand Total</b>	<b>\$40,655,019</b>	<b>\$41,463,907</b>	<b>\$808,888</b>

**Recommendation**

It is recommended that the Mental Health Board authorize the Director, Department of Health and Human Services, to execute the 2020 Social Services and Community Programs contracts from the State Departments of Health Services and Children and Families, and any addenda to those contracts, for the County to obtain the State Community Aids revenue. The 2020 Social Services and Community Programs contracts provide total revenue of \$41,463,907.

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Mary Jo Meyers, Director  
Department of Health and Human Services

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

**DATE:** February 14, 2020      **(REVISED)**

**TO:** Thomas Lutzow, 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 and/or Amend "Employment Agreements" As Established Under BHD Personnel Policy for Specific Classified, Unclassified and Exempt Physician, Psychologist and Advanced Practice Nurse 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. No such contract or contract amendment shall take effect until approved by the Milwaukee County Mental Health Board.

Per the above Statute, the BHD Administrator is requesting authorization to establish twelve (12) new "Employment Agreements" with eleven current employees and one position currently on recruitment and to amend one (1) existing "Employment Agreement."

**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 allows for employment agreements for specific classified, unclassified and exempt physician, psychologist and advanced practice nurse 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 the thirteen (13) personnel transactions that BHD will be requesting the Milwaukee County Chief Human Resources Officer to implement, in connection with Employment Agreement execution.

NEW AGREEMENTS												
ITEM ID	HIGH/LOW ORG	POSITION		NO. POSITIONS	CURRENT		RECOMMENDED		INFORMATIONAL: Market equitable alignment based on overall job duties/responsibilities, industry competition, competencies and education/experience requirements.	EFFECTIVE DATE (on or after)		
		JOB CODE / POSITION #			PAY RANGE	ANNUAL PAY RATE	PAY RANGE	ANNUAL PAY RATE				
EA2020-2A EA2020-2B EA2020-2C	6300/ 6373 & 6447	12015000000002 12015000000005 12015000000012	3	M015	Min	89,294	M015	Min	89,294	Immediate Recruitment Need.	03/08/20	
					Mid	111,613		Mid	111,613	X		Retention
					Max	133,931		Max	133,931			Industry shortage / high competition for profession
					\$121,659.20			NO CHANGE		X		Other: Benefit enhancements in accordance with industry norms for medical staff recruitment/retention
EA2020-2D	6300/ 6373	12015000000003	1	M015	Min	89,294	M015	Min	89,294	Immediate Recruitment Need.	03/08/20	
					Mid	111,613		Mid	111,613	X		Retention
					Max	133,931		Max	133,931			Industry shortage / high competition for profession
					\$104,050.15			NO CHANGE		X		Other: Benefit enhancements in accordance with industry norms for medical staff recruitment/retention
EA2020-2E	6300/ 6402	12015000000008	1	M015	Min	89,294	M015	Min	89,294	Immediate Recruitment Need.	03/08/20	
					Mid	111,613		Mid	111,613	X		Retention
					Max	133,931		Max	133,931			Industry shortage / high competition for profession
					\$121,929.60			NO CHANGE		X		Other: Benefit enhancements in accordance with industry norms for medical staff recruitment/retention
EA2020-2F	6300/ 6474	12015000000013	1	M015	Min	89,294	M015	Min	89,294	Immediate Recruitment Need.	03/08/20	
					Mid	111,613		Mid	111,613	X		Retention
					Max	133,931		Max	133,931			Industry shortage / high competition for profession
					\$121,662.28			NO CHANGE		X		Other: Benefit enhancements in accordance with industry norms for medical staff recruitment/retention
EA2020-2G	6300/ 6383	21017000000002	1	P017	Min	88,088	M015	Min	88,088	Immediate Recruitment Need.	03/08/20	
					Mid	107,910		Mid	107,910	X		Retention
					Max	127,733		Max	127,733			Industry shortage / high competition for profession
					\$92,580.80			\$98,500.00		X		Other: Benefit enhancements in accordance with industry norms for medical staff recruitment/retention
EA2020-2H	6300/ 6445	21017000000007	1 (0.8 FTE)	P017	Min	88,088	M015	Min	88,088	Immediate Recruitment Need.	03/08/20	
					Mid	107,910		Mid	107,910	X		Retention
					Max	127,733		Max	127,733			Industry shortage / high competition for profession
					\$88,192.00			NO CHANGE		X		Other: Benefit enhancements in accordance with industry norms for medical staff recruitment/retention
EA2020-2I	6300/ 6474	21017000000008	1	P017	Min	88,088	M015	Min	88,088	Immediate Recruitment Need.	03/08/20	
					Mid	107,910		Mid	107,910	X		Retention
					Max	127,733		Max	127,733			Industry shortage / high competition for profession
					\$97,302.40			\$98,500.00		X		Other: Benefit enhancements in accordance with industry norms for medical staff recruitment/retention
EA2020-2J	6300/ 6474	21017000000009	1	P017	Min	88,088	M015	Min	88,088	Immediate Recruitment Need.	03/08/20	
					Mid	107,910		Mid	107,910	X		Retention
					Max	127,733		Max	127,733			Industry shortage / high competition for profession
					\$97,864.00			\$98,500.00		X		Other: Benefit enhancements in accordance with industry norms for medical staff recruitment/retention
EA2020-2K	6300/ 6323	21025001000001	1	P025	Min	163,051	P025	Min	163,051	Immediate Recruitment Need.	03/08/20	
					Mid	199,742		Mid	199,742	X		Retention
					Max	236,434		Max	236,434			Industry shortage / high competition for profession
					\$217,235.30			NO CHANGE		X		Other: Benefit enhancements in accordance with industry norms for medical staff recruitment/retention
EA2020-2L	6300/ 6373	21027001000004	1	P027	Min	190,195	P027	Min	190,195	Immediate Recruitment Need.	2020- SPECIFIC DATE TBD	
					Mid	232,981		Mid	232,981	X		Retention
					Max	275,787		Max	275,787	X		Industry shortage / high competition for profession
					N/A			\$250,000.00				Other:

