

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

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## MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, December 13, 2018 - 8:00 A.M.  
Zoofari Conference Center  
9715 West Bluemound Road

### MINUTES

**PRESENT:** Michael Davis, Kathie Eilers, Rachel Forman, Sheri Johnson, \*Walter Lanier, Jon Lehrmann, Thomas Lutzow, Mary Neubauer, Maria Perez, and Brenda Wesley  
**EXCUSED:** Duncan Shrout  
**ABSENT:** Robert Curry

\*Board Member Walter Lanier was not present at the time the roll was called but joined the meeting shortly thereafter.

#### SCHEDULED ITEMS:

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

1. **Welcome.**

Chairman Lutzow greeted Board Members and welcomed everyone to the December 13, 2018, Mental Health Board meeting.

2. **Approval of the Minutes from the Milwaukee County Mental Health Board October 25, 2018, Meeting.**

**MOTION BY:** (Eilers) Approve the Minutes from the October 25, 2018, Mental Health Board Meeting. 7-0

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

**AYES:** Davis, Eilers, Forman, Lutzow, Neubauer, Perez, and Wesley – 7

**NOES:** 0

**EXCUSED:** Lanier – 1

3. **Psychiatric Crisis Redesign Presentation.**

Rob Henken, President, Wisconsin Policy Forum  
Dr. David Hughes, President, Human Services Research Institute

Mr. Henken indicated today's presentation is a culmination of work done for Phase I of a multi-phased project. The redesign planning team for the project is made up of the

**SCHEDULED ITEMS (CONTINUED):**

	<p>Wisconsin Policy Forum, the Human Services Research Institute, the Technical Assistance Collaborative, and a public/private advisory committee. Presentation highlights include planning to date; key planning assumptions - one being the Behavioral Health Division's legal responsibility to provide crisis services; three possible models: 1) centralized, 2) decentralized, and 3) dispersed systems, with the planning team selecting a modified version of Model 3; care delivery philosophy; cross-cutting functions; a dedicated psychiatric emergency department; federally qualified health center partnerships; crisis resource centers; and next steps.</p> <p>Questions and comments ensued.</p> <p><b>MOTION BY:</b> (Eilers) Behavioral Health Division Staff is Directed to Move Forward Based on the Environmental Scan and Planning Summary with a Report Back to the Mental Health Board at the February Meeting. 8-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Wesley)</p> <p><b>AYES:</b> Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, and Wesley – 8</p> <p><b>NOES:</b> 0</p>
4.	<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 stated BHD received a grant for primary prevention for minority youth and provided an update on the award received to expand Medication Assisted Treatment into a 24/7 operation that will provide immediate assistance to individuals seeking to stop using opioids. The anticipated start date is February 1, 2019.</p> <p>Mr. Lappen also discussed merit increases given to employees in 2018, which ranged from 2% to 5% and were based on certain criteria and exclusions; and BHD's workforce development effort collaboration with MC3 and the provider network to create new internship opportunities. Board Member Forman will work together with Mr. Lappen to pursue State funding for workforce development.</p> <p>As a side note, Mr. Lappen shared a Journal Sentinel letter to the editor from a family member of a patient commending the service received at BHD and the continuum of care received post hospitalization.</p> <p>Questions and comments ensued.</p> <p style="text-align: center;"><b>Item #s 5 and 6 were considered together.</b></p>

**SCHEDULED ITEMS (CONTINUED):**

5.	<p><b>Mental Health Board Finance Committee Professional Services Contracts Recommendation.</b></p> <p>Jennifer Bergersen, Chief of Operations, Behavioral Health Division</p> <ul style="list-style-type: none"><li>• 2018 Contract Amendment<ul style="list-style-type: none"><li>➤ Reinhart, Boerner Van Duran, S.C.</li></ul></li></ul> <p>Professional Services Contracts focus on facility-based programming, supports functions that are critical to patient care, and are necessary to maintain hospital and crisis services licensure. Ms. Bergersen provided a detailed description of the legal services the contracted agency provides. A recommendation to approve would be for a 2018 Contract Amendment.</p> <p>Questions and comments ensued.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2018 Professional Services Contract Amendment to the Board.</p> <p style="text-align: center;"><b>SEE ITEM 6 FOR BOARD ACTION</b></p>
6.	<p><b>Mental Health Board Finance Committee Purchase-of-Service Contracts Recommendation.</b></p> <p>Brian McBride, Director, Children’s Community Services and Wraparound Milwaukee, Behavioral Health Division</p> <ul style="list-style-type: none"><li>• 2018 Contract Amendment</li></ul> <p>Purchase-of-Service Contracts for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services were reviewed. Mr. McBride provided an overview detailing the educational advocacy services provided by the contracted agency. A recommendation to approve would be for a 2018 Contract Amendment.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2018 Purchase-of-Service Contract Amendment delineated in the corresponding report to the Board.</p> <p><b>MOTION BY:</b> (Perez) <i>Approve the 2018 Professional Services Contract Amendment and the 2018 Purchase-of-Service Contract Amendment as Delineated in the Corresponding Reports for Item #s 5 and 6. 8-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Eilers)</p> <p><b>AYES:</b> Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, and Wesley – 8</p> <p><b>NOES:</b> 0</p>

**SCHEDULED ITEMS (CONTINUED):**

7.	<p><b>Retention and Severance Package.</b></p> <p>Michael Lappen, Administrator, Behavioral Health Division (BHD)</p> <p>Mr. Lappen explained staff retention agreements are in the process of being finalized and reviewed by Corporation Counsel and Human Resources. The plan is to make a formal request for a funding allocation for the severance and retention initiatives for staff related to the closure and outsource of the hospital at the February Board meeting.</p> <p>The retention plan applies to key clinical staff and will provide staff with an incentive to remain employed with BHD until the acute hospital's closure, which is slated for approximately the middle of 2021. It will be a challenge to maintain staffing levels at the hospital unless there are incentives for staff, including providing assistance with a path for the future. An important piece the plan is a collaboration with Universal Health Systems to begin engagement with BHD staff for recruitment purposes. Mike discussed eligibility in detail.</p> <p>Questions and comments ensued.</p>
8.	<p><b>2018 Collective Bargaining Agreement with the Wisconsin Federation of Nurses and Health Professionals (WFNHP) Base Wage Negotiation.</b></p> <p>Margo Franklin, Employee Relations Director, Department of Human Resources Candace Owley, President, WFNHP</p> <p>Ms. Franklin indicated under Act 10, the WFNHP is only allowed to negotiate on base wage and only up to a maximum of the Consumer Price Index (CPI), which is 1%. It is an across-the-board increase effective as of June 17, 2018. Upon the Board's vote of approval, the increase would be immediately processed.</p> <p>Ms. Owley commented on cost of living adjustments and other non-negotiable items.</p> <p>Questions and comments ensued.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the 2018 WFNHP Contract to the Board.</p> <p><b>MOTION BY:</b> (Davis) Approve the 2018 Collective Bargaining Agreement with the Wisconsin Federation of Nurses and Health Professionals. 8-0</p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Eilers)</p> <p><b>AYES:</b> Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, and Wesley – 8</p> <p><b>NOES:</b> 0</p>

**SCHEDULED ITEMS (CONTINUED):**

9.	<p><b>Corporation Counsel’s Legal Opinion on the Behavioral Health Division’s Abatement and the Mental Health Board’s Authority and Rights.</b></p> <p>David Farwell, Assistant, Corporation Counsel</p> <p>Mr. Farwell stated the County Executive does have the authority to change the Behavioral Health Division (BHD) Budget, including abatement and reserve drawn down as long as any changes being considered by the Executive are desirable or proper; the tax levy for BHD is not less than \$53 million or more than \$65 million; a \$10 million reserve is maintained; and any money drawn from the BHD reserve be used for a mental health function, program, or service.</p> <p>Questions and comments ensued.</p>
10.	<p><b>Mental Health Board Finance Committee Quarterly Update.</b></p> <p>Jeanne Dorff, Fiscal Administrator, Department of Health and Human Services</p> <p>Vice-Chairwoman Perez, Chairwoman of the Finance Committee, with the assistance of Ms. Dorff, reviewed topics addressed at the Finance Committee’s quarterly meeting. They discussed the September 2018 financial reporting package, crisis services financial snapshot, the 2018 third quarter dashboard, and fund transfers.</p> <p>Questions and comments ensued.</p>
11.	<p><b>Mental Health Board Quality Committee Quarterly Update.</b></p> <p>Jennifer Bergersen, Chief of Operations, 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 organizational accountability and developing core domains, analysis of the key performance indicator (KPI) dashboard and KPI inpatient metrics, zero suicide and the Access Clinic pilot, the report from the Institutional Review Board, the seclusion and restraint summary and survey update, the Milwaukee Regional Medical Complex emergency operations plan exercise, and the status of updated policies and procedures.</p> <p>Questions and comments ensued.</p> <p>Board Members expressed interest in hearing from the State’s team on homelessness.</p>
12.	<p><b>Medical Executive Report and Credentialing and Privileging Recommendations.</b></p> <p>Dr. Shane Moio, Medical Staff President, Behavioral Health Division</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p><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 12. 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></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> <i>(Eilers)</i></p> <p><b>AYES:</b> Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, and Wesley – 8</p> <p><b>NOES:</b> 0</p> <p>The Board convened into Closed Session at 9:51 a.m. to discuss Item 12 and reconvened back into Open Session at approximately 10:05 a.m. The roll was taken, and all Board Members were present.</p> <p>The Board was informed the Medical Staff Organization held its election, and Dr. Shane Moisio is the newly elected Medical Staff Organization President. Dr. Miriam Zincke was elected Medical Staff Organization Vice-President.</p> <p><b>MOTION BY:</b> <i>(Eilers) Approve the Medical Staff Credentialing Report and Medical Executive Committee Recommendations. 8-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> <i>(Neubauer)</i></p> <p><b>AYES:</b> Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, and Wesley – 8</p> <p><b>NOES:</b> 0</p>
13.	<p><b>Mental Health Board and Committee 2019 Meeting Schedule.</b></p> <p>Board Members were informed the calendar that is before them today is the Board’s finalized 2019 meeting schedule. The finalized version was slightly modified from the draft provided in October. Meeting calendar invitations have been forwarded and are accurate.</p>
14.	<p><b>Adjournment.</b></p> <p><b>MOTION BY:</b> <i>(Neubauer) Adjourn. 8-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> <i>(Forman)</i></p> <p><b>AYES:</b> Davis, Eilers, Forman, Lanier, Lutzow, Neubauer, Perez, and Wesley – 8</p> <p><b>NOES:</b> 0</p>

**SCHEDULED ITEMS (CONTINUED):**

This meeting was recorded. The aforementioned agenda items were not necessarily considered in agenda order. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.

Length of meeting: 8:00 a.m. to 10:44 a.m.

Adjourned,

***Jodi Mapp***

Senior Executive Assistant  
Milwaukee County Mental Health Board

**The next meeting for the Milwaukee County Mental Health Board  
will be a PUBLIC HEARING on  
Thursday, January 24, 2019, @ 4:30 p.m. at the  
Washington Park Senior Center  
4420 West Vliet Street**

**PUBLIC COMMENT WILL BE HEARD ON  
THE PSYCHIATRIC CRISIS REDESIGN AND ALL  
BEHAVIORAL HEALTH DIVISION TOPICS/SERVICES**

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

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

The December 13, 2018, 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 24, 2019 - 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, Duncan Shrout, and Brenda Wesley  
**ABSENT:** Robert Curry, Sheri Johnson, and Walter Lanier

**SCHEDULED ITEMS:**

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

1. **Welcome.**

Chairman Lutzow greeted Board Members and welcomed the audience to the January 24, 2019, 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:

Jeanne Lowry, Mental Health Task Force  
Barbara Beckert, Disability Rights Wisconsin  
Susan Gadacz, Outreach Community Center  
Maria I. Nogueron

3. **Adjournment.**

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

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

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

**NOES:** 0

**SCHEDULED ITEMS (CONTINUED):**

This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.

Length of meeting: 4:35 p.m. to 5:42 p.m.

Adjourned,

***Jodi Mapp***

Senior Executive Assistant  
Milwaukee County Mental Health Board

**The next regular meeting for the Milwaukee County Mental Health Board is  
Thursday, February 28, 2019, @ 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 24, 2019, 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

COUNTY OF MILWAUKEE  
INTEROFFICE COMMUNICATION

DATE : 2/4/19  
TO : Thomas Lutzow, Chairman, Milwaukee County Mental Health Board  
FROM : Joe Lamers, Director, DAS Office of Performance, Strategy, and Budget  
SUBJECT : 2020 Operating Budget Gap and Process

## OVERVIEW

This report on Milwaukee County's 2020 budget process and funding was presented to the Finance and Audit Committee on February 1, 2019 and will be presented to the Mental Health Board on February 28, 2019.

This report provides a preliminary operating budget gap estimate for 2020. A timeline for the 2020 budget process is also provided.

The Office of Performance, Strategy, and Budget (PSB) preliminarily projects a budget gap of \$26.5 million for Fiscal Year 2020. This gap is part of an ongoing structural deficit, whereby growth in revenue is not sufficient to keep pace with inflationary operating cost growth. In addition to an ongoing imbalance between revenues and expenditures, the County's 2020 budget is expected to be particularly impacted by a change in the Pension Fund's assumed rate of return from 7.75% to 7.5% as adopted by the Pension Board, as well as an expected increase in the cost to provide medical services to inmates. These and other expense and revenue impacts are described in more detail in this report.

Broad options for closing the 2020 budget gap are also presented for consideration and direction. PSB intends to provide follow up reports on this initial budget gap estimate to the County Board's Finance and Audit Committee in March and April, with a goal of reaching consensus on important operating budget planning decisions by April, which is when operating budget instructions are issued to departments.

## 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 2019, policy makers have been required to close cumulative budget gaps of approximately \$245 million or an average of \$31 million per year. While the budget has been balanced as 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 \$79.8 million by 2023.

**ANALYSIS**

Based on preliminary estimates, the County will be facing a 2020 operating budget gap of \$26.5 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 2019, removal of one-time revenue sources that are included in the 2019 budget, and increased revenue projections which are shown in the chart as negative values because they reduce the projected gap amount.

<b>Estimated 2020 Operating Budget Gap</b>	
<b>Description</b>	<b>Amount</b>
Compensation Increases	\$ 5.7
Health Care	\$ 2.8
Pension	\$ 6.6
Debt Service	\$ 1.0
Other Operating Cost to Continue	\$ 10.7
Inmate Medical Cost Increase	\$ 5.0
Court Appointed Attorney Fee Increase	\$ 1.5
<b>Total Expense Change</b>	<b>\$ 33.3</b>
<b>Revenue Change - Lost Revenues</b>	
Debt Service Reserve	\$ 3.3
Unclaimed Revenue	\$ 1.3
<b>Revenue Changes - Increased Revenues</b>	
Property Tax	\$ (3.9)
Sales Tax	\$ (2.6)
GTA	\$ (0.5)
VRF	\$ (0.4)
Other/Reimbursement Revenue	\$ (4.1)
<b>Total Revenue Change</b>	<b>\$ (6.8)</b>
<b>Gap Total</b>	<b>\$ 26.5</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 2020 budget and are subject to variability as the budget process continues.

**Expenditures:**

**Compensation Increases:** An estimated \$5.7 million is projected for the added cost of compensation increases in 2020. This includes \$3.7 million to cover the fully annualized cost of

increases included in the 2019 budget. The 2019 budget included funding for a 2% increase at mid-year, \$500,000 for corrections officers at mid-year, and \$455,000 for equity adjustments funded in the fourth quarter of 2019. In addition, the \$5.7 million increase includes an estimate of \$2.0 million for new compensation increases to be included in the 2020 budget. A \$2.0 million increase could fund, for example, a 1% increase at mid-year plus approximately \$800,000 of equity and/or other salary adjustments. This estimate of \$2.0 million in new funding is included for forecasting purposes. A decision has not been made by policy makers regarding the level of new compensation increases to be included in the 2020 budget.

**Health Care:** PSB currently projects 2020 health care expenses to increase by \$2.8 million over the 2019 budget. This is based on a review of current actuals, considers current Comptroller surplus projections for 2018, and applies a 3.5% expenditure growth estimate in both 2019 and 2020.

It is important to note that health care industry expenses have been subject to a high levels of volatility. The County's health care actuary has commonly projected growth rates of 7% or higher, although actual growth rates have not been this high in recent years. If actuary projections were used for this analysis, the health care growth estimate for 2020 would be approximately \$8 million. Health care projections will be closely reviewed in the coming months and during the budget process. A final health care amount for the 2020 budget will be decided in the summer of 2019 in consultation with the Comptroller's Office.

**Pension:** A pension growth estimate of \$6.6 million includes a \$4.5 million cost increase for a change the pension fund's assumed rate of return, from 7.75% to 7.5% in 2020. This change has been adopted by the Pension Board. It has been past practice for the budget to fund the pension at the level adopted by the Pension Board. An additional \$2.1 million cost increase is estimated in the pension fund for the normal cost and unfunded liability.

**Debt Service:** An increase of \$1.0 million is a preliminary estimate based on 2020 debt service principal and interest growth projected in the Comptroller's 2018 five-year financial forecast. 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 projected to add to the budget gap.

**Other Operating Cost to Continue:** An estimated \$10.7 million increase is needed for other operating costs, excluding personnel related costs and debt service budget changes stated above. The estimate equals approximately 2.3% inflationary growth for operating costs including utilities, commodities, professional services, and contracts. This amount is also consistent with what is projected in the Comptroller's five-year fiscal forecast. In the 2019 budget and in previous years, due to the County's structural deficit, departments have been asked to absorb inflationary operating costs as a way to close the budget gap. In the absence of additional revenue streams in 2020, it is anticipated that departments will once again be asked to absorb these operating cost increases.

**Inmate Medical Cost Increase:** Changes to inmate medical services are expected to result in a significant cost increase. A new RFP for this service is nearing completion with vendor selection anticipated. In addition, an analysis of insourcing vs outsourcing of this service is being

prepared. Regardless of who provides the service, it is anticipated that this cost will increase substantially above what is currently budgeted. A gap estimate of \$5.0 million is approximately equal to the annualized cost of a three month extension for the current service provider, compared to what is budgeted in 2019.

**Attorney Fee Increase:** The Wisconsin Supreme Court has issued an increase in the court appointed attorney rate from \$70 to \$100 per hour. This 42% increase is effective in 2020 and is preliminarily estimated to result in a \$1.5 million annual cost increase.

### Revenues:

#### **Lost Revenues:**

**Debt Service Reserve:** The 2019 budget included \$3.3 million in funding from the Debt Service Reserve which is considered a one-time funding source.

**Unclaimed Revenue:** Every other year the County Treasurer advertises the possession of unclaimed funds. Revenue of \$1.25 million is included in the 2019 budget. This amount is not expected to be included in the 2020 budget.

#### **Increased Revenues:**

**Property Tax:** Based on experience from the past two 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 projected growth in debt service expenditures.

**Sales Tax:** County sales tax receipts are projected to grow by \$2.6 million or 3.2% over the 2019 budget. In the second half of 2018, sales tax revenues have been trending above budget and the Comptroller is currently projecting a \$1.5 million sales tax revenue surplus. At the same time, there is indication that the State has not aggressively pursued the collection of online sales taxes, which are a new source of sales tax revenue budgeted at \$1.7 million in 2019. These factors were taken into consideration as part of the \$2.6 million growth estimate for 2020.

**General Transportation Aid (GTA):** The 2019 budget included an amendment to increase GTA revenue by \$1.16 million of which \$662,000 was dedicated to Transit services for a modified version of Route 57 and \$506,000 was put into the Debt Service Reserve. GTA revenue was increased in the 2019 amendment process because the State had not yet released the GTA allocation at the time the Recommended Budget was prepared. For 2020, this estimate assumes that the \$506,000 of additional revenue put into reserves will be available to support the operating budget.