The individual practitioners 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.

Based on industry shortage and high competition, a recruitment/retention bonus may also be offered in some instances. All bonuses awarded shall be subject to conditions. Amount of bonus for above position(s), if determined to be eligible, shall not exceed \$25,000 annually.

In all cases, any funds identified through the Employment Agreement as a retention or other bonus shall not be considered eligible earnings under the Milwaukee County Pension Plan. Therefore, a retention or other bonus shall not affect in any manner any pension benefit under the Employee Retirement System (ERS), including, but not limited to, earnable compensation, final average salary, service credit, eligibility for a benefit or timing of a benefit.

AMENDMENT TO EXISTING AGREEMENT												
ITEM ID	HIGH/LOW ORG	POSITION		NO. POSITIONS	CURRENT		RECOMMENDED		INFORMATIONAL: Market equitable alignment based on overall job duties/responsibilities, industry competition, competencies and education/experience requirements.	EFFECTIVE DATE		
		JOB CODE / POSITION #			PAY RANGE	ANNUAL PAY RATE	PAY RANGE	ANNUAL PAY RATE				
EA2020-2M	6300/ 6373	11012000000002	1	E012	Min	174,866	TBD	Min	TBD	Immediate Recruitment Need.	03/08/20	
					Mid	222,955		Mid	TBD	X		Retention - Immediate Need
					Max	271,024		Max	TBD	X		Industry shortage / high competition for profession
					N/A			**		X		Other: Adjustment to annual retention bonus only

\*\*The salary associated with this classification is currently under-going market analysis by DHR/Compensation and will be adjusted in accordance with reclassification/reallocation recommendations and processes for current position incumbents. Therefore, Job Code/Position # may change from what is reflected above.

It is recommended that retention bonus for incumbent of this position be amended to an amount not to exceed \$40,000 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 and/or amending existing "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.

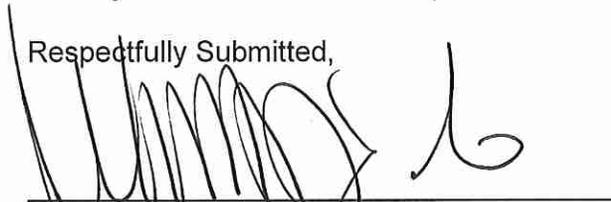
Wis. Stats. [51.41\(10\)](#): MENTAL HEALTH CONTRACTS. Any contract related to mental health with a value of at least \$100,000, to which Milwaukee County is a party may take effect only if the Milwaukee County mental health board votes to approve, or does not vote to reject, the contract.

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 2020 operating budget. There is no tax levy associated with this request.

Respectfully Submitted,



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Michael Lappen, Administrator  
Behavioral Health Division

- cc Maria Perez, Chairperson, Milwaukee County Mental Health Board Finance Committee
- Mary Jo Meyers, Director, Department of Health and Human Services
- John Schneider, MD, BHD Chief Medical Officer
- Dean Legler, Milwaukee County Director of Compensation and HRIS
- Matthew Fortman, DHHS/BHD Fiscal Administrator
- Lora Dooley, BHD Director of Medical Staff Services
- Jodi Mapp, BHD Senior Executive Assistant

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

**DATE:** January 23, 2020

**TO:** Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board

**FROM:** Shane V. Moasio, MD, President of the Medical Staff Organization  
*Prepared by Lora Dooley, Director of Medical Staff Services*

**SUBJECT:** **A Report from the President of the Medical Staff Organization Requesting Approval of Appointment and Privilege Recommendations Made by the Medical Staff Executive Committee**

**Background**

Under Wisconsin and Federal regulatory requirements, all physicians and all other practitioners authorized under scope of licensure and by the hospital to provide independent care to patients must be credentialed and privileged through the Medical Staff Organization. Accepting temporary privileges for an immediate or special patient care need, all appointments, reappointments and privileges for each physician and other practitioners must be approved by the Governing Body.

**Discussion**

From the President of the Medical Staff Organization and Chair of the Medical Executive Committee presenting recommendations for appointments and/or privileges. Full details are attached specific to items A through C:

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

**Recommendation**

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

Respectfully Submitted,



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Shane V. Moiso, MD  
President, BHD Medical Staff Organization

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

**Attachment**

1 Medical Staff Credentialing Report & Medical Executive Committee Recommendations

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  
GOVERNING BODY REPORT  
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS  
JANUARY-FEBRUARY 2020**

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

INITIAL APPOINTMENT	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 13, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 22, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<b>MEDICAL STAFF</b>							
Colleen Considine, MD	Psychiatric Officer and Medical Officer	Affiliate / Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Misty Embrey, MD	Psychiatric Officer and Medical Officer	Affiliate / Provisional		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
Linda Hughes-Belford, DO	General Psychiatry	Affiliate / Provisional		Dr. Zincke recommends appointment & privileges, as requested	On 12/16/19, Dr. Schneider on behalf of Committee, recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.  <i>In accordance with Bylaws, Category 1 application reviewed by Chair on behalf of Committee, in connection with temporary privilege authorization consideration for locum tenens assignment.</i>	Recommends appointment and privileging as per C&PR Committee.	
Joel Rigueur, MD	General Psychiatry	Affiliate / Provisional		Dr. Zincke recommends appointment & privileges, as requested	On 1/21/20, Dr. Schneider on behalf of Committee, recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.  <i>In accordance with Bylaws, Category 1 application reviewed by Chair on behalf of Committee, in connection with temporary privilege authorization consideration for locum tenens assignment.</i>	Recommends appointment and privileging as per C&PR Committee.	
Donald Skenandore, MD	Psychiatric Officer and Medical Officer	Affiliate / Provisional	B/CB	Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, as requested, subject to a minimum provisional period of 6 months.	Recommends appointment and privileging as per C&PR Committee.	
<b>ALLIED HEALTH</b>							
<b>NONE THIS PERIOD</b>							