**Vehicle Registration Fee (VRF):** The 2019 budget includes \$16.7 million of VRF revenue. Actual VRF receipts continue to trend modestly higher than the budget, and an updated analysis indicates the VRF budget could be increased by approximately \$400,000. This projected increase is due to the number of cars being registered. It is not tied to a change in the fee.

VRF revenue can only be used for Transit and Transportation related costs. The Transit department in particular is a significant tax levy cost center. Transit’s estimated cost-to-continue is \$3.2 million for 2020, representing approximately 2% growth. In addition, Transit’s 2019 budget included \$1.6 million of one-time revenues which are not expected to be available in 2020. Between the cost-to-continue and one-time revenues, an additional \$4.8 million of revenues and/or efficiencies will be required in order for Transit to maintain current services in 2020.

**Other / Reimbursement Revenue:** \$4.1 million of other revenues are projected. This is primarily based on an estimate that 15% of cost increases can be covered with outside reimbursement revenue, primarily for services in the airport and health and human services.

**Gap Closing Options**

The 2019 budget introduced three broad options for closing the budget gap. These options included: Divest, Temporary Fix, and Sustain. Given that the 2020 budget outlook is similar to 2019, these options may once again be considered.

2020 Gap Closing Options	Divest	Temp Fix	Sustain
Dept's Self Fund Operating Cost-to-Continue	\$ 10.7	\$ 10.7	\$ -
Debt Service Reserve Withdrawal Equal to 2019	\$ 3.3	\$ 3.3	\$ -
Cash Capital or Other Reduction	\$ 2.5	\$ 2.5	\$ -
Department Levy Targets	\$ 10.0	\$ -	\$ -
New Revenues	\$ -	\$ 10.0	\$ 26.5
<b>Total</b>	<b>\$ 26.5</b>	<b>\$ 26.5</b>	<b>\$ 26.5</b>

**Divest Option**

The divest option relies on the following changes to close the gap:

- Inflationary operating cost containment of \$10.7 million. Departments would be required to absorb inflationary increases in the cost of commodities, utilities, professional services, etc. This is essentially a reduction to departments because they will be required to identify cost savings in one area to offset increases another area which may be unavoidable.
- \$3.3 million withdrawal from Debt Service Reserve. This amount is consistent with the 2019 budget. It would reduce the reserve down to approximately \$20 million, which is well below policy levels recommended by the Government Finance Officers of America (GFOA). GFOA recommends governments of all levels maintain reserves equal to two months operating costs. By limiting this amount to two months of operating property tax and sales taxes alone, Milwaukee County would need a reserve of approximately \$50 million to meet the GFOA standard.

- Reduce capital cash financing by \$2.5 million, unless another funding source can be identified in the budget process. The 2019 budget increased capital cash financing by \$5.4 million, back to adopted County policy levels. This was a positive development because the County has a significant backlog and need for cash financed capital projects, which are not bond eligible. However, there was no sustainable funding source identified to maintain this funding level for cash financed projects. This divest budget option assumes that capital cash financing would be reduced by \$2.5 million, for the purpose of closing the operating gap. This limits the amount of reductions which need to be applied to department operating budgets.
  
- After the above options are taken into consideration, an operating gap amount of \$10 million remains. The divest option assumes that this amount would be closed through departmental levy targets. \$10 million amounts to approximately 1.5% of department's total budgets or 3% of tax levy. In March of 2019, DAS-PSB plans to provide a report to the County Board which will include draft departmental levy targets that will need to be applied under the Divest Option.

### **Temporary Fix**

The Temporary Fix option includes the same strategies as the Divest budget option with one major exception. Instead of reducing department budgets by \$10 million via approximately 1.5% levy reduction targets, the Temporary Fix option would add new revenues equaling this amount. DAS-PSB will provide additional information on revenues in a report on the budget to be presented in March.

### **Sustainability**

The Sustainability option assumes that departments would be funded for inflationary cost increases. Debt Service Reserve and capital cash financing would not be reduced. Departmental levy reduction targets would not be issued. Instead, this option would require an additional \$26.5 million of new revenues to be identified.

A sustainable option may require even more than \$26.5 million in new revenue in order to fund various needs and changes including:

- Revising Pension Rate of Return assumptions down to 7.0% instead of 7.5%
- Incrementally increasing reserves up to recommended policy levels
- Provide additional funding to capital infrastructure needs

In the absence of new revenues, each of these items would only add to the projected budget gap. Given the magnitude of this challenge, DAS-PSB recommends that the County Board continues to work with the County Executive on long term fiscal sustainability.

### **Levy Target Details**

If the Divest Option strategy is followed for the 2020 budget process, the above chart indicates

that levy reduction targets totaling \$10 million will be distributed to departments. This amount is subject to change based on updates to the budget gap analysis, decisions around capital funding and use of debt service reserves, and other relevant factors. \$10 million in levy reductions would amount to an approximately 1.5% reduction to the total budget for departments, or a 3% reduction in tax levy.

As part of the 2020 budget process, DAS-PSB plans to share levy target details with the County Board and Finance and Audit Committee early on in the process. A report will be provided as part of the March 2019 committee cycle with an updated gap analysis, as well as draft levy targets for departments. DAS-PSB will follow up with the Finance and Audit Committee in April for input and decisions on levy targets, with a goal to reach a consensus on the direction that is provided to departments.

All departments will be expected to follow the levy target instructions in the requested budget process. If departments do not meet their levy target within their request, the County Executive's recommended budget will make adjustments accordingly to ensure that all departments participate in efforts to achieve a balanced budget. As has been the case in past years, most departments will be expected to participate in the levy target exercise. Some small departments and high risk departments may be exempted or held flat.

## **REVENUE ENHANCEMENTS**

As part of the 2019 budget process, significant focus was 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 is the primary cause of the County's structural deficit.

The "Fair Deal for Milwaukee County Workgroup" was created to identify and propose options for enhancing the long-term fiscal stability of Milwaukee County, and to increase State funding of mandated services. This workgroup is co-chaired by the County Board Chairman and the County Executive. Workgroup meetings are being held in December of 2018 and January of 2019 to develop recommendations which will become the focus of the County's lobbying activity during review and adoption of the State's 2019-2021 budget.

The State budget is scheduled to be adopted in July of 2019. DAS-PSB will monitor the State budget process for changes or impacts, and will update the County Board on relevant budget developments. For the 2020 budget process, DAS-PSB will operate under a status quo set of revenue assumptions unless new information is made available. This means that most State revenues will be projected to remain flat in 2020.

## **NEXT STEPS: 2020 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:

- 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

Finance & Audit Committee 2020 Budget Process Details

DAS-PSB intends to update the Finance and Audit Committee on the budget a regular monthly basis. The following items and reports are planned to be prepared as part of the 2020 budget process.

*Items related specifically to the capital budget are stated in italics; a similar report providing details on the capital budget gap, process, and timeline will be presented in March.*

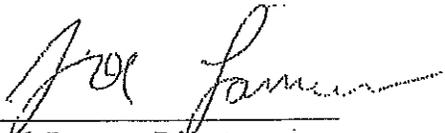
- **January** – DAS-PSB provides initial budget gap estimates which also begins to explore funding options
- **March** – *DAS-PSB will present on capital budget gap, process, and timeline*
- **March** – DAS-PSB will provide a report with an updated budget gap estimate, initial draft levy targets will be shared, and possible revenue options
- **April** – DAS-PSB will follow up on levy targets and revenue options with a goal to reach consensus with the board on these items. Decisions are needed in April because budget instructions and levy targets will be issued to departments at this time.
- **July** – DAS-PSB will provide a high level summary of requested budgets. Note that requests are due July 15, three days before the Finance & Audit Committee meeting on July 18.
- **July** – *DAS-PSB and the Comptroller's Office will present a joint report on the County's bonding limit for capital projects, as required in 2019 budget amendment 1B002.*
- **September** – *DAS-PSB will present a report on the County's capital infrastructure and long-term capital financing needs.*
- **October** – Departments will present their requested budgets to the Finance & Audit Committee
- **November** – County Board adopts the budget

In addition to the reports stated above, DAS-PSB will provide additional information as needed. During the 2019 budget process, a standing budget item was included on the Finance & Audit

Committee agenda for ongoing budget updates. It is requested that this item remain on the agenda for the 2020 budget process.

### **RECOMMENDATION**

This report is for informational purposes only. No action is needed. DAS-PSB will be following up with the Finance & Audit Committee in March and April for input on funding strategies. 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

COUNTY OF MILWAUKEE  
INTER-OFFICE COMMUNICATION

**Date:** January 23, 2019  
**To:** Tom Lutzow, Chairman, Milwaukee County Mental Health Board  
**From:** Margo J. Franklin, Employee Relations Director, Department of Human Resources.  
**RE:** Ratification of the 2018 Memorandum of Agreement between Milwaukee County and the Milwaukee Building & Construction Trades Council, AFL-CIO

---

Milwaukee County has reached an understanding with the bargaining team for the Milwaukee Building & Construction Trades Council, AFL-CIO (TRADES) that establishes a Memorandum of Agreement (MOA) for 2018.

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 TRADES;
- 2) A notification from the TRADES 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.

**2018  
AGREEMENT  
BETWEEN THE  
COUNTY OF MILWAUKEE  
AND THE  
MILWAUKEE BUILDING & CONSTRUCTION TRADES COUNCIL, 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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1 1.02 EMPLOYEE DEFINED

2 Whenever the term "employee" is used in this Agreement, it shall mean and include only those  
3 employees of the County within the certified bargaining unit represented by the Council as seen  
4 in Appendix 1.

5

6 1.03 DURATION OF AGREEMENT

7 This Agreement is to take effect on January 1, 2018. Unless otherwise modified or extended by  
8 mutual agreement of the parties, this Agreement shall expire on December 31, 2018.

9

10 **PART 2**

11

12 2.01 WAGES

13 Effective Pay Period 14, 2018 (June 17, 2018) the wages of bargaining unit employees shall be  
14 increased by one percent (1.0%)

Appendix 1

<b>Union Code</b>	<b>High Org</b>	<b>Low Org</b>	<b>Job Description</b>
BT	6300	6532	Painter Bldgs
BT	6300	6532	Electrical Mech
BT	6300	6532	Plumber

**SIGNATURE PAGE FOLLOWS**

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

Milwaukee Building & Construction Trades  
Council, 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

## Franklin, Margo

---

**From:** Dan Bukiewicz <danb@milwbuildingtrades.org>  
**Sent:** Wednesday, December 12, 2018 8:41 AM  
**To:** Franklin, Margo  
**Cc:** Mark Olson; Meagen Brown; Kurt Jante; sredman@plumbers75.com; Don Athas; Stuart Wilson (swilson@smwlu18.org)  
**Subject:** RE: Milwaukee County Proposal

Margo,

The membership met and voted to accept the wage proposal. Please let us know the pay period in which the raise will occur and the back pay will be paid,  
Thank you,



**Daniel J. Bukiewicz**

President

Milwaukee Building & Construction Trades Council, AFL-CIO

414-475-5580

414-475-5590 *fax*

414-345-7911 *cell*

---

**From:** Franklin, Margo <Margo.Franklin@milwaukeecountywi.gov>  
**Sent:** Wednesday, November 28, 2018 1:14 PM  
**To:** Dan Bukiewicz <danb@milwbuildingtrades.org>  
**Cc:** Mark Olson <molson@buelowvetter.com>  
**Subject:** Milwaukee County Proposal

Hello Dan,

It was a pleasure meeting you last week. As promised, I am attaching Milwaukee County's proposal.

If you have any questions, please don't hesitate to contact me.

Kind regards,  
Margo



**Margo J Franklin** | Director of Employee Relations  
Milwaukee County Department of Human Resources  
901 N. 9th St., Suite 210, Milwaukee, WI 53233  
(414) 278-5091

This message is intended for the sole use of the individual and entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended addressee, nor authorized to receive for the intended addressee, you are hereby notified that you may not use, copy,

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**BHD** MILWAUKEE COUNTY Behavioral Health Division

**DATE:** February 13, 2019  
**TO:** Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board  
**FROM:** Mary Jo Myers, Director, Department of Health and Human Services  
*Prepared by Michael Lappen, Administrator, Behavioral Health Division*  
**SUBJECT:** Report from the Director, Department of Health and Human Services, Requesting Approval of Behavioral Health Division Employee Severance and Retention Agreements

Issue

The Behavioral Health Division’s (BHD) Acute Inpatient Hospital is slated to close approximately June of 2021 and will be outsourced to Universal Health Services (UHS). It is projected that the two-year retention period will begin June 2019. The retention aims to address the challenge to maintain key clinical staffing levels through the closure.

Discussion

BHD fiscal has provided an estimated cost range for the employee agreements, which would be funded through BHD’s Reserve. This is reflected as a range due to the many uncertainties as to the number of staff who will be eligible. Additionally, the retention program may include other staff that are later identified as critical or may be adjusted to reflect the employment market for key staff closer to the actual closure of the acute hospital.

Per the BHD Reserve Policy, the actual request for Board approval to tap reserves will occur in 2020 in advance of the completion of the first year of the “retention period” outlined in the retention agreement currently projected as June 1, 2020. A second request will be made closer to June 2021 to fund the final retention payments, as well as the severance payments due to eligible BHD staff as the closure of the acute inpatient service and the transition to UHS is completed.

Recommendation

The Department of Health and Human Services Behavioral Health Division is seeking Mental Health Board approval of both the attached Retention (**Attachment A**) and Severance (**Attachment B**) with acknowledgment that a request for funds would be forthcoming.

  
\_\_\_\_\_  
Michael Lappen, Administrator  
Behavioral Health Division  
Department of Health and Human Services

## **Milwaukee County Mental Health Board**

Hospital closure

*February 7, 2019*

### **Retention Bonus / Severance Pay**

Cost estimate

Retention Bonus for approximately 250 employees = \$3.2m

(Total of 20%-30% of pay during retention period per policy)

- Acute Care Medical Staff and Psychologists
- Clinical Managers/Supervisors
- Clinical Staff

Severance Pay                      \$1.0m to \$1.9m

- Estimate of 100-200 employees @ 4-8 weeks of pay for non-management staff and 8-12 weeks of pay for management staff per policy guidelines.

Total Maximum Reserve                      **\$5.1m**

# Attachment A

## EMPLOYEE RETENTION BONUS AGREEMENT MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

### I. PURPOSE

The purpose of this Agreement is to establish a Retention Bonus Program to provide Eligible Employees of the Milwaukee County Behavioral Health Division with a Retention Bonus as an incentive to continue that employment through the end of the applicable Retention Period.

### II. DEFINITIONS

- 2.1 BHD – The Milwaukee County Behavioral Health Division.
- 2.2 Board, or Mental Health Board – The Milwaukee County Mental Health Board.
- 2.3 County – The County of Milwaukee, Wisconsin.
- 2.4 Eligible Employee – An employee, manager or supervisor of BHD who (i) is in a critical position (as identified in Appendix A) needed to ensure continued quality patient care to BHD patients; and (ii) meets the eligibility requirements set forth in Section III. BHD may in its sole discretion modify Appendix A to include additional critical positions eligible for the Retention Bonus Program at any time.
- 2.5 Retention Bonus – The monetary bonus provided to an Eligible Employee as an incentive to remain employed with BHD to ensure the best possible care to patients during any transition period leading up to or in connection with a Transaction. The amount and payment date of each Eligible Employee's Retention Bonus, if any, will be determined in accordance with the tables set forth in Section IV and will be based upon such Eligible Employee's end date, reason for separation from employment, and managerial status.
- 2.6 Reduction of Services – The elimination or curtailment of services performed by BHD or by Milwaukee County in support of the operations of BHD as the result of a Transaction, or a modification of BHD operations and/or services due to the transition of such inpatient services to some other format.
- 2.7 Retention Period – As more particularly defined in Section IV, any of one or more calendar years, or a portion thereof, through the end of which an Eligible Employee must remain in a critical position (as identified in Appendix A) in order to be eligible for the Retention Bonus. The end date of any Retention Period may be altered, in BHD's sole discretion, to coincide with a Reduction of Services and/or a Transaction. Each Eligible Employee may be subject to a Retention Period applicable only to such individual without regard to the length of any Retention Period(s) applicable to any other Eligible Employee(s).

2.8 Transaction – A transaction (such as, but not limited to, a sale, contracting out, or closing of an operational unit of BHD) between Milwaukee County and/or BHD and a third party that causes the termination of employment of an Eligible Employee.

### III. ELIGIBILITY

3.1 A BHD employee will be an Eligible Employee only if the person:

- a. Works a minimum of seven hundred fifty (750) hours during the applicable Retention Period (which number of hours will be prorated in the event such Retention Period is less than a full calendar year);
- b. Is a regular, active employee as of the date of this Agreement, and is and remains in good standing from the date hereof until the end of the last day of the applicable Retention Period; and
- c. Meets all other eligibility requirements set forth in, and remains in full compliance with the terms and conditions of, this Agreement.

3.2 Notwithstanding subsection 3.1 above, a person cannot be an Eligible Employee if the person:

- a. Is terminated for cause during any Retention Period; or
- b. Retires, resigns, quits, or otherwise ceases employment by BHD or Milwaukee County of his or her own choice on or before the end of the applicable Retention Period.

These requirements shall be administered in compliance with the Americans with Disabilities Act, the state and federal Family Medical Leave Acts, and the Wisconsin Fair Employment Act.

### IV. RETENTION BONUS PAYMENT

4.1 An Eligible Employee shall receive, in accordance with the terms of this Agreement, a lump sum Retention Bonus for each Retention Period with respect to which such Eligible Employee is eligible in an amount and on a date determined in accordance with the following tables:

**Employees (as identified in Appendix A)**

Retention Period	Payment Amount	Payment Date
[c. 6/2019] __/__/__ to 12/31/2019 or such earlier date as determined by BHD in its sole discretion.	5% of earnings during the 2019 Retention Period	March 2020

1/1/2020 to 12/31/2020 or such earlier date as determined by BHD in its sole discretion.	15% of earnings during the 2020 Retention Period	March 2021
--	--	------------

**Managers/Supervisors (as identified in Appendix A)**

<b>Retention Period</b>	<b>Payment Amount</b>	<b>Payment Date</b>
[c. 6/2019__/__/__ to 12/31/2019 or such earlier date as determined by BHD in its sole discretion.	10% of earnings during the 2019 Retention Period	March 2020
1/1/2020 to 12/31/2020 or such earlier date as determined by BHD in its sole discretion.	20% of earnings during the 2020 Retention Period	March 2021

4.2 Earnings to be included in the calculations set forth in the table in subsection 4.1 above are as follows:

- a. FLSA Non-Exempt Employees: Earnings include payment for all hours worked and paid time off taken during the applicable Retention Period; and
- b. FLSA Exempt Employees: Earnings include payment for regular pay and paid time off taken during the applicable Retention Period;

Provided, however, that in no event shall any Retention Bonuses paid to any Eligible Employee be included in any earnings calculation for any Retention Period.

4.3 BHD retains the right to add additional Retention Periods, offer to extend the employment of any Eligible Employee beyond the 2020 Retention Period, and establish a payment amount for any such additional Retention Periods, subject to any approvals required by law or regulation.

4.4 The Retention Bonus, less any payroll taxes, shall be paid in full to the Eligible Employee during the month coinciding with the Payment Date in the above table or, with respect to additional Retention Periods commencing after December 31, 2020, the Payment Date determined by BHD. No partial or pro-rated Retention Bonus payments will be provided except as provided in subsection 3.1(a) above.

4.5 The Retention Bonus will not be considered earnable compensation for purposes of the Employees' Retirement System ("ERS") and thus will not increase an Eligible Employee's final average salary or otherwise enhance any ERS retirement benefit to which an Eligible Employee may be entitled.

## V. APPEALS

5.1 Appeal Committee - The County shall maintain an Appeal Committee composed of Milwaukee County's Director of BHD, Manager of Benefits and HR Metrics, and Director of the Department of Health and Human Services (DHHS).

5.2 Appeal Procedure - Any employee who claims to have been denied a Retention Bonus or any part thereof, shall have thirty (30) days after the end of the applicable Retention Period to provide the required information necessary to state an appeal by submitting it to the Director of BHD at his/her office during the Department's normal office hours.

5.3 Content of Appeal Adverse Benefit Determination – The appealing employee:

- a. may request the Appeal Committee review the claim;
- b. upon request and free of charge be provided with access to and copies of all documents, records and other information relevant to the appealing employee's claim for benefits; and
- c. may submit written comments, documents, records and other information relating to the claim for benefits which shall be taken into account by the Appeal Committee.

5.4 Timing of Decisions on an Appeal – The Appeal Committee shall notify that appealing employee of the appeal decision no later than thirty (30) days after the receipt of a request for appeal.

5.5 The determination of the Appeal Committee shall be final and binding on all parties that participated in that process.

## VI. MISCELLANEOUS PROVISIONS

6.1 As a condition and requirement to be paid a Retention Bonus, an employee must:

- a. Remain active and in good standing with no Final Warning issued during the twelve (12) months prior to the end of the applicable Retention Period; and
- b. Return in good condition all County and/or BHD property which has been issued to the employee or for which the employee is responsible on or before the employee's last scheduled day of work.

6.2 The creation, implementation, and administration of this Retention Bonus Agreement shall not constitute or be construed as any basis for a finding of misconduct, impropriety, unlawful action, or wrongdoing by BHD, Milwaukee County, or their officers, employees, agents, attorneys, officials, or representatives.

6.3 Nothing about or in this Agreement shall constitute a promise or guarantee of employment through the end of a Retention Period.

6.4 This Agreement is administered by the Milwaukee County Mental Health Board and may be cancelled at its discretion dependent upon circumstances, particularly financial exigencies.

6.5 The acceptance of a Retention Bonus shall constitute voluntary and complete acceptance of its rules and requirements, including that the Retention Bonus and this Agreement be treated in a confidential manner.

6.6 Employee agrees to cooperate in resolving any outstanding issues for a period of 3 months after elimination of his/her position to ensure a smooth transition to the new provider.

6.7 By signing this Agreement, Employee agrees to forever waive and release any and all employment-related state and federal claims available to him/her on or before the date this Agreement is signed.

Dated at Milwaukee, Wisconsin this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Employee, Behavioral Health Division  
Milwaukee County DHHS

\_\_\_\_\_  
Michael Lappen, Administrator  
Behavioral Health Division  
Milwaukee County DHHS

# Attachment B

## EMPLOYEE SEVERANCE PAYMENT AGREEMENT MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

### I. PURPOSE

The purpose of this Agreement is to provide Eligible Employees of the Milwaukee County Behavioral Health Division with a Severance Payment if they continue that employment until the Effective Date of a Transaction between the County and/or BHD and a different entity which causes the elimination of the employees' position. The Severance Payment Agreement is based upon years of service and managerial status.

### II. DEFINITIONS

- 2.1 BHD – The Milwaukee County Behavioral Health Division.
- 2.2 Board, or Mental Health Board – The Milwaukee County Mental Health Board.
- 2.3 Closure of a Unit – The final cessation of operations of an administrative or treatment unit by BHD which had been operated by Milwaukee County to support BHD and/or the services it provides.
- 2.4 County – The County of Milwaukee, Wisconsin.
- 2.5 Effective Date – The date an Eligible Employee's employment position ceases to exist as the result of a Transaction.
- 2.6 Eligible Employee – An employee of the Milwaukee County Behavioral Health Division whose position, period of service, regularly scheduled hours, and reason for termination of employment makes him/her eligible to receive a Severance Payment.
- 2.7 Notification – The written Notification from BHD management to an Eligible Employee that his/her employment position will be eliminated as the result of a Transaction.
- 2.8 Reduction of Services – The elimination or curtailment of services performed by the BHD or by Milwaukee County in support of the operations of BHD as the result of a Transaction, or a modification of BHD operations and/or services due to the transition, of such inpatient services to some other format.
- 2.9 Severance Payment – The Severance Payment for employees of Milwaukee County who receive Notification due to a Reduction of Services.
- 2.10 Transaction – A transaction (such as, but not limited to, a sale, contracting out, or closing of an operational unit of BHD) between Milwaukee County and/or BHD and a third-party which causes the termination of employment for an Eligible Employee.

### III. ELIGIBILITY

3.1 A Milwaukee County Behavioral Health Division Employee becomes an Eligible Employee if the person:

- a. Has been employed as a regular, active full-time or part-time (at least twenty (20) hours per week (.5 FTE)) employee of BHD and in a Milwaukee County position which supports the operations of BHD for at least six (6) months prior to the Notification of a Transaction; and
- b. Whose employment position with Milwaukee County is eliminated as the result of a Transaction or a Reduction of Services.
- c. Is a regular, active employee until the end of the day which is the Effective Date of the Transaction or Reduction in Services or until the employee is released by BHD or the County after the Notification of the Transaction is issued and works until the last date so defined in that release.

3.2 A person cannot be an Eligible Employee if the person:

- a. Is terminated for cause prior to the Effective Date of the Transaction or Reduction in Service.
- b. Retires, resigns, quits, or otherwise ceases employment by BHD or Milwaukee County of his/her own choice on or before the Effective Date.
- c. Is an hourly or seasonal employee.

These requirements shall be administered in compliance with the Americans with Disabilities Act, the state and federal Family Medical Leave Acts, and the Wisconsin Fair Employment Act.

### IV. SEVERANCE PAYMENT

An Eligible Employee, upon termination of employment as the result of a Transaction, shall receive a lump sum Severance Payment as follows:

- For non-management staff: 1 week per year of service (calculated from the Eligible Employee's most recent date of hire by BHD), with a minimum of 4 weeks and a maximum of 8 weeks
- For management staff: 2 weeks per year of service (calculated from the Eligible Employee's most recent date of hire by BHD), with a minimum of 8 weeks and a maximum of 16 weeks

The Severance Payment, less any payroll taxes or required employee contributions for health insurance, shall be paid in full to the Eligible Employee on the regular BHD payday following the termination of employment due to a Transaction or Reduction of Services. The Severance Payment will not be considered earnable compensation for purposes of the Employees' Retirement System ("ERS") and thus will not increase an Eligible Employee's final average salary or otherwise enhance any ERS retirement benefit to which an Eligible Employee may be entitled.

Health insurance coverage will stop the last day of the month following the month employment with Milwaukee County ends as long as all required contributions are made. Employees may continue the County plan(s) via the Federal "COBRA" continuation of benefits law, provided the employee pays the full monthly premium and administrative fee on a timely basis.

An Eligible Employee offered a position by the party that takes on the unit of administration or operations, which ends the eligible employee's BHD or County employment, or declines the offer, is not eligible to receive the Severance Payment.

## V. APPEALS

5.1 Appeal Committee - The County shall maintain an Appeal Committee composed of Milwaukee County's Director of BHD, Manager of Benefits and HR Metrics, and Director of the Department of Health and Human Services (DHHS).

5.2 Appeal Procedure - Any employee who claims to have been denied a Severance Payment or any part thereof, shall have thirty (30) days after the Effective Date of the Transaction to provide the required information necessary to state an appeal by submitting it to the Director of BHD at his/her office during the Department's normal office hours.

5.3 Content of Appeal Adverse Benefit Determination – The appealing employee:

- a. may request the Appeal Committee review the claim;
- b. upon request and free of charge be provided with access to and copies of all documents, records and other information relevant to the appealing employee's claim for benefits; and
- c. may submit written comments, documents, records and other information relating to the claim for benefits which shall be taken into account by the Appeal Committee.

5.4 Timing of Decisions on an Appeal – The Appeal Committee shall notify that appealing employee of the appeal decision no later than thirty (30) days after the receipt of a request for appeal.

5.5 The determination of the Appeal Committee shall be final and binding on all parties that participated in that process.

## VI. MISCELLANEOUS PROVISIONS

- 6.1 As a condition and requirement to be paid a Severance Payment, an employee must:
- a. Remain active and in good standing with no First Warning or Final Warning issued during the twelve (12) months prior to the Effective Date.
  - b. Return in good condition all County and/or BHD property which has been issued to the employee or for which the employee is responsible on or before the employee's last scheduled day of work.

6.2 The creation, implementation, and administration of this Severance Payment Agreement shall not constitute or be construed as any basis for a finding of misconduct, impropriety, unlawful action, or wrongdoing by BHD, Milwaukee County, or their officers, employees, agents, attorneys, officials, or representatives.

6.3 Nothing about or in this Explanation of Severance Payment shall constitute a promise or guarantee of employment through the Effective Date of a Transaction.

6.4 This Severance Payment Agreement is administered by the Milwaukee County Mental Health Board and may be cancelled at its discretion dependent upon circumstances, particularly financial exigencies.

6.5 Absent extension or renewal by the Milwaukee County Mental Health Board, the severance payment program will conclude on March 31, 2021.

6.6 The acceptance of a Severance Payment shall constitute voluntary and complete acceptance of its rules and requirements, including that the Severance Payment and this Agreement be treated in a confidential manner.

6.7 Employee agrees to cooperate in resolving any outstanding issues for a period of 3 months after elimination of his/her position to ensure a smooth transition to the new provider.

6.8 By signing this Agreement, Employee agrees to forever waive and release any and all employment-related state and federal claims available to him/her on or before the date this Severance Agreement is signed.

Dated at Milwaukee, Wisconsin this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
Employee, Behavioral Health Division  
Milwaukee County DHHS

---

Michael Lappen, Administrator  
Behavioral Health Division  
Milwaukee County DHHS

FINAL DRAFT

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

**DATE:** February 7, 2019

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

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

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

**Background**

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

**Discussion**

**Optimal Operations and Administrative Efficiencies**

- **Psychiatric Crisis Redesign**

The Wisconsin Policy Forum/Human Services Research Institute (HSRI) Environmental Scan and Crisis Redesign recommendations were released December 13, 2018, and reviewed with the Mental Health Board. Subsequent community presentations with the various private health system leaders, the Milwaukee Mental Health Task Force, the Criminal Justice Collaborative, Emergency Medical Services, and others, were held with a Mental Health Board public comment session devoted to this topic on January 24, 2019, at the Washington Park Senior Center. The Behavioral Health Division (BHD) received significant feedback on the documents, including a survey circulated by the Mental Health Task Force, which prompted responses from 59 individuals. The feedback was shared with Board Members and will be incorporated into the project as we move into the next phase.

**Phase 2** of the Redesign is underway. As of the submission of this report, we have a proposal from Wipfli Certified Public Accountants (CPAs) and Consultants to develop a set of financial model options for a future centralized model of crisis care delivered through a single community psychiatric emergency room, as well as a “decentralized”

model distributing care throughout the region focusing on hospital emergency rooms and mobile BHD services.

The costs of Wipfli's effort will be shared equally between BHD and the Milwaukee Health Care Partnership at a projected total cost between \$200,000 and \$250,000 (pending Board approval of the contract). A leadership and work team will be built with representatives from BHD and the health systems, as well as people with lived experienced, law enforcement, and other stakeholders seen by the leadership team as vital to the success of the project. The target date for a final proposal has been set for December 2019.

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

- **United Health Services(UHS) Contract/Acute Hospital Transition**

At the time of the submission of this report, the UHS contract had not been executed as we are waiting for the final approval from the Comptroller's Office. There were significant delays related to some minor language edits, which took both sides time to process. UHS signed the contract as of January 30, 2019, and UHS local leader Dianne Henneman was scheduled for a BHD visit February 20th and 21st to kick off engagement with BHD staff, joining Town Hall meetings, rounding on the inpatient units, and beginning the transition process.

- **Grant Awards**

The Milwaukee County Criminal Justice Council has been awarded \$2.3 million in additional funding for our shared effort to reduce overreliance on the use of jails by advancing local criminal justice improvements, reducing racial disparities, and strengthening community engagement in Milwaukee County. BHD has been very involved with the previous phases of the project. The new strategy includes funding for two new BHD positions. One position will work with individuals who are involved in the forensic mental health system and another will act as a liaison between BHD's Community Access to Recovery Services (CARS) and the criminal justice system facilitating connections to appropriate services for eligible individuals who have been arrested secondary to complications of their mental health or substance use disorders.

## **Workforce Investment, Development, and Engagement**

- **Behavioral Health Division (BHD) Projects (2019 -2021)**

In an attempt to organize and effectively allocate available resources to the complicated transition underway at BHD with the acute outsource, crisis redesign, etc., we attempted to distill the major efforts of the next three years into eight project teams. Each team has an executive sponsor or sponsors, project leads, fiscal, program staff, and change champions, with milestones and a reporting schedule for each project. The eight project plans will be the vehicle to implement the larger BHD strategic plan to complete the transition to a community based system of care where the focus is on preventative, person-centered care versus institutional based care and soloed programs.

The teams include: Crisis Redesign, Federally Qualified Health Care (FQHC) Partnership and Wellness Clinic Expansion, Care Coordination Expansion, Hospital Transition, Wraparound/Disability Services Division (DSD) Children's Services Integration, Contract and Network Development, Workforce Development and Diversity Plan, and Utilization Review and Utilization Management. Each project team will present to the Mental Health Board in 2019. The project plan working drafts were due February 11, 2019, with a scheduled presentation to all BHD "people leaders" on February 18, 2019. The intent will be to seek staff participation and leadership on each project team.

## **Other Topics of Interest**

- **Kane Communications Update**

- **See Attachment A**

- **Parachute House (Peer Run Respite) Grand Opening**

- **See Attachment B**

Respectfully Submitted,



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

# Attachment A

## Behavioral Health Division

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# COMMS UPDATE FOR ADMINISTRATOR'S REPORT

Mental Health Board / Update / February 2019

## EMPLOYEE ENGAGEMENT

### BHD Newsletter

- The December edition was distributed on Dec. 21, 2018 and featured information on the Psychiatric Crisis Services Redesign, a story on creative arts therapy, a video introducing a new BHD team member and links to news stories about BHD.
- The quarterly newsletter was:
  - Received by 455 staff
  - Opened/viewed by 263 staff (57.8%)
  - Had the most clicks/reads of the psychiatric crisis redesign report and the Dec. 13th *BizTimes* article on the psychiatric crisis redesign

### Town Hall Meetings: December and January

- The last Town Hall meetings for 2018 were held on Dec. 20 at 7:15 a.m. and 1:45 p.m. The meetings were attended by approximately 26 (15 in the morning, 11 in the afternoon) BHD staff.
- The December meeting discussion focused on the Psych Crisis Redesign and answered questions from staff that related to medical services at the jail, parking, etc.
- The first set of 2019 Town Hall meetings were held on Jan. 17 at 7:15 a.m. and 1:45 p.m. The meetings were attended by a total of 25 (16 in the morning, 9 in the afternoon) BHD staff.
- The featured speaker at both meetings was Sumaiyah Clark, DHHS Project Administrator. Sumaiyah shared BHD data from the 2018 Milwaukee County Employee Engagement Survey and answered questions posed by staff.
- All BHD staff received roundup emails following the Town Hall meetings to ensure that staff who were not able to attend received information, updates and answers to questions.

## COMMUNITY RELATIONS

### Light & Unite Red - National Drugs and Alcohol Facts Week | January 22-27, 2019

National Drug & Alcohol Facts Week<sup>SM</sup> (NDAFW) is a national health observance week with a goal to increase awareness among teens about substance abuse to counteract the myths about drugs and alcohol they learn from the internet, social media, TV, movies, music or from friends.



In 2019, Light & Unite Red, the community-wide prevention committee led by the Milwaukee County Behavioral Health Division, engaged community partners and local advocates in the Greater Milwaukee area to teach teens and their families about substance prevention and treatment. Community events across Milwaukee County were planned for the week of Jan. 21 to provide educational and fun activities for teens and their parents.

### **Light & Unite Red Communications Support:**

Kane developed communications materials to help ensure campaign messaging was consistent. Kane also prepped elected officials and BHD representatives before speaking with media.

Below are areas where Kane provided support:

- Drafting a media advisory kicking off Light & Unite Red week and inviting media to attend a press conference on Tuesday, Jan. 22
- Inviting elected officials to speak at the press conference - representatives secured included County Executive Chris Abele, Alderman Khalif Rainey, Alderman Michael Murphy and City of Milwaukee Health Department representatives. (Due to inclement weather the tonight of the event, Alderman Murphy and Alderman Rainey were not able to attend.)
- Coordinating logistics day-of and at the press conference
- Capturing a video of the press conference and creating B-roll footage for media to use from the event
- Conducting outreach to local athletic organizations including the Milwaukee Brewers, Milwaukee Bucks, Milwaukee Admirals and Marquette University to encourage their support of Light & Unite Red and to send a representative to the COA Family Fun Dance-A-Thon event
- Drafting a media advisory inviting outlets to attend the COA Family Fun Dance-A-Thon event
- Conducting media outreach to gauge outlets availability and interest
- Coordinating media attendance at Light & Unite Red events
- Creating an Instagram pledge graphic for community partners, teens and advocates to share - committing to live a drug- and alcohol-free life
- Pitching, securing and coordinating two TV in-studio segments for Nzinga Khalid to promote Light & Unite Red
- Developing talking points and conducting media training to prepare for the TV segments
- Coordinating with the Wauwatosa Health Department who participated in one of the media opportunities
- Securing a keynote speaking opportunity for Dr. Steve Dykstra at one of the community events held in partnership with Light & Unite Red

### Media Coverage:

- **FOX6** - [‘Shine A Light on Addiction Week’ brings awareness to substance abuse in Milwaukee'](#)
- **Milwaukee Neighborhood News Service** - [Light & Unite Red educates young people about substance abuse](#) by Ana Martinez-Ortiz
- **OnMilwaukee** - [Light & Unite Red educates young people about substance abuse](#) by Ana Martinez-Ortiz



- **WISN12** - [Your kids may be hiding drug paraphernalia in plain sight](#)

## TRANSITION COMMUNICATIONS

Kane worked closely with the Psych Redesign Advisory Group throughout the fall of 2018 in preparation for the end of Phase 1 in the Psychiatric Crisis Redesign. Phase 1 resulted in very important key findings and a proposed conceptual model for the adult psychiatric crisis services system. In coordination with the Wisconsin Policy Forum (WPF), the Human Services Research Institute (HSRI), Milwaukee County DHHS and BHD, and Milwaukee-based health system leaders, Kane created a media plan, talking points, FAQs and a standby statement. Kane also coordinated with reporters during the month of December to accurately portray the ending of Phase 1. The team facilitated key reporter engagements with four spokespersons and three media outlets, resulting in the following articles:

- **BizTimes** - [New report outlines redesigned Milwaukee County psychiatric crisis services: Stresses public, private health system partnerships](#) by Lauren Anderson
- **Wisconsin Health News** - [Milwaukee County unveils framework for psychiatric crisis redesign](#) by Sean Kirkby

The team also coordinated key messages for internal audiences, including WPF and HSRI a morning presentation with staff at BHD and afternoon presentation to physicians at the University Club.

## NURSE RECRUITMENT CAMPAIGN

### Upcoming media opportunities and events

- Connecting with the new recruiter from Knowledge Services on Feb. 7 to discuss BHD nurse recruitment.
- BHD's recruitment ambassadors will speak at a BHD recruitment event on Feb. 15.

## MEDIA COVERAGE

In addition to the previously mentioned media, BHD enjoyed coverage of subject matter experts.

### Trauma-informed care

The reintegration of Jayme Closs created national news attention with outlets looking for local angles. Kane pitched Dr. Dykstra to news outlets, resulting in the following stories and features:

- **WTMJ 620 AM radio** - file available upon request
- **CBS58** - [Local psychologist offers perspective on Closs recovery](#)
- **FOX6** - [‘We’re not entitled!’ Psychologist urges social media users to take a step back from Jayme Closs case](#)

In preparation for the interviews, Kane developed talking points, conducted media training and coordinated the logistics before and day-of the interviews.



### School-centered mental health

As part of local efforts to encourage a school-centered mental health approach, Dr. Dykstra participated in media interviews to share his perspective of these initiatives. In preparation for the interviews, Kane developed talking points, conducted media training and coordinated the logistics before and day-of for the interview.

- **Milwaukee Neighborhood News Service** - [Mental health program at UCC schools serves children at school](#) by Analise Pruni
- **Urban Milwaukee** - [Schools' Program Provides Mental Health Care](#) by Analise Pruni
- **Wisconsin Health News** - [Milwaukee County's CORE Program Seeks to Empower Youth](#) by Jack Kelly



# Attachment B



## *Parachute House Grand Opening!*

**Please join us for our soft opening of the Parachute House.**

**Location: 1624 N. Van Buren Street**

**Day: Monday, February 11<sup>th</sup>**

**Time: 1 Pm – 5pm**

**Tours and more information will be available during this time.**

**The Parachute House is a respite for individuals needing additional support through supportive conversation and other wellness opportunities who are in low-level crisis.**

**The Parachute House serves as a short-term (7 days), residential resource for individuals who are experiencing an increase in symptoms, stressors, or exacerbations, who are in need of support and supportive services to aid in their recovery to avert crises and avoid hospitalizations.**

**The Parachute House staff are Certified Peer Specialist with lived experience who provide supportive services in a safe and accepting home-like environment to those in need.**

**We look forward to seeing you and getting to know you!**

**Any questions please contact Melissa Wisniewski at 414-383-8921 or [mwisniewski@ourspaceinc.org](mailto:mwisniewski@ourspaceinc.org)**





# BHD

MILWAUKEE COUNTY  
Behavioral  
Health  
Division

**DATE:** February 05, 2019

**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 2017 net revenues received by program area for both Inpatient and Community Access to Recovery Services (CARS). As shown in the table, Patient Revenue is nearly half (49%) of all revenue. Patient Revenue accounts for 28% of Inpatient's overall revenue and 58% of CARS' overall revenue. Patient Revenue for Community programs increased \$10 million over 2016: \$5.3 million for CCS, \$2.7 million for Community Crisis and \$2.0 million for increased capitation rate and enrollment in the Wraparound program. Patient Revenue declined \$2.4 million for the Inpatient Hospital, evenly split between the Inpatient services and the Psychiatric Emergency Room.

In terms of the split between Inpatient and CARS, 59% or \$32.4 million of the BHD's total tax levy allocation supports Inpatient and Emergency Room Services. This is an increase of \$4.8 million over prior year due to a decline of \$2.4 million in patient revenue and increased fringe expenses. CARS receives 41% or \$22.3 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 16% of the CARS' funding mix.

Milwaukee County Behavioral Health Division  
Funding Allocations by Program – 2017 Actuals

2017 BHD Funding Allocation						
	Patient Revenues	State/Federal Grants	BCA	Other	Tax Levy	Total
Inpatient Hospital	15,446,993	60,984	7,700,026	315,845	32,359,176	55,883,024
Community Services	79,454,280	18,831,261	14,636,560	1,749,791	22,284,714	136,956,606
<b>Total BHD</b>	<b>94,901,273</b>	<b>18,892,245</b>	<b>22,336,586</b>	<b>2,065,636</b>	<b>54,643,890</b>	<b>192,839,630</b>
<i>% of total funding</i>	49%	10%	12%	1%	28%	

2017 Inpatient Funding Allocation						
	Patient Revenues	State/Federal Grants	BCA	Other	Tax Levy	Total
Acute Adult	9,451,178	60,984	-	-	21,246,172	30,758,334
CAIS	4,145,768	-	-	70,911	2,514,928	6,731,607
Psychiatry/Fiscal Admin	71,406	-	-	244,934	106,635	422,975
Psych Crisis (ER/OBS only)	1,778,641	-	7,700,026	-	8,491,441	17,970,108
<b>Total Inpatient</b>	<b>15,446,993</b>	<b>60,984</b>	<b>7,700,026</b>	<b>315,845</b>	<b>32,359,176</b>	<b>55,883,024</b>
<i>% of Inpatient Funding</i>	28%	0%	14%	1%	58%	

2017 Community Services Funding						
	Patient Revenues	State/Federal Grants	BCA	Other	Tax Levy	Total
MH	24,928,685	8,444,525	12,302,829	838,703	20,172,976	66,687,718
AODA	-	9,040,437	2,333,731	544,287	3,903,021	15,821,476
Wraparound	54,525,595	1,346,299	-	366,801	(1,791,283)	54,447,412
<b>Total Community Services</b>	<b>79,454,280</b>	<b>18,831,261</b>	<b>14,636,560</b>	<b>1,749,791</b>	<b>22,284,714</b>	<b>136,956,606</b>
<i>% of Community Funding</i>	58%	14%	11%	1%	16%	

## 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 65.8 % decrease in psychiatric acute adult inpatient admissions, 63.4 % reduction in emergency detentions and 45.1 % 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**

#### *State Targeted Response (STR) to the Opioid Crisis Grant*

- In 2018, 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 \$772,537.
- In April 2018, BHD was awarded an additional grant 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), proposed a multi-system 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 in the amount of \$250,000.
- In the fall of 2018, BHD was awarded additional funding from the state of Wisconsin Department of Health Services (DHS) Division of Care and Treatment Services (DCTS) to specifically increase access and options for medication assisted treatment (MAT) in Milwaukee County. This award was in the amount of \$1,000,000.

#### *Charles E. Kubly Foundation*

BHD received \$55,002 from the Charles E. Kubly Foundation for suicide prevention efforts to reduce access to lethal means and increase access to care by increasing and enhancing protective factors by assisting communities, families, and individuals in creating suicide-safe environments for people at risk of suicide through the distribution of gun locks and medication disposal envelopes; and to increase access to care for at-risk populations by decreasing stigma associated with help-seeking, mental health and substance use disorders, and suicide through trainings, workshops, and information dissemination.

### *Minority Health Community Grants*

In May 2018, BHD Crisis Services was awarded a grant from the state of Wisconsin Department of Health Services (DHS) to improve health outcomes among Hispanic and African-American minority group members by increasing access to mental health crisis services and stabilization. The project targets the Healthy Wisconsin priority of Suicide and Adverse Childhood Experiences (ACEs), trauma and resilience through a collaborative partnership between BHD Crisis Services and Outpatient Access Clinic and the Sixteenth Street Community Health Center. This award was in the amount of \$25,000.

### *Urban Youth Primary Substance Use Prevention*

In November 2018, a partnership between CARS and Wraparound was awarded a grant from the state of Wisconsin Department of Health Services (DHS) to build upon the progress made by the Milwaukee County Substance Abuse Prevention (MCSAP) Coalition in developing a Strategic Prevention Framework to address the issues of youth marijuana use and prescription drug misuse. The project will implement the Creating Lasting Family Connections (CLFC) program, a selective intervention designed to prevent substance use and violence among adolescents and families in high-risk environments. This award was in the amount of \$50,000 with potential of four additional years of funding.

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

CARS has continued significant efforts to create efficiencies for the referral process for services for adults 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. These efforts have led to a significant decrease in the average number of days between the times of referral to the first service date, which for 2018 is 4.92 days (this is the average time to first service per quarter in 2018, averaged over the four quarters). This is a decrease from 14.98 days in 2017. Moreover, an increased proficiency in the utilization management processes of our community treatment, case management, and residential programs has enabled CARS to serve more consumers more efficiently, leading to greater capacity and shorter wait times for these programs.

### ***Comprehensive Community Services***

To support and promote the further growth of the Comprehensive Community Services (CCS) program, during the last quarter of 2018, significant efforts were made to expand the adult CCS Ancillary Network. In 2018, a service gap/needs assessment was completed with existing adult care coordination teams to identify service areas requiring development. In addition, adult and youth CCS leadership worked in collaboration to onboard a large portion of existing Wraparound providers in the adult network to better support the transition of youth aging out of the youth programming. As a result of these expansion efforts, the adult CCS Ancillary Network has increased to 56 provider agencies in 2018 from 32 provider agencies in 2017. Service highlights of the adult CCS Ancillary Network include, but are not limited to: a wide range of psychotherapy providers offering both office based and in-home services, readily available prescriber capacity, specialized medication management services offered by both registered nurses and pharmacists, trauma informed yoga providers, housing specialists, nutritionists, a wide range of peer support specialists, dance/movement therapists, bilingual art therapy, spiritual coaching, and specialized parenting skills training.

***Crisis Line and Impact 2-1-1 Collaboration***

To create efficiencies and have Master prepared clinicians providing more services in the community, BHD expanded their partnership with Impact 2-1-1 to be the first line of answering calls to the Milwaukee County Crisis Line. Impact 2-1-1 is the largest information resource in the community and can address 40-45% of the calls coming into the Crisis Line that are requests for resources such as food pantries, shelter, energy assistance, health clinics, etc. Any callers needing emergency behavioral health services are immediately transferred to the Crisis Mobile Team to assist as needed. This partnership has resulted in an increase in community mobiles and services to individuals in the community. Since implementation of this collaboration in May of 2018, the monthly average number of completed mobiles by the Crisis Mobile Team has risen from 204 to 240 which is a 15% increase.

***Access Clinic***

The Access Clinic experienced a great deal of change and growth over 2018. 2.25 full time staff, previously working in the BHD Day Treatment program, started working in the clinic in March 2018. In May 2018, the clinic started to provide same day psychiatry services to individuals who walk in for services and those referred from the Crisis Mobile Team, Team Connect, CART, and PCS. Also, in May 2018, the clinic started testing several Zero Suicide best practices, including suicide screening, comprehensive suicide assessment, safety planning, and follow up contacts to higher risk individuals. All these practices were designed and implemented to improve client safety and reduce admissions to both PCS and Acute Inpatient.

***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 as 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 continuously participates in outreach activities to increase enrollment and we continue to have no waiting list for any programs. Beginning in October 2018, the Wraparound Milwaukee single call line was expanded to integrate the Children's Disability Services Division (DSD) to promote a shared intake process for any family seeking help for their child or young adult. As part of this process, those individuals answering the phones – Resource & Referral Coordinators – began to directly schedule initial appointments for families with an assigned Screener to minimize wait times and duplicative phone

calls. While preliminary data is positive, this process will continue to be monitored as the project transitions into Phase Two. Additionally, Wraparound Milwaukee increased our partnership with the Sojourner Family Peace Center in summer 2018 through the opening of the Connections Room which provides on-site, drop-in Screening & Assessment opportunities for families and young adults.

Over the years, Children's Community Services & Wraparound Milwaukee has taken advantage of various grant-funded opportunities as a way 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. Funding is anticipated to continue through September 2020, at which time the program will become sustainable via CCS Benefit reimbursement. Children's Community Services & Wraparound Milwaukee is proud to have been a part of two new grant awards in 2018. First, we were recipients of 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 is slated to provide AODA prevention groups to youth and parents through the evidence-based Creating Lasting Family Connections (CLFC) curriculum. In partnership with Milwaukee Public Schools (MPS), Children's Community Services & Wraparound Milwaukee was also awarded a four year 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 will start in four Milwaukee Public High Schools in March/April 2019 after the initial planning phase, as well as baseline training, is completed.

Wraparound Milwaukee Enrollees Served	2015	2016	2017	2018	% Change 2015-2016	% Change 2016-2017	% Change 2017-2018
Wraparound	1,066	1,068	1038	943	-	-2.8%	-9.1%
REACH	637	691	794	802	8.4%	14.9%	1%
O-YEAH (Older Youth and Emerging Adult Heroes)	116	109	119	206	-6%	9.1%	73.1%
CORE (Coordinated Opportunities for Recovery & Empowerment)*	17	49	61	80	188%	24.4%	31.1%
CCS (Comprehensive Community Services)*	NA	NA	10	79	NA	NA	690%
Children's Mobile Crisis # youth SERVED**	2,645	2,659	2,368	1,932	0.52%	-10.9%	-18.4%
Children's Mobile Crisis # youth SEEN**	1,560	1,519	1,507	1,235	-2.6%	-.78%	-18%
<p><b>*CORE participants are enrolled within the CCS Benefit, but are listed here separately based on FEP distinctions in enrollment criteria and program structure. Thus, the comprehensive total for CCS enrollment in 2018 is 159 youth/young adults.</b></p> <p><b>**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.</b></p>							

Overall, Children's Community Services & Wraparound Milwaukee experienced an increase in youth served over 2018; however, different programs exhibited distinct trends. Wraparound, typically associated with youth and families involved in the court system, saw a 9% decrease from 2017. In reviewing the data, it appears this partially stemmed from a reduction in referrals, as well as youth referred to this program being enrolled in another area of the Wraparound Milwaukee umbrella. Although the reduction in Wraparound enrollments needs to be better understood, an increase in preventative programming is a strong positive for the future of youth and families. REACH remained steady, and saw small growth in enrollments over the year. The Older Youth and Emerging Adult Heroes (O-YEAH) Program expanded throughout 2018, and served as a transition opportunity for many young people ready to leave Wraparound or REACH, but still in need of support better suited to their life situation. As expected, CCS continued to expand in 2018, and experienced significant growth as community awareness spread. It is predicted that these enrollment numbers will continue to increase in 2019. As a part of CCS, CORE has also grown with the addition of a fifth team, and a sixth already planned for 2019. 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. In 2018, Owen's Place experienced a significant increase in the number of youth connecting with this location. This growth stemmed from the strong dedication and commitment of on-site staff. Activities at Owen's Place range from skill-building classes to eye exams and haircuts – as well as lots of fun! Additional efforts to solidify Owen's Place as a community-based access point for youth and young adults are a continued focus for 2019. Co-located with Owen's Place is Family Intervention Support Services (FISS) which is also operated in partnership with St. Charles Youth and Family Services to support families, and avoid unnecessary court intervention. In 2018, FISS completed 429 assessments, including re-assessments. After assessment, families received 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 2018, 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. CMC also experienced a name change in 2018, as the team was previously known as the Mobile Urgent Treatment Team (MUTT). While the change has been positive, there are always challenges associated with re-branding. 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. Efforts are underway to expand from a sole partnership with the Milwaukee Police Department (MPD) to include the Milwaukee Fire Department (MFD); these discussions occurred throughout 2018 and the hope is to have a signed Memorandum of Understanding (MOU) in 2019.

### ***BHD Inpatient***

BHD has continued with Vistelar training for all staff; this is a training initiative for staff and direct care workers that teaches not only how to manage behaviors but also basic customer service skills, relationship building and non-escalation techniques to staff working with clients with acute mental health issues. Training was modified, with the approval of Vistelar, to be accomplished within 1-2 days upon hire, thus making it more accessible to all staff and vendors while keeping in mind other orientation needs. Sustainability techniques on a bi-monthly basis of content learned has being established so that critical

content learned is not lost if staff have not used a particular technique or concept since orientation. The University of Wisconsin-Milwaukee is also continuing with their research project to potentially establish Vistelar as a best practice for managing potentially challenging behaviors.

All inpatient and PCS/OBS areas implemented a mid-level nursing paraprofessional known as a psychiatric technician (“psych tech”) in 2018 in order to improve quality and services provided to all patients. The psych tech is a care provider with additional training beyond the certified nursing assistant (CNA) requirement who receives specific instruction in common diagnoses and medications used in mental health, group activities, milieu management and documentation of observations. They support the professional nurse in caring for patients through the use of techniques learned in Vistelar and are the Vistelar champions for the clinical/hospital staff assisting with new employee orientation and sustainability training of Vistelar techniques. This program will allow a potential avenue for our current CNAs to be employed as psych techs (AKA as mental health technicians) either with United Health Services or with other psychiatric hospitals in the area.

The recruitment and retention campaign for nurses continues and was modified as needed throughout 2018 with the assistance of Kane Communications. It continues to be very successful in attracting quality candidates to BHD while various staff are involved in the recruitment process at job fairs, professional nursing school events and media initiatives.

Unit based nurse educators were initiated in 2018 in order to provide staff with a “by the elbow” educator, improve the availability of a nurse educator to provide in person training, both on the 1:1 level as well as in groups so staff have opportunities to ask questions re: content provided, improve clinical skills, obtain remedial education as needed and learn new topics. One educator is assigned to two units within the hospital thus allowing for a smaller “instructor/student” ratio and the opportunity for more individualized learning. The unit based educators will also allow us to develop a more robust competency program for all nursing staff regarding pertinent psychiatric topics including medication administration and seclusion and restraint.

Seclusion and restraint rates continue to be a primary focus for staff and have been reduced across all inpatient areas as well as PCS and OBS through 1:1 staff training, quality monitoring and education in the moment at the time of a seclusion or restraint episode. In 2018, BHD achieved a rate below the national average in restraint rates for the adult inpatient areas. This has resulted in increased patient and staff satisfaction as evidenced by an increase in positive ratings for all six survey item domain categories on our MHSIP Consumer Satisfaction Survey for 2017.

### ***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.

**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 2013-2018 BHD Rehab Center Resident Readmission Report:

2013-2018 BHD Admissions by Discharged Rehab Center Residents												
BHD admissions detailed below are from Rehab Center residents discharged after 4/1/13												
Created 1/15/19												
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	0	9	4	32	10	2	2	11	6	14.5%	8.7%
	2018	0	18	8	41	12	0	0	14	7	17.4%	10.1%
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	0	5	2	12	6	2	2	0	0	10.9%	0.0%
	2017	0	3	2	13	7	2	2	0	0	12.7%	0.0%
	2018	0	5	4	8	4	0	0	0	0	7.3%	0.0%

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

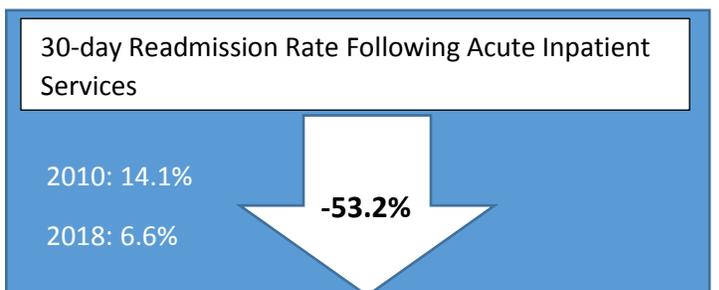
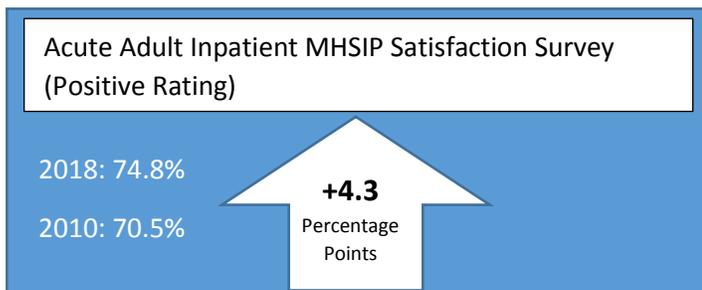
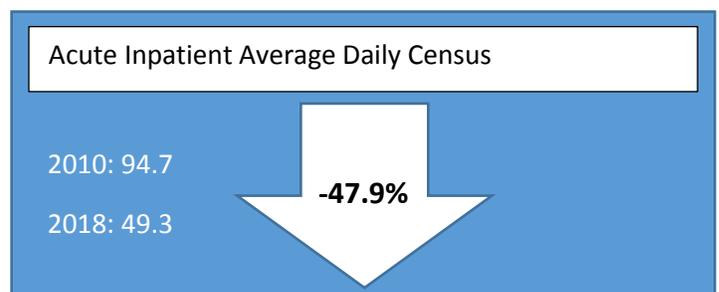
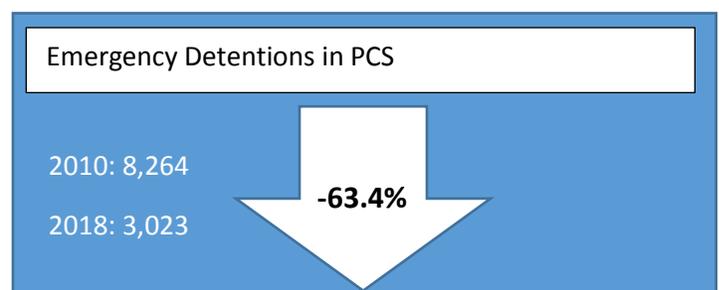
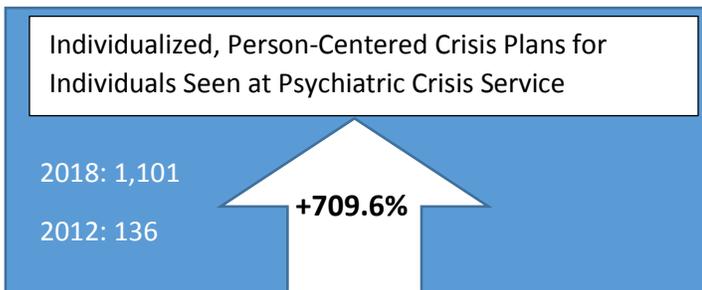
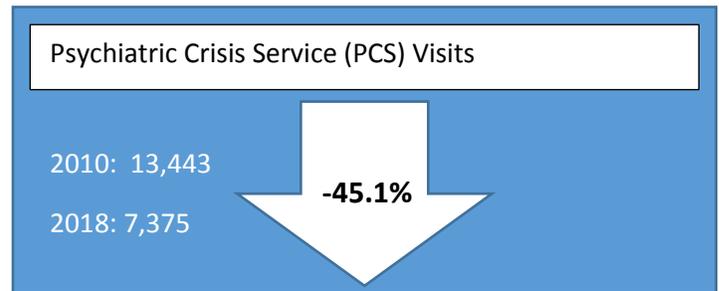
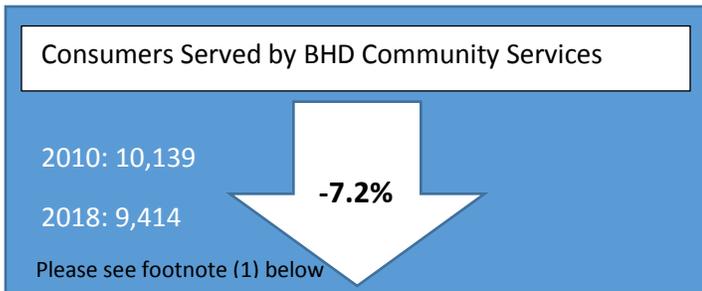
**Attachments (2): SMART Goals chart (Attachment 1) and slide show (Attachment 2)**

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

# Attachment 1

## 2010-2018 SMART Goal Accomplishments

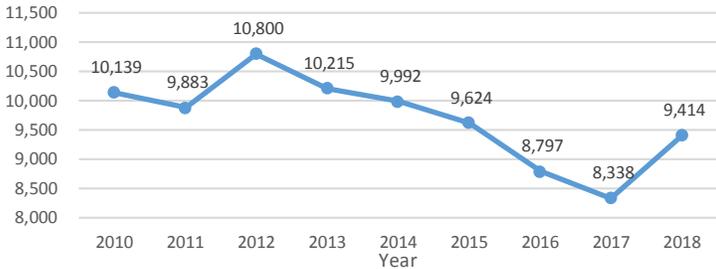
2/4/19



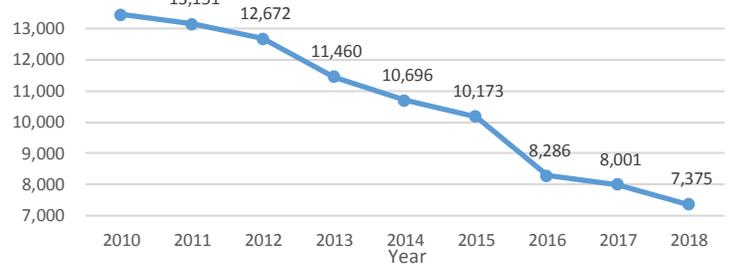
(1) The 2010-2018 decrease in consumers served by BHD Community Services is due to the increase in Medicaid enrollees as well as the implementation of Avatar, which consolidated separate mental health and AODA systems, where there was duplication of clients in the past.

# 2010-2018 SMART Goal Accomplishments

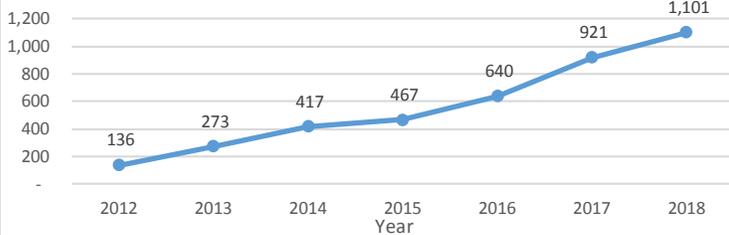
### Consumers Served by BHD Community Services



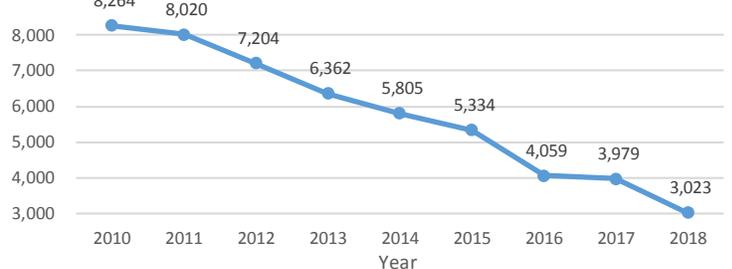
### Psychiatric Crisis Service (PCS) Visits



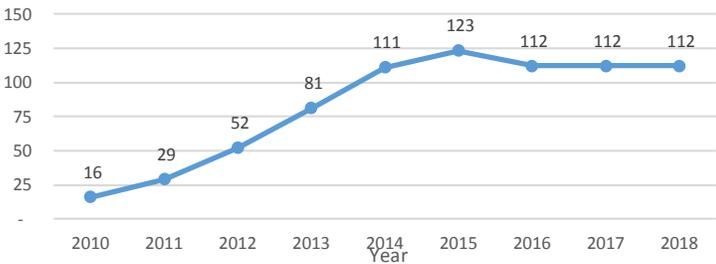
### Individualized, Person-Centered Crisis Plans for Individuals Seen at PCS



### Emergency Detentions in PCS



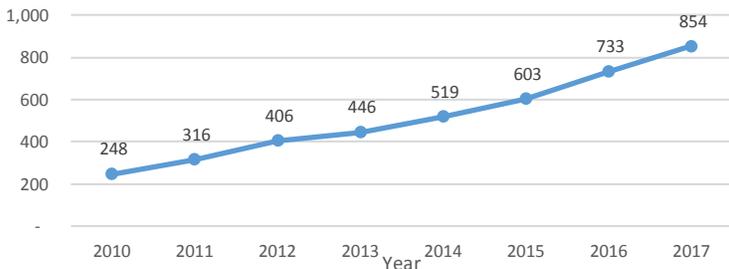
### Certified Peer Specialists (Milwaukee County)



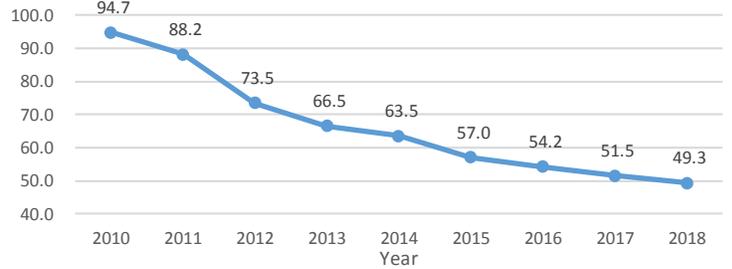
### Acute Adult Admissions



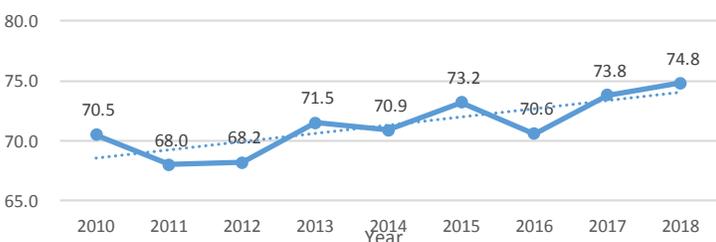
### Recovery-Oriented Supporting Housing



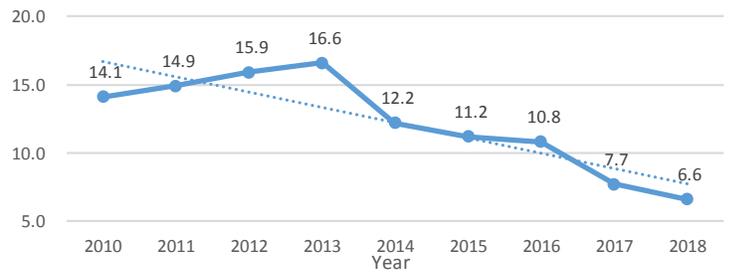
### Acute Inpatient Average Daily Census



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



### Acute Adult 30-Day Readmission Rate



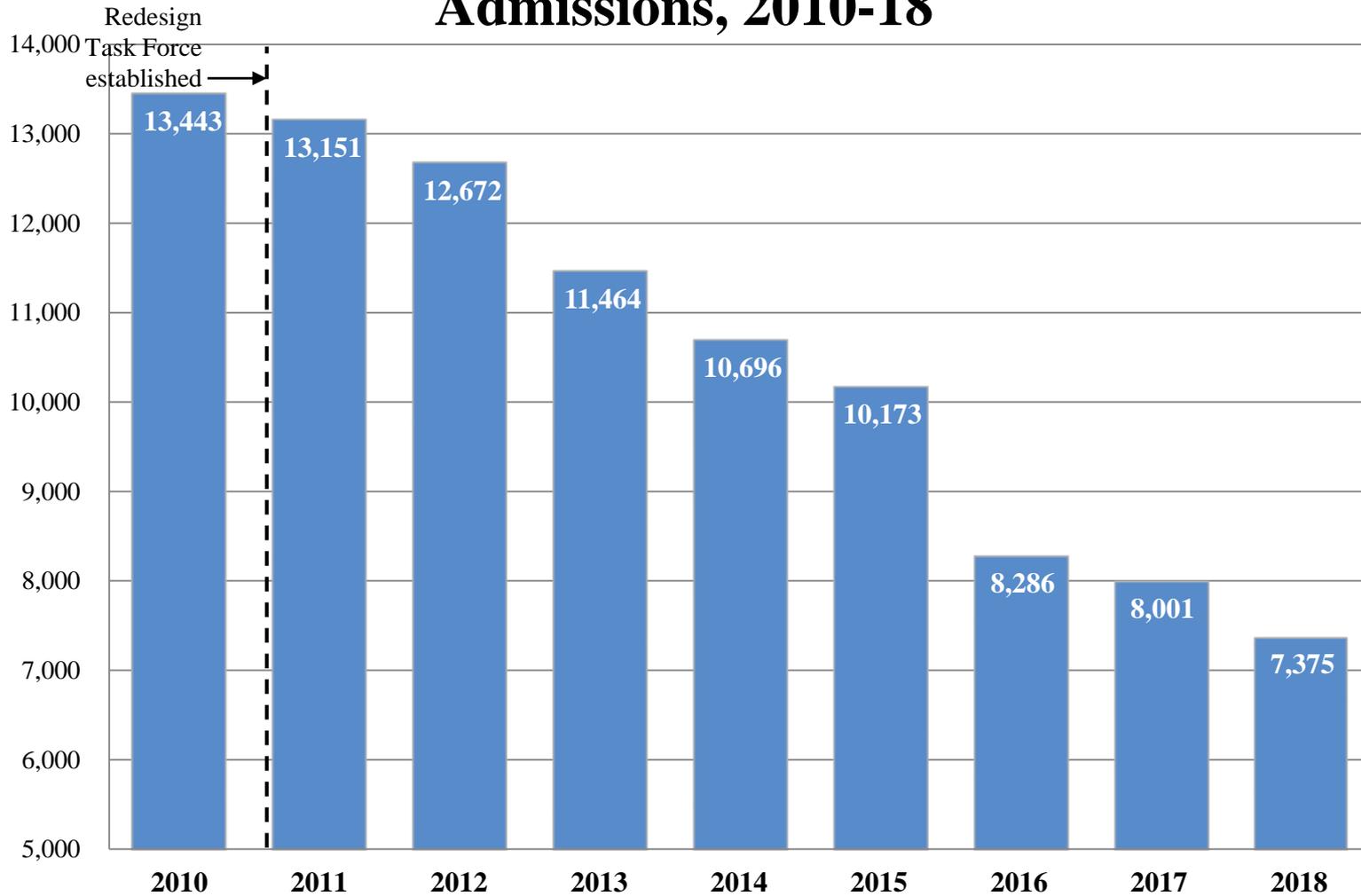
## Attachment 2

# Data Dashboard

Milwaukee County  
Behavioral Health Division

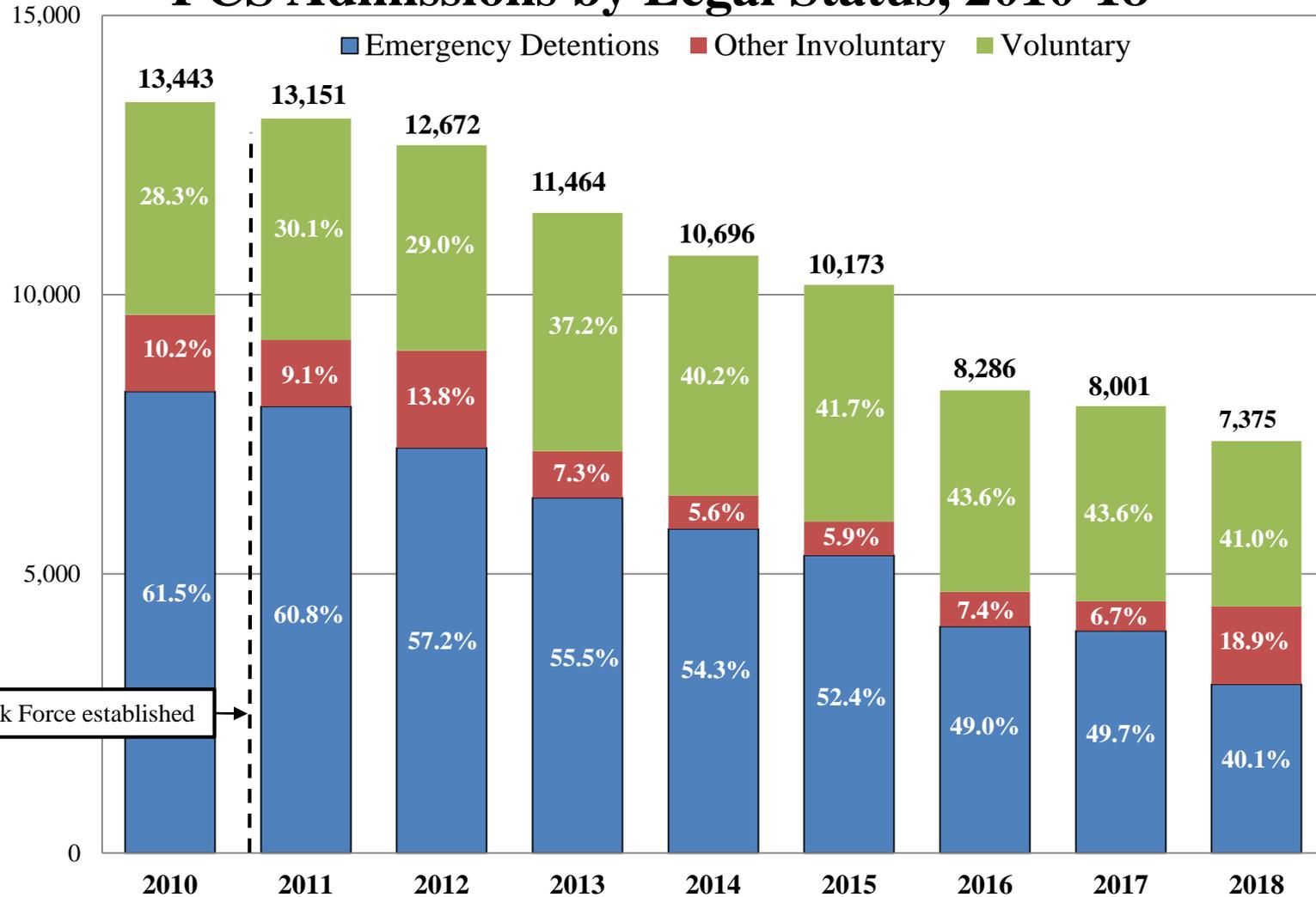
January 25, 2019

# Psychiatric Crisis Service (PCS) Admissions, 2010-18



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

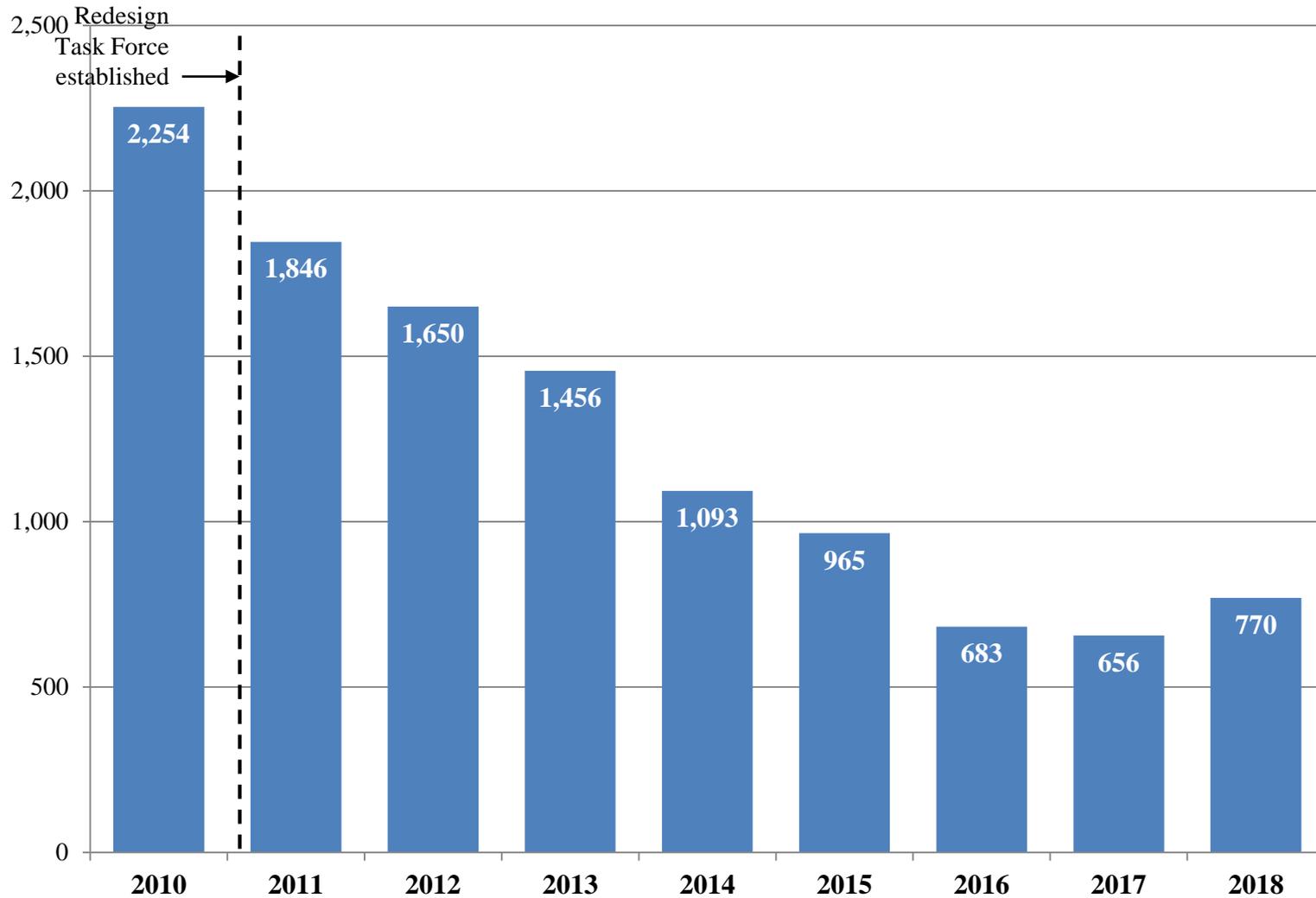
# PCS Admissions by Legal Status, 2010-18



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

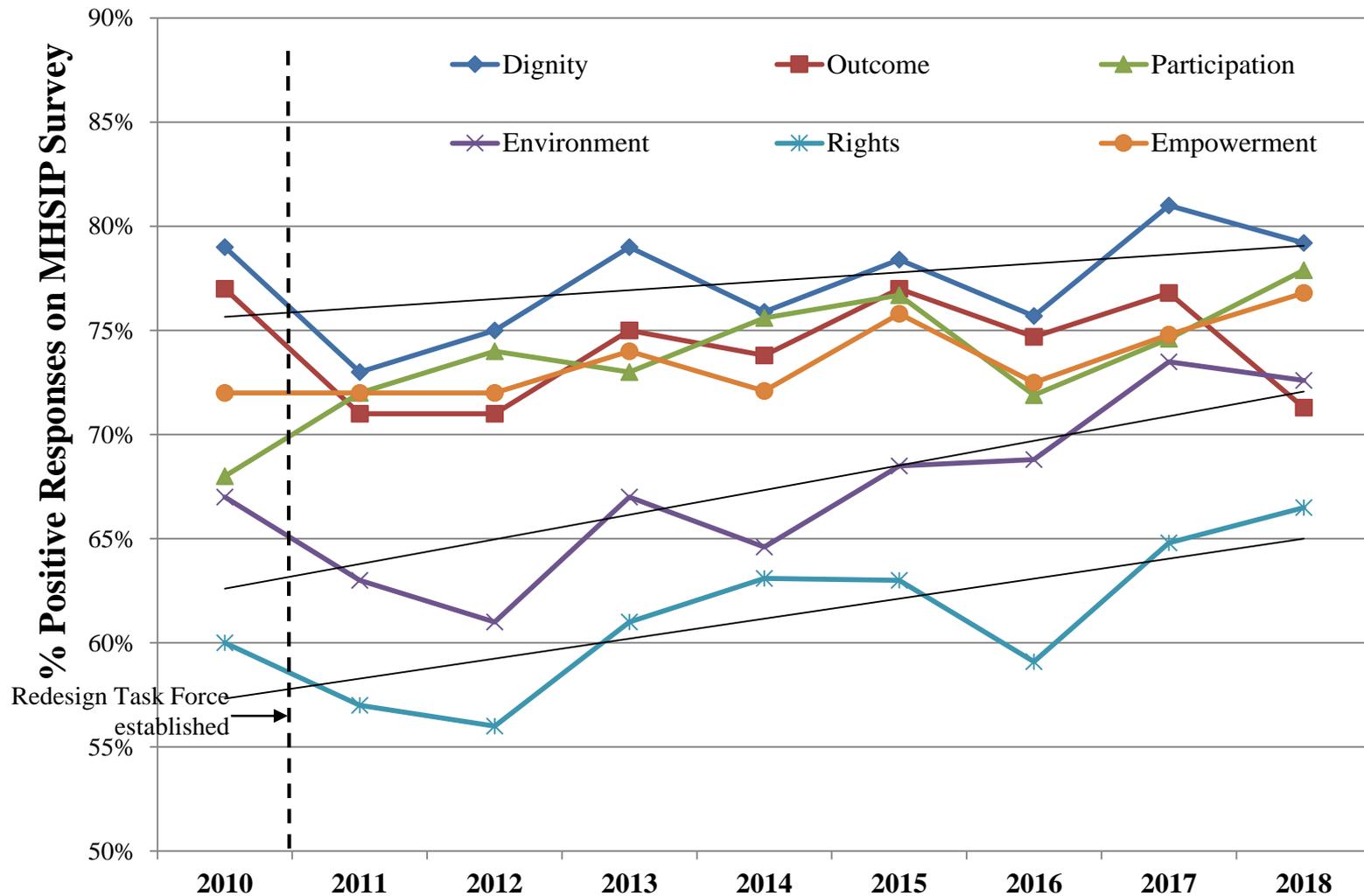
**Other Involuntary:** Three-Party Petition, Treatment Director Affidavit, Treatment Director Supplement, Re-Detention from Conditional Release, Re-Detention / Not Follow Stipulations

# BHD Adult Inpatient Admissions, 2010-18



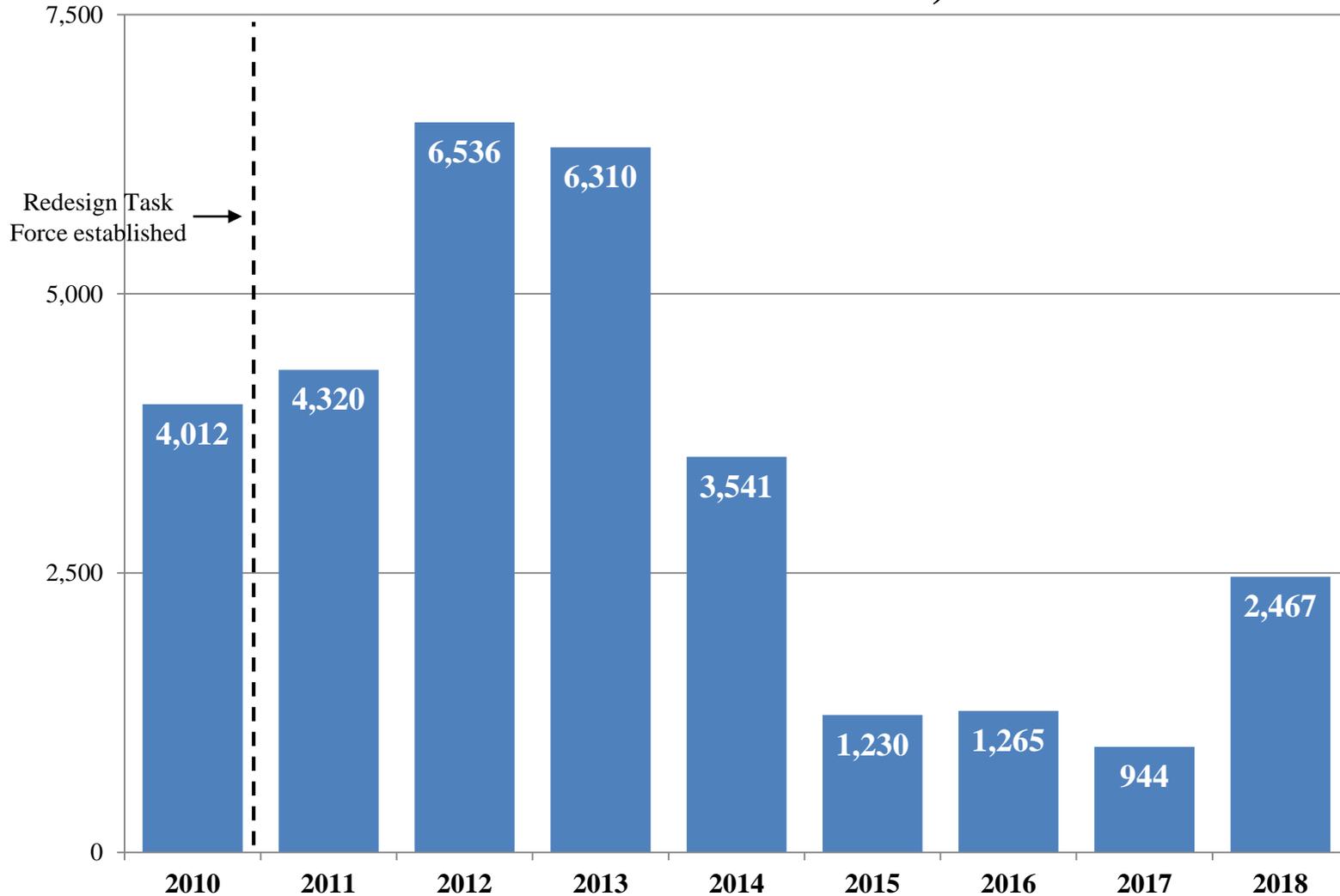
Capacity on BHD inpatient units (Adult & Child/Adolescent) was 108 from 2008-11. Staffed capacity was reduced to 91 in 2012, 78 in 2013, and 64 in 2014. There are three adult units (16, 18, and 18 beds) and one Child/Adolescent unit (12 beds).

# BHD Adult Inpatient – Satisfaction, 2010-18



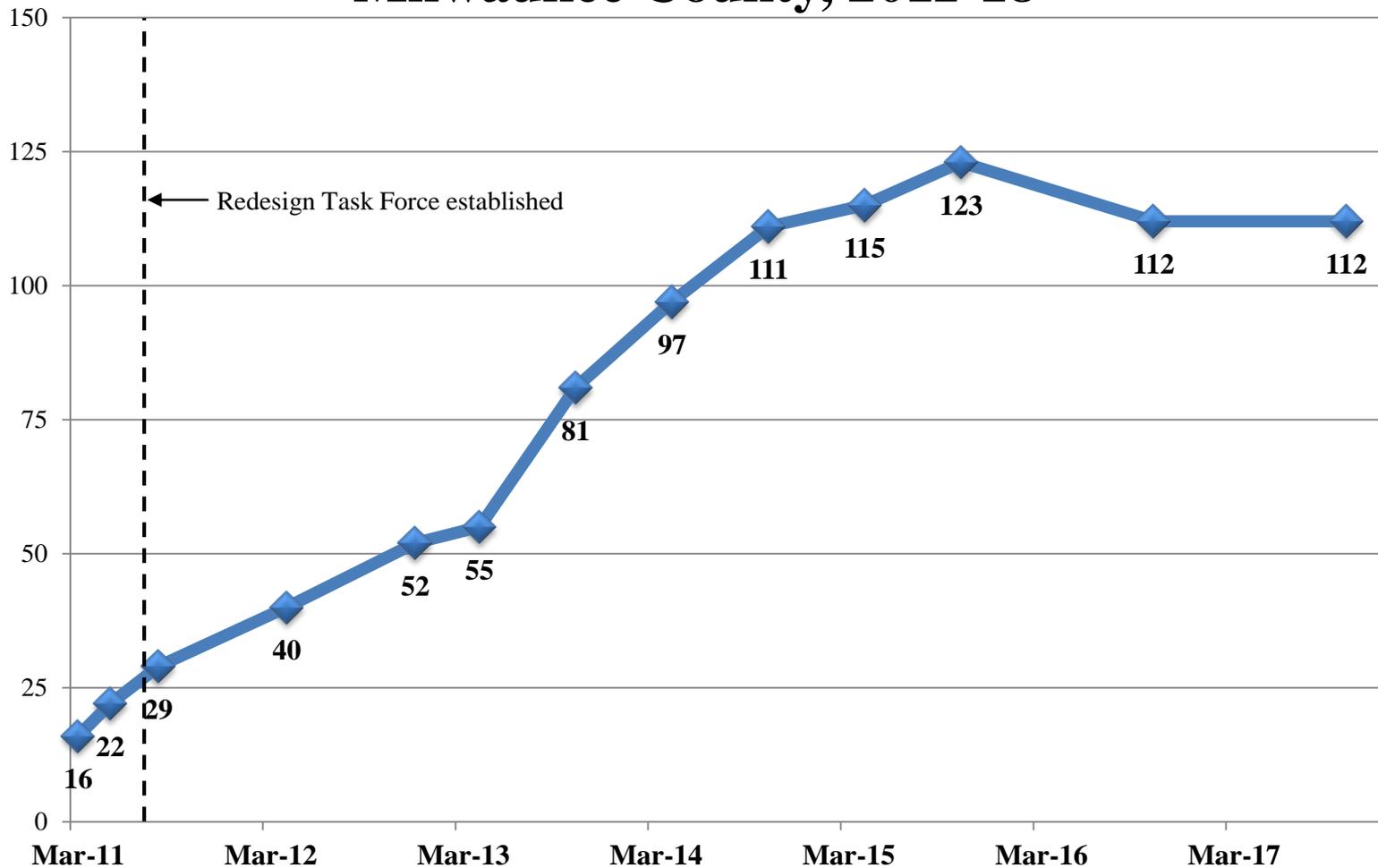
Issues addressed by domain: **Dignity** – respect, recovery-oriented staff; **Outcome** – crisis planning, reduced symptoms, social improvement; **Participation** – engaging community provider(s), involved in discharge planning; **Environment** – atmosphere, privacy, safety, comfort; **Rights** – grievances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

# BHD Access Clinic Utilization, 2010-18



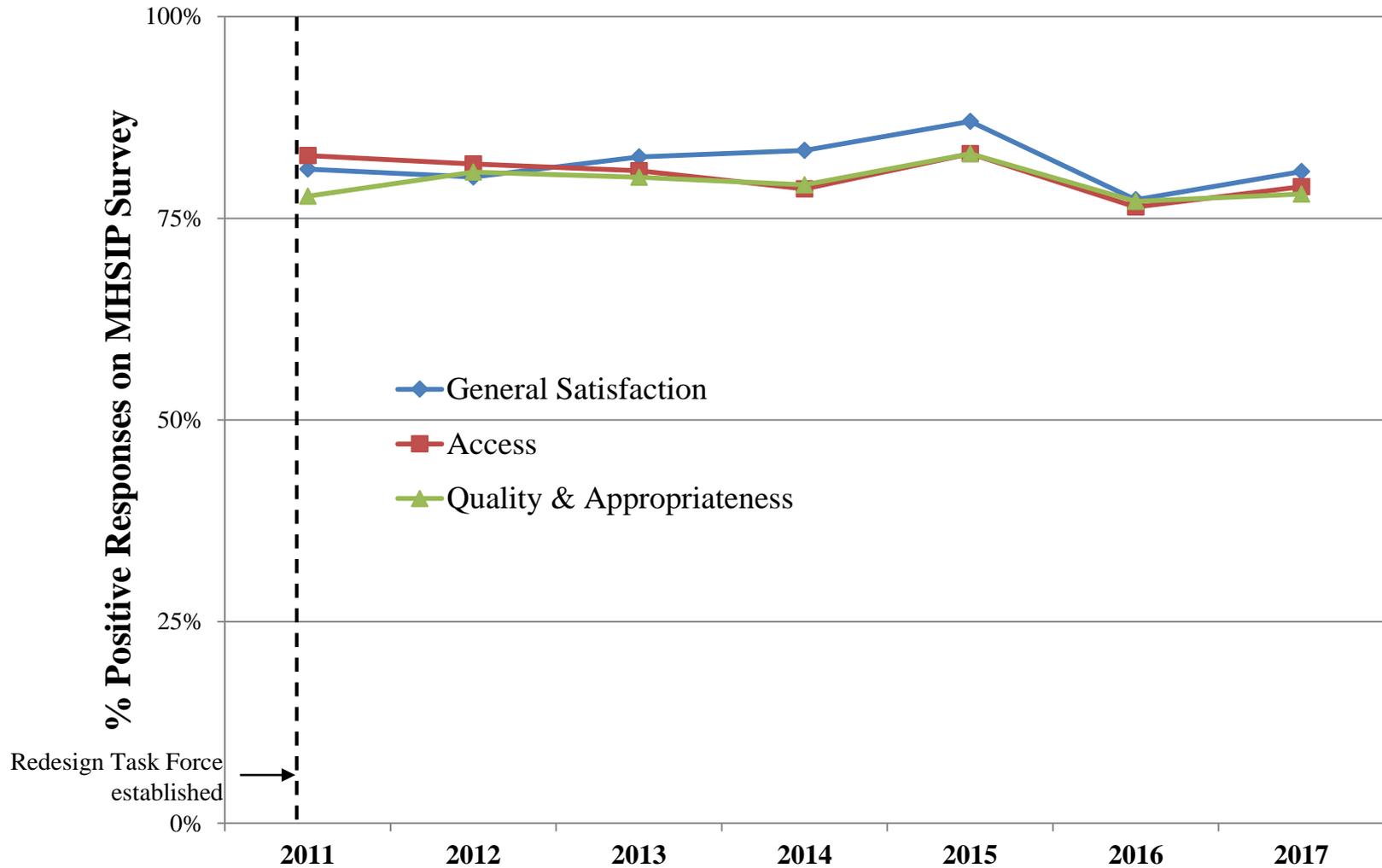
The **Access Clinic** is a walk-in center (located at the Milwaukee County Mental Health Complex) providing mental health assessment and referral for individuals without insurance.

# Certified Peer Specialists in Milwaukee County, 2011-18



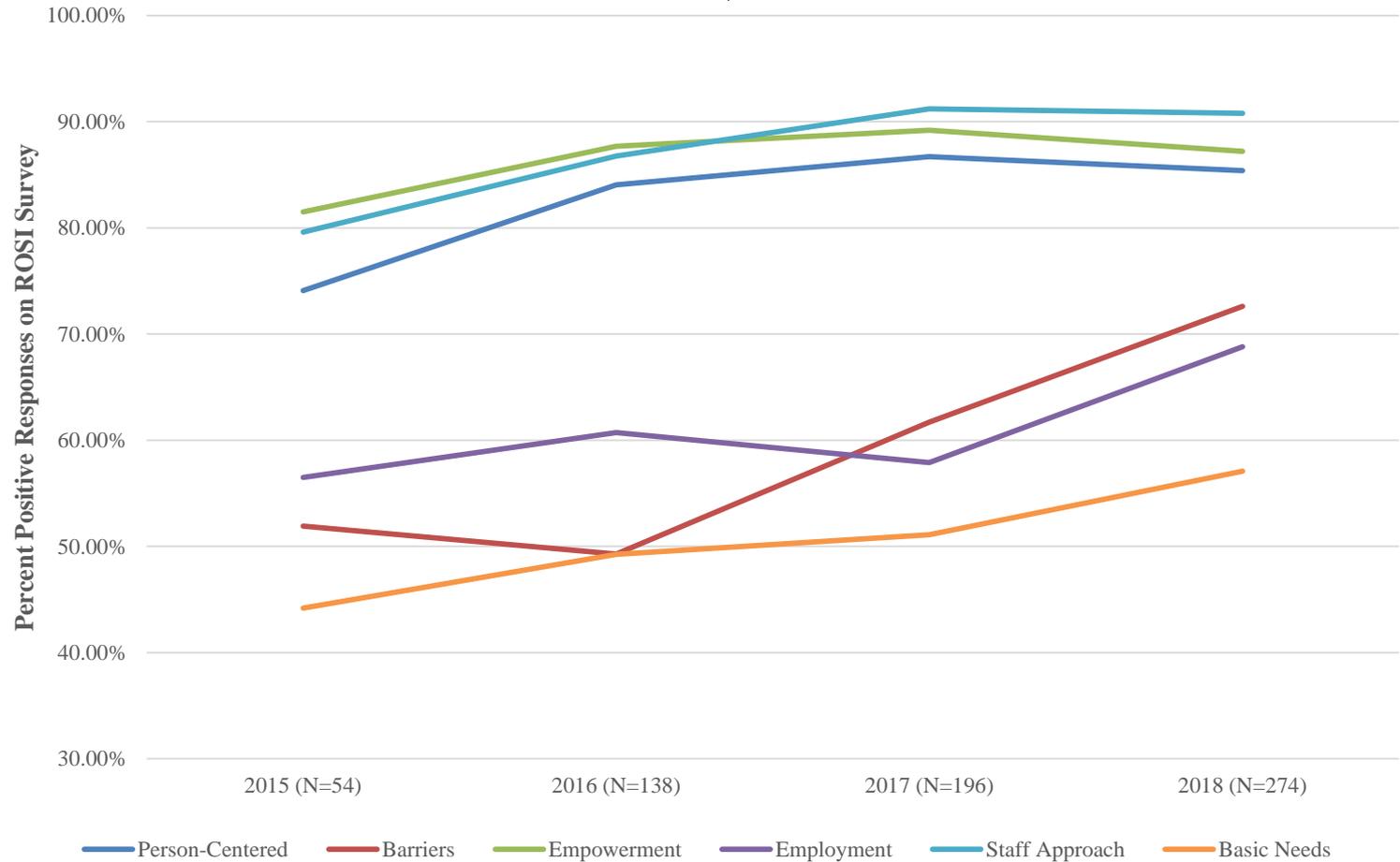
**Certified Peer Specialists** are individuals with lived experience of mental illness and formal training in the peer specialist model of mental health support. Mental Health America of Wisconsin hosts an online clearinghouse for training, employment, and continuing education opportunities for Certified Peer Specialists at <http://www.mhawisconsin.org/peerpipeline.aspx>.

# Community Services – Satisfaction, 2011-17



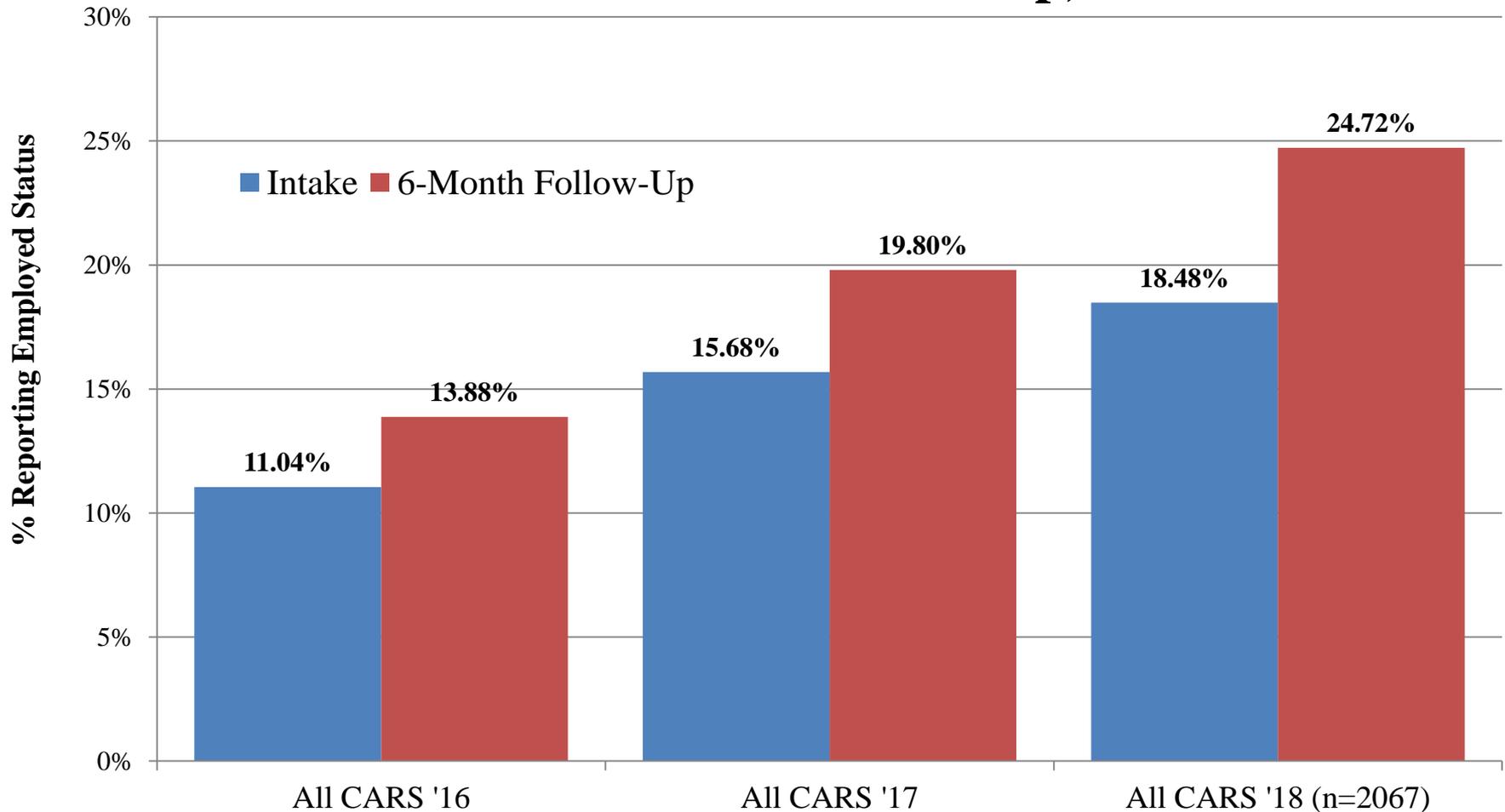
**Community Services** include case management, day treatment, and group homes funded by Milwaukee County.  
**MHSIP:** Mental Health Statistics Improvement Program

# Comprehensive Community Services (CCS) Satisfaction, 2015-18



**ROSI:** Recovery Oriented System Indicators

# Community Services – Employment Intake & 6-Month Follow-Up, 2016-18

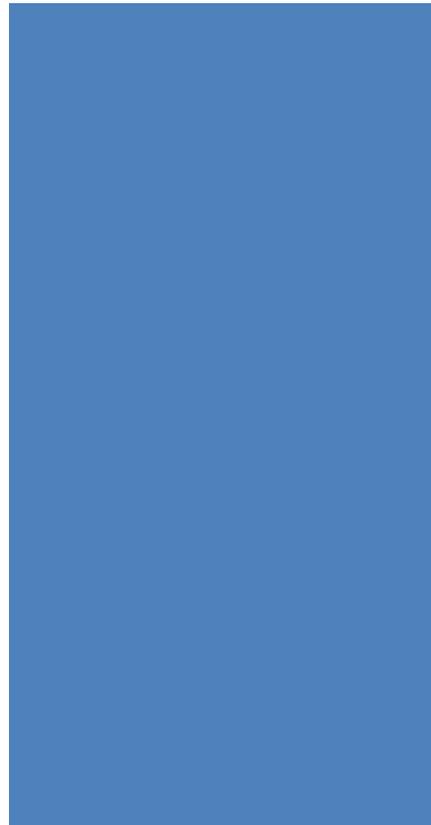


**Employed Status in 2016 and 2017** includes full and part time employment and student status. **Employed Status for 2018** includes full time, part time, supported competitive, student status, and shelter workshop employment. Please note that the average length of time between a CARS intake assessment and follow up could range from 30-210 days, with an average of 131 days.

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

■ Intake ■ 6-Month Follow-Up

28.48%



11.89%



All CARS '18 (n=2145)

**Homelessness Status in 2018** includes clients who self-reported that their living arrangement was “street, shelter, no fixed address, homeless” at intake and follow up. Please note that the average length of time between a CARS intake assessment and follow up could range from 30-210 days, with an average of 130 days.

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

**DATE:** February 8, 2019

**TO:** Thomas Lutzow, Chairman – 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 Contracts for Information Technology, Program Evaluation, and Financial Planning Services**

**Issue**

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for BHD/CARS/Wraparound/Inpatient Hospital to execute mental health and substance use contracts for 2018 and 2019.

**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**

**Netsmart Technologies, Inc. - \$27,400**

BHD is requesting \$27,400 for Netsmart related to the Training Development for MyAvatar and retention of legacy CMHC data. \$17,400, is to cover invoices from 2018, and the other \$10,000 is for 2019 expenses. The amount requested is an increase to the original contract that was executed in April of 2017. The total contract amount is now \$3,802,758. The funds are being requested for 2018/2019.

**University of Wisconsin Milwaukee (UWM) - \$180,132**

UWM provides program evaluation of the State of Wisconsin Temporary Assistance for Needy Families (TANF) Alcohol and Other Drug Abuse (AODA) grant. The grant will focus on the process (what was done and how it was accomplished), and the outcomes (i.e. results) of the Milwaukee County TANF/AODA system of care. The new contract total will be \$180,132.

**WIPFLi LLP - \$200,000**

BHD, Milwaukee Health Care Partnership and other key stakeholders are requesting \$200,000 to support and explore new and innovative options related to the Psychiatric Crisis Service Delivery Model to serve residents of Milwaukee County. The focus will be to perform due diligence related to this initiative, as part of a broader strategic redesign of behavioral health services currently provided by BHD. Refer to the Statement of Work (**Attachment A**) for additional detail. The total contract amount is now \$200,000. The funds are requested for 2019.

**Fiscal Summary**

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

<b>Vendor Name</b>	<b>New/Amendment</b>	<b>2018 Contract Amount</b>	<b>2018 Amendment Amount</b>	<b>2019 Contract Amount</b>	<b>Total Contract Amount</b>
Netsmart Technologies, Inc.	Amendment/New	\$3,775,358	\$17,400	\$10,000	\$3,802,758
*University of Milwaukee Wisconsin	New	\$156,095	N/A	\$180,132	\$180,132
WIPFLi, LLP	New	N/A	N/A	\$200,000	\$200,000
<b>Total</b>		<b>\$3,931,453</b>	<b>\$17,400</b>	<b>\$390,132</b>	<b>\$4,182,890</b>

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

---

Mary Jo Meyers, Director  
Department of Health and Human Services

Cc: Maria Perez, Finance Chairperson

# Attachment A

**WIPFLI**  
CPAs and Consultants

Wipfli LLP  
469 Security Blvd  
Green Bay, WI 54313  
PO Box 12237  
Green Bay, WI 54307-2237  
920.662.0016  
fax 920.662.0024  
www.wipfli.com

February 7, 2019

Mr. Michael Lappen, MS, LPC  
Administrator  
Milwaukee County Behavioral Health Division

Submitted via email: Michael.Lappen@milwaukeecountywi.gov

Copy to:

Ms. Joy R. Tapper, MPA - Executive Director  
Milwaukee Health Care Partnership

Submitted via email: jtapper@mkehcp.org

Dear Mr. Lappen:

Wipfli LLP's Health Care Practice very much appreciates your invitation to submit this proposal to help support Milwaukee Health Care Partnership, Milwaukee County Behavioral Health Division, and other key stakeholders with their efforts to explore new and innovative options related to the Psychiatric Crisis Service Delivery Model to serve residents of Milwaukee county and the surrounding area. The focus of this proposal will be to perform due diligence related to this initiative, which is part of a broader strategic redesign of behavioral health services currently provided by Milwaukee county as further described in this document.

We are confident we possess the requisite qualifications and experience to deliver the desired outcomes, and we look forward to the opportunity to work with your team on this exciting engagement.

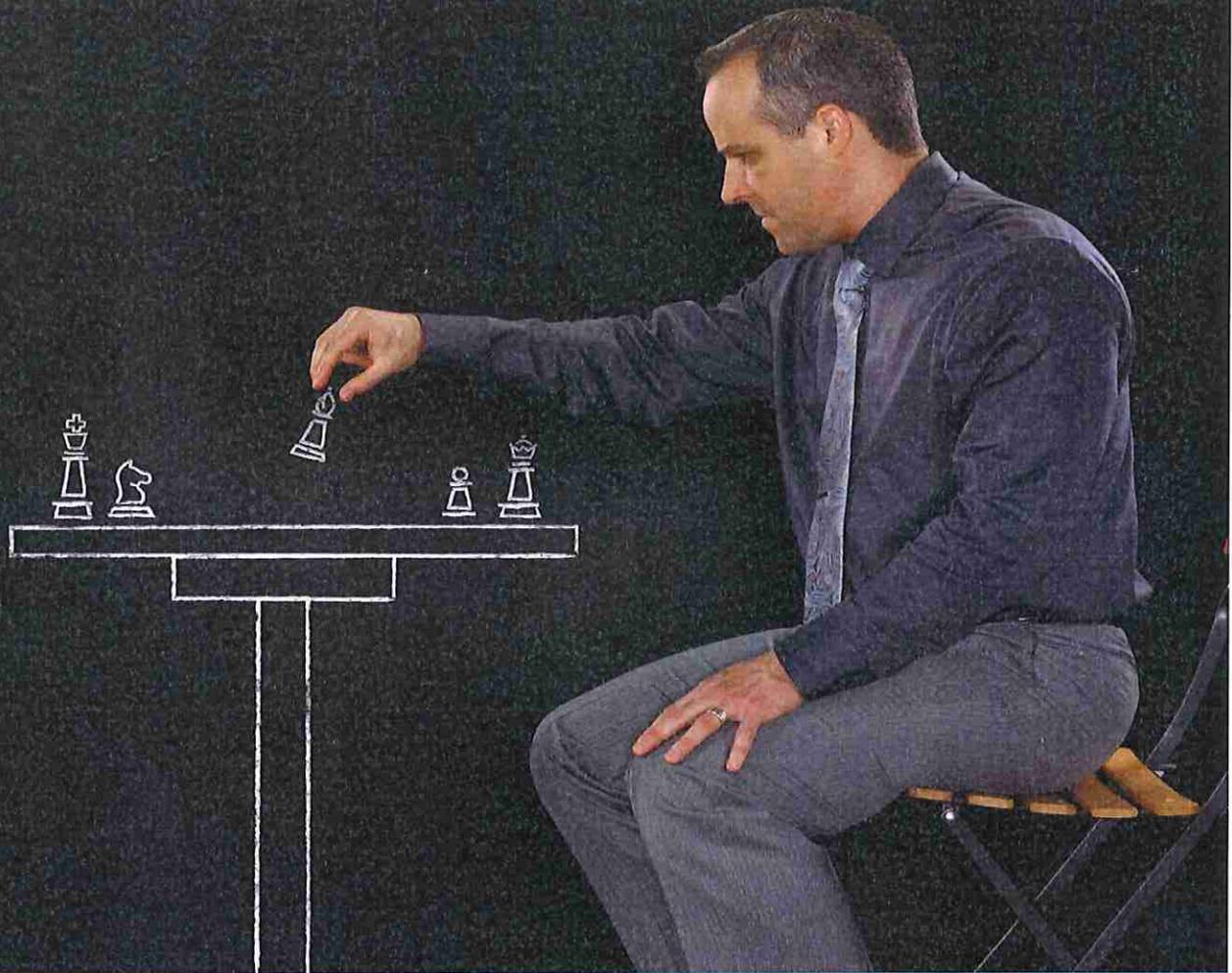
We strive to be flexible and responsive to your specific needs and will do our very best to meet your expectations at every step in the process. Should you have any questions, comments, or suggestions as you review our proposal, please contact Jane Jerzak at [jjerkzak@wipfli.com](mailto:jjerkzak@wipfli.com) or 920.662.2821.

Sincerely,

*Wipfli LLP*

Wipfli LLP

# Consulting Support for the Redesign of Psychiatric Crisis Service - Phase Two



Proposal to provide professional services

February 2019

**WIPFLI**<sup>LLP</sup>  
CPAs and Consultants  
HEALTH CARE PRACTICE

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Engagement Team and Responsibilities ..... 13

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Engagement Team Professional Profiles ..... B  
About Wipfli ..... C  
Wipfli’s Professional Terms and Conditions ..... D

Wipfli LLP  
469 Security Blvd.  
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Green Bay, WI 54307-2237  
920.662.0016  
fax 920.662.0024  
www.wipfli.com

# ENGAGEMENT LETTER AND SIGNATURE

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## Current Situation

Milwaukee County Behavioral Health Division (BHD or Milwaukee County) and Milwaukee Health Care Partnership (MHCP) have been challenged with the question of how to shape the future service delivery model for behavioral health services provided primarily to residents of Milwaukee county. The behavioral health needs of residents have been escalating and service funding is a continuous challenge. The planned closure of Milwaukee County's Mental Health Complex (due, in part, to the current aging facility with regulatory waivers in place) brought about a recent sense of urgency as to how to better serve the future needs of Milwaukee county residents.

Universal Health Services ("Universal") has been secured to be the future provider for Milwaukee County's inpatient behavioral health patients. However, Universal is not planning to develop an outpatient or emergency psychiatric unit as part of its new 120-bed facility scheduled to be opened in 2021. To understand how to address future outpatient crisis services, Milwaukee County collaborated with health system members of Milwaukee Health Care Partnership to study this issue.

Specifically, BHD collaborated with the health system members of MHCP to commission an analysis aimed at redesigning Milwaukee county's full psychiatric crisis service system. This Milwaukee Crisis Center Redesign Study (the "Redesign Study") was guided by the Human Services Research Institute, the Technical Assistance Collaborative, and the Wisconsin Policy Forum. This report focused on the continuum of community-based services, along with the services currently provided by BHD known as its psychiatric emergency department and observation unit (currently known as Psychiatric ER).

It is expected that the ongoing redesign of preventative services will reduce the future demand for emergency crisis services from 8,000 clients being served today to range from 3,000 to 5,000 clients in the future. However, the need for a new dedicated Psychiatric ER and related services (including an Urgent Care Triage Center and Crisis Stabilization/Observation area) is very real, both for children, adolescents, and adults.

BHD and health system members of MHCP (collectively referred to as the "Client") reached out to Wipfli LLP ("Wipfli") to support its efforts to develop a set of financial model options related to a potential future "centralized model of care" through a community wide Psychiatric ER to be developed within Milwaukee county as the initial phase of work, using high-level volume assumptions as currently established. As we understand, one set of financial model options will also test a new psychiatric crisis service model related to distributing care throughout the region, focusing on local hospital emergency rooms to treat patients in need of psychiatric care (the "decentralized care model"). Future work related to Phase Two, to be defined later, may include a detailed demand assessment for psychiatric crisis services and expected downstream impact on more intensive interventional services such as inpatient psychiatric care and psychiatric ER services as well as a broader financial summary and assessment of the overall implications to the Redesign of Psychiatric Crisis Service from the view of multiple stakeholders.

# ENGAGEMENT LETTER AND SIGNATURE

---

Future work will also include a refinement of the Psychiatric ER service business plan once the series of options has been narrowed to the selected option. It is expected that the initial phase of work will address at a high level, the operational, clinical, and financial aspects of a potential new Psychiatric ER, should the centralized care model be the option selected by the Steering Committee. Future phases will include a more detailed business plan to include these components. We appreciate that other stakeholders of this process may also support this important work and may be integral components in developing the business plan. We anticipate this study will be directed by Steering Committee members who directed the Redesign Study. It is expected that a more detailed business plan will be developed in the future phase.

## Client Acceptance of its Responsibility

This consulting engagement will be conducted in accordance with standards established by the American Institute of Certified Public Accountants. When providing these services, Wipfli's professional standards require us to document that you understand and accept your responsibilities regarding these services, which include the following:

- Assume all management responsibilities.
- Oversee the service by designating an individual (preferably within senior management) who possesses suitable skills, knowledge, and/or experience.
- Evaluate the adequacy and results of the services performed.
- Accept responsibility for the results of the services.

Wipfli specifically does not have the authority to perform management functions, make management decisions, or act in a capacity equivalent to an employee.

## Fees and Scope

Wipfli will provide the services as described in the attached Statement of Work, Appendix A, for a total fee not to exceed \$200,000 for the initial phase of this Project. Wipfli estimates the initial phase of this Project to require approximately 12 to 14 weeks to complete. Progress billings will be issued during the engagement.

Work will be completed by consultants within Wipfli's Health Care Practice. The fee quotation will be honored for 30 days from the date of this Engagement Letter.

Travel time, clerical processing, taxes (if applicable), and other out-of-pocket expenses are included in the above quotation. Terms are net 30 days. The scope of the Project is defined in the attached Statement of Work, Appendix A. Signing of this Engagement Letter is a condition to our working with the Client in accomplishing the stated goals.

# ENGAGEMENT LETTER AND SIGNATURE

---

All work on the Project to be performed by Wipfli under this Engagement Letter and any Change Order shall be subject to Wipfli's Professional Services Terms and Conditions ("Terms and Conditions") (Appendix D). The Client acknowledges receipt of a copy of the Terms and Conditions and further acknowledges that, from time to time, Wipfli may change its Terms and Conditions. The Client may, at any time, request additional copies of the Terms and Conditions.

## Engagement Acceptance

Prepared by Jane Jerzak, Partner, Wipfli Health Care Practice

### Professional Services

If the contents of this engagement letter are acceptable, please sign and return this page to [jjerkak@wipfli.com](mailto:jjerkak@wipfli.com) at your earliest convenience.

Milwaukee County Behavioral Health Division on behalf of stakeholders acknowledge acceptance of this engagement letter, agrees to be bound by all its Terms and Conditions (see Appendix D) and represents that the person signing below has authority to execute this agreement. This agreement may be executed in a number of counterparts, including this separate signature page, each of which shall be deemed an original and all of which shall constitute one and the same agreement. If you have any questions or comments, please contact Jane Jerzak at 920.662.2821.



ACCEPTED BY: MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

BY: \_\_\_\_\_  
(Signer's name and title)

DATE: \_\_\_\_\_

## Project Visual for the Initial Phase of Work - Key Outcomes

### Overview:

The project scope for the initial phase of work will quantify at a high level, the community impact of creating a centralized psychiatric crisis service care model versus a decentralized psychiatric crisis care model, compared to current state from the view of Milwaukee County and Private Health Systems currently serving clients in need of Psychiatric Crisis Service. The table below reflects the key outcomes expected from this initial exploratory phase of work, expected to be completed by mid-May 2019. We expect future phases to commence in early June 2019, which will move into a more detailed analysis for decision making regarding the ultimate future design of the psychiatric crisis system in Milwaukee county.

Psychiatric Crisis Service Redesign Work Phase Two - Decentralized vs. Centralized Crisis Service Model					
Initial Phase High Level Impact Analysis					
Scope of Work and Responsibilities	BHD Impact	Cross Cutting Service Impact	Private System Impact	Demand/Patient Flows	New Psychiatric ER
Centralized Psychiatric Crisis Care Model	BHD to include a tax levy analysis impact/Wipfli tests	Joint BHD and Private Systems/Wipfli supports	N/A	Joint BHD and Private Systems/Wipfli supports	Wipfli leads
Decentralized Psychiatric Crisis Care Model	BHD to include a tax levy analysis impact/Wipfli tests	Joint BHD and Private Systems/Wipfli supports	Private Systems/Wipfli tests	Joint BHD and Private Systems/Wipfli supports	N/A

*Will be used to refine future phase related to funding, organizational and operational structures of the Crisis System as redesigned etc.*

## Project Visual for the Initial Phase of Work - Key Assumptions

Psychiatric Crisis Service Redesign Work Phase Two - Decentralized vs. Centralized Crisis Service Model				
Initial Phase High Level Impact Analysis Assumptions				
Scope of Work and Responsibilities	BHD Impact	Cross Cutting Service Impact	Private System Impact	New Psychiatric ER
Demand Assumptions	High level volume changes based on Phase One report and high level impact of BHD service changes and cross cutting initiatives			
Financial Assumptions	High level financial impact modeling and tax levy impact			Financial Model to include several scenarios based on licensure, location etc.

## Project Objectives for the Psychiatric ER Modeling Work

The Project's overall objective of this initial phase of work will be to develop two to three financial models related to the new planned Psychiatric ER to be located in Milwaukee county, using established high-level volume assumptions. The financial modeling will require some level of operational, staffing, and professional services assumptions, as well as volume, location, and licensures.

As a future phase once the initial high-level assessment has been completed, a more complete business plan related to the Psychiatric ER will be developed. This plan will more fully address, several scenarios related to alternative locations, options for licensure and certification, and potential financial obligations of the stakeholders for the operation of the service. The plan will also need to address options for the design of the organization, as well as the governance model. It is expected that the start-up capital and operating expenses may be funded by BHD, health systems, and other donors, and the analysis will test if and how the ongoing operation would be self-sustaining.

The overall scope of work for this initial phase of work and future phases related to this project will include:

- Legal organizational structure/governance options and scenarios (entity type).
- Management structure/operating agreement/long-term agreement with Milwaukee County and other stakeholders (future phase).
- Available service licensure and certification options (Medicare/Medicaid, etc.).
- Service volumes, payor mix, and anticipated changes over time (initial phase will include volume estimates as established; future phase may include a more complete demand assessment).
- Reimbursement modeling of options based on certification status for key payors (high level only for the initial phase and a deeper dive with the future phase).
- Three-year operating budget would be based on key operating assumptions (staffing, professional services, volumes, licensures, and location).
- Three-year capital budget based on key assumptions and location options (high level only for the initial phase and a deeper dive with the future phase).
- Potential funding obligations for stakeholders (high level only for the initial phase and a deeper dive with the future phase).
- Potential options for physician staffing of the Psychiatric ER (high level only for the initial phase and a deeper dive with the future phase).

Wipfli's key role in the Project will ultimately be to support the development of a high-level, financially driven business plan to support the future Psychiatric ER should that be the confirmed path for the future. The work as described below will be sketched at a high level for this initial phase of work with a deeper analysis to be performed with the future phase of the Project unless as otherwise noted.

## Key Areas of Focus for Wipfli Related to the Psychiatric ER Assessment

### Legal Organizational Structure Considerations (primarily the future phase)

It will be important to understand the possibilities for structuring this new service from an organizational perspective. Will a new 501(c)(3) nonprofit organization be developed? Will this service operate as a subsidiary of a current area hospital? What other options need to be considered? Wipfli's health care tax team will walk through viable options for consideration such as features, benefits, and risks associated with the options. Certification decisions may, to some degree, influence the legal structure of the new Psychiatric ER. Should the discussion involve complex issues, we will recommend the Steering Committee call upon the services of an experienced health care attorney for support and guidance.

#### *Deliverable:*

Wipfli will present organizational options and high-level summaries of considerations for each option for the new Psychiatric ER.

### Certification and Regulatory Considerations (Initial Phase)

It will be important to understand the possibilities for licensing and certification, which directly correlate to reimbursement and other potential funding to support these new services under the scenario options to be developed. Therefore, members of Wipfli's health care practice will work with the Steering Committee to discuss (at a high level) possible certification options to be considered and the related requirements and reimbursement implications for key payors. Should the discussion involve complex issues, we will recommend the Steering Committee call upon the services of a health care attorney experienced in these matters for support.

#### *Deliverable:*

Wipfli will present certification options and high-level summaries of reimbursement considerations to help support the certification decision for the new Psychiatric ER.

### Professional Service Considerations (primarily the future phase)

It will be important to understand the possibilities for structuring the arrangement for professional services to support the psychiatric emergency/crisis service (such as psychiatrists, extenders, etc.). As we understand, the Steering Committee has discussed possibilities that may include developing a professional services agreement (PSA) to contract with for required professional services. Direct employment of psychiatrists and possibly other providers is another option to consider.

## Key Areas of Focus for Wipfli Related to the Psychiatric ER Assessment (Continued)

Wipfli will outline the features and pros/cons related to these possible frameworks for professional service design in this initial project. Should a PSA arrangement be desired, we can assist in developing the PSA contract and the financial and billing requirements needed for such an arrangement. In addition, we can assist in the compensation design features should an employment model for psychiatrists be desired.

### Deliverable:

Wipfli will present options for professional services and high-level summaries of considerations for each option for the new Psychiatric ER.

### Demand Assessment (primarily the future phase)

Wipfli will review the work completed to date through the Redesign Study related to service demand, patient flow, etc. This work will help us understand the current and anticipated future needs for the Psychiatric ER. We anticipate a collaborative process, including clinicians on the "front lines," to establish/confirm an ideal financially responsible service delivery model to achieve the desired clinical/care outcomes for patients. Members of Wipfli's health care practice will be a key participant in this process.

### Deliverable:

Wipfli will summarize the range of volume possibilities for the new Psychiatric ER based on the work completed to date, as well as validation work with clinicians and others to confirm the assumptions related to patient flow and volumes to support the financial model.

### Financial Assessment (primarily the Initial Phase)

Wipfli will prepare a financial model to help leadership understand the reimbursement and cost structure that may be expected in developing a new Psychiatric ER. Financial models will be developed based on key assumptions with an opportunity for flexibility or "what if" analyses to pressure test assumptions and related financial impact. In addition, we understand the certification and location options are yet to be finalized. We are confident our work will help guide the decision-making process.

## Key Areas of Focus for Wipfli Related to the Psychiatric ER Assessment (Continued)

Specifically, we will build high-level, three-year financial models based on a number of possible scenarios related to certification and location options to help shape the decision of “what to create” and “where to create it.” Our three-year financial models will be based on key assumptions to be provided by the Steering Committee, designated clinicians, and other key stakeholders supporting the new Psychiatric ER:

- Volume, reimbursement, and revenue assumptions:
  - Volumes (from the Demand Assessment)
  - Charges
  - Payor mix
  - Reimbursement rates for Medicaid/Family Care, the County, and commercial payors
  - Overall reimbursement models based on licensure, payor mix, and other variables
- Operational flow of patients:
  - Understanding the potential patient flow from other aspects of the psychiatric crisis delivery model and how that patient flow will impact the Psychiatric ER
- Expense assumptions based on established volume parameters:
  - Clinical and nonclinical staffing based on detailed staffing models and assumptions
  - Psychiatric ER physician staffing options (such as employment versus professional services agreement, etc.)
  - Nonstaffing expenses (such as supplies, purchased services, and other)
  - Ancillary and support service requirements such as lab services
  - Security requirements (in addition to staffing requirements noted above)
  - Capital requirements for the facility and related financing options
  - Capital requirements for medical, technology, and other supporting equipment
- Cash flow and working capital requirements

### Deliverable:

Wipfli will provide a detailed financial model and a financial summary model in Microsoft Excel-based format with related narrative regarding significant assumptions and available high-level benchmarking information for the defined scenarios. Our findings will be presented to the Steering Committee and Project Sponsors (e.g., County Executive and Health System Market Leaders) in a Microsoft PowerPoint format when the engagement is completed. The Excel-based model will be delivered to Project leadership at the end of the engagement should further refinements or assumptions need to be created.

## Project Objectives for the Initial Project Phase Other Than the Psychiatric ER

The overall purpose of this initial phase of work is to understand the "order of magnitude" impact on the key stakeholders should the new Psychiatric Crisis Service Model be implemented (with both a Centralized and Decentralized Psychiatric Crisis Care Model concept to be considered). It will provide critical information to help shape the future work related to estimated funding levels required to support this effort, organizational and operational considerations among other key factors in the planning process.

The Centralized Psychiatric Crisis Care Model assumes the development of a new Psychiatric ER to serve residents of Milwaukee county, along with new care delivery enhancements in place in the community (primarily through Milwaukee County services) to ensure the Psychiatric Crisis Care Model is structured to meet the evolving behavioral health needs of the people in Milwaukee county. The Decentralized Care Model concept assumes that no Psychiatric ER is developed, rather clients in need of psychiatric services would receive those services in a more distributed model, through several local Health System emergency rooms supported with Milwaukee County psychiatric crisis outreach services and enhanced training programs for staff caring for psychiatric clients in these settings.

Therefore, in addition to the financial modeling related to the potential Psychiatric ER assuming a centralized care model, the Steering Committee has requested certain high-level facilitation related to the potential financial impact of the future Centralized Psychiatric Crisis Service Model concept as compared to a potential future Decentralized Psychiatric Crisis Service Model concept for key stakeholders including Milwaukee County and Private Health Systems.

For this initial phase of work, the Steering Committee requested a very high-level understanding of overall anticipated financial impact on both the Centralized Psychiatric Crisis Service Model versus the Decentralized Psychiatric Crisis Service Model related to the following key stakeholders:

- Milwaukee County
- Private Systems currently providing ER services to patients with a primary behavioral health or AODA diagnosis

As a first step in this process, it is expected that Milwaukee County, Private Health Systems and Wipfli will come together to create a high-level patient flow diagram comparing current state to potential future state under both the Decentralized Psychiatric Crisis Service Model and the Centralized Psychiatric Service Model for key customer types. This will inform at a high level, expected changes in volumes with both types of Psychiatric Crisis Service Models considered. Wipfli will serve as facilitator for this effort.

Wipfli will facilitate and support the process of understanding at a high level, the estimated financial impact of the Centralized Psychiatric Crisis Service Model versus the Decentralized Psychiatric Crisis Service Model as it relates to Milwaukee County and the Private Systems.

## Project Objectives for the Initial Project Phase Other Than the Psychiatric ER (Continued)

This work will primarily include meeting participation, assembly and summarization of data provided by Milwaukee County and the Private Systems and facilitation for the overall project deliverable.

### Understanding the Centralized Psychiatric Crisis Care Model Impact

Milwaukee County has been tasked with the initiative to estimate the potential service volume changes and financial impact of the Psychiatric Crisis Service Model as redesigned as it relates to Milwaukee County Behavioral Health programs for the Centralized Psychiatric Crisis Service Model based on high-level assumptions. Milwaukee County will be responsible for calculating the estimated financial impact of the Centralized Psychiatric Crisis Service Model as it relates to Behavioral Health Division Enhancements and Cross-Cutting Services. The analysis developed by Milwaukee County will also need to include information to understand the impact on Milwaukee County's current tax levy available to support this new Psychiatric Crisis Care Model both for BHD enhancements and for potential funding to support the new Psychiatric ER. As discussed above, Wipfli will be responsible for the financial modeling related to the potential new Psychiatric ER needed under the Centralized Psychiatric Crisis Service Model. For the purposes of this initial phase, we will assume no change in service volumes or related financial impact of a new Centralized Psychiatric Crisis Service Model for the Private Health Systems.

### Understanding the Decentralized Psychiatric Crisis Care Model Impact

Wipfli's role will be to work with representatives of Milwaukee County and key Private Health Systems to estimate the high-level change in potential service volumes and related financial impact for the Decentralized Psychiatric Crisis Service Model option. Specifically, our role will be to facilitate the capture of standard information and assumptions to be used by each of the designated Private Health Systems and by Milwaukee County as they create the financial analysis for the Decentralized Psychiatric Crisis Service Model. Wipfli will be responsible for reviewing (at a high level) the analysis as developed by each stakeholder and summarizing the information to present a summarized stakeholder perspective. Wipfli will not be responsible for the development of this analysis as that will be the sole responsibility of each stakeholder involved in this process.

#### **Deliverable:**

Wipfli will create a very high-level financial impact summary for review by the Steering Committee and Project Sponsors, which will include the estimated financial impact of the Redesign of Psychiatric Crisis Service in Milwaukee County under both the Decentralized and Centralized Psychiatric Crisis Care Models. Our findings will be presented to the Steering Committee and Project Sponsors in a Microsoft PowerPoint format when the engagement is completed. The Excel-based model will be delivered to project leadership at the end of the engagement should further refinements or assumptions need to be created.

## Project Expectations and Assumptions

The following requirements, among others, will be critical for this multi-stakeholder project to be successfully completed in a timely manner:

- Engaged leadership from each key stakeholder including Milwaukee County and all Private Health Systems involved in this initiative
- Assignment of key representatives in finance, clinical, operations, facilities, and other disciplines, as needed, to create and validate key assumptions
- Engaged participation in all committees by all committee members including meeting attendance, completion of all assignments in a timely manner
- Timely follow up for all data requests and sign offs of key assumptions by each key stakeholder
- Willingness by all stakeholders to revise or update data request items or analyses in a timely fashion as needed to keep the project timeline intact
- Project management is provided by Milwaukee County as needed
- Engaged participation by the Steering Committee including development of the committee structures as needed, providing contact information for all committee members, providing feedback on committee meeting agendas and meetings and providing overall leadership for this work through thoughtful representation of all key stakeholders in the process
- Provide timely feedback to Wipfli for any element of the project that requires adjustment

## Change in Scope and Project Control

The scope defined in this Statement of Work is to ensure that all parties are working within the same engagement boundaries (budget, schedule, and functional capabilities). Should there be a need to change those boundaries, Wipfli will manage these changes utilizing our standard change control process. Our change management approach recognizes that changes and refinements of understanding are a normal part of any significant project to arrive at the desired outcome of each phase of work as they may change over the course of the engagement. Therefore, the team will focus on collaborating with the Client to first manage the scope within the established budget and schedule through the substitution of functional scope items that rose higher in priority for decreased-priority items. That substitution may also be reflected in the increase or decrease of complexity for existing items. The intent is to make those substitutions as budget and/or schedule neutral as possible. If the new requests increase complexity beyond the original scope of the Initial Phase of this Project, a formal approval and change order process will come into effect. This process will require signoff or approval from all parties prior to the change taking effect.

## Terms and Conditions

See Appendix D.

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

**DATE:** January 29, 2019

**TO:** Thomas Lutzow, Chairman – 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 2018 and 2019 Purchase-of-Service Contract Amendments and a 2019 Purchase of Service Contract 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 2019.

**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**

**Bell Therapy, Inc. - \$300,000**

Bell Therapy, Inc. provides Community Support Program services, a community-based service for those with severe and persistent mental illness designed to allow individuals to maintain as much independence in the community as possible. BHD is requesting \$300,000 in Medicaid passthrough funding for this vendor. These funds are related to 2018 services that are anticipated to be reimbursed in 2019.

**Our Space, Inc. - \$43,180**

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 in funding for this vendor to add an additional Peer Specialist to the Family Drug Treatment Court program. The total contract amount is now \$294,142. These funds are being requested for 2019.

**Outreach Community Health Centers, Inc. - \$210,000**

Outreach Community Health Centers, Inc. provides Community Support Program services, a community-based service for those with severe and persistent mental illness designed to allow individuals to maintain as much independence in the community as possible. BHD is requesting \$210,000 in Medicaid passthrough funding for this vendor. These funds are related to 2018 services that are anticipated to be reimbursed in 2019.

**Outreach Community Health Centers, Inc. – \$298,866\***

Outreach Community Health Centers, Inc. provides outpatient mental health counseling services to uninsured individuals requiring immediate short term mental health counseling and prescribing services. The funds are being requested for 2018. The report dated September 13, 2018 included a typographical error requesting approval of \$2,196,557 for this contract. The correct amount is \$298,866. These funds are being requested for 2019.

**Project Access, Inc. - \$720,000**

Project Access, Inc. provides Community Support Program services, a community-based service for those with severe and persistent mental illness designed to allow individuals to maintain as much independence in the community as possible. BHD is requesting \$720,000 in Medicaid passthrough funding for this vendor. These funds are related to 2018 services that are anticipated to be reimbursed in 2019.

**Milwaukee Center for Independence, Inc. - \$770,000**

Milwaukee Center for Independence, Inc. provides Community Support Program services, a community-based service for those with severe and persistent mental illness designed to allow individuals to maintain as much independence in the community as possible. BHD is requesting \$770,000 in Medicaid passthrough funding for this vendor. These funds are related to 2018 services that are anticipated to be reimburse in 2019.

**Milwaukee Mental Health