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 13, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 22, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<b>MEDICAL STAFF</b>							
Christine Girgis, MD	General Psychiatry	Affiliate / Full		Dr. Thrasher recommends reappointment & privileges in General Psychiatry	Committee recommends reappointment and privileges in General Psychiatry, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Anna Hackenmiller, MD	Psychiatric Officer and Medical Officer	Affiliate / Full		Drs. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Michelle Heaton, DO	General Psychiatry	Affiliate / Full	CB	Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Elizabeth Lampe, MD	General Psychiatry	Affiliate / Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Anna Nusbaum, MD	General Psychiatry	Active / Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Mark Phelps, MD	General Psychiatry	Affiliate / Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
John Schneider, MD	General Psychiatry	Active / Full	CB	Dr. Zinke recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Robert Sharpe, MD	General Psychiatry	Active / Full		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges in General Psychiatry, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Gary Stark, PhD	General Psychology	Associate / Full		Drs. Kuehl and Thrasher recommend reappointment, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment as per C&PR Committee.	
<b>ALLIED HEALTH</b>							
Angelia Felton-Wilks, MSN	Advanced Practice Nursing-Family Practice	Allied Health / Provisional	PR	Dr. Puls recommends privileges, as requested	Committee recommends privileges, as requested, for 1 year. No changes.	Recommends privileging as per C&PR Committee.	
Rebecca Sauer-Stach, MSN	Advanced Practice Nursing-Psychiatric & Mental health	Allied Health / Provisional		Dr. Thrasher recommends privileges, as requested	Committee recommends privileges, as requested, for 2-years. No changes.	Recommends privileging as per C&PR Committee.	

PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	RECOMMENDED CATEGORY/ STATUS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 13, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 22, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<i>The following applicants are completing the required six-month minimum provisional period, as required for all initial appointments and/or new privileges.</i>							
<b>MEDICAL STAFF</b>							
Elizabeth Holcomb, MD	General Psychiatry	Affiliate / Provisional	Affiliate / Full	Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends privileging status change, as per C&PR Committee.	
Sally Lohs, MD	General Psychiatry	Affiliate / Provisional	Affiliate / Full	Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends privileging status change, as per C&PR Committee.	
Sarah Slocum, MD	General Psychiatry	Affiliate / Provisional	Affiliate / Full	Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends privileging status change, as per C&PR Committee.	
<b>ALLIED HEALTH</b>							
NONE THIS PERIOD							

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	RECOMMENDED CHANGE	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 13, 2020	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 22, 2020	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
NONE THIS PERIOD						

Charmelle Clark MD  
 CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE  
 (OR PHYSICIAN COMMITTEE MEMBER DESIGNEE)

1/22/2020  
 DATE

Shirley Robinson  
 PRESIDENT, MEDICAL STAFF ORGANIZATION  
 CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

01/23/20  
 DATE

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS: \_\_\_\_\_

RECOMMENDATIONS OF THE MCBHD MEDICAL STAFF CREDENTIALING & PRIVILEGING REVIEW AND MEDICAL STAFF EXECUTIVE COMMITTEES WERE REVIEWED. ALL PRIVILEGE AND APPOINTMENTS ARE HEREBY GRANTED AND APPROVED, AS RECOMMENDED BY THE MEC, UNLESS OTHERWISE INDICATED ABOVE.

\_\_\_\_\_  
 GOVERNING BOARD CHAIRPERSON

\_\_\_\_\_  
 DATE

BOARD ACTION DATE: FEBRUARY 27, 2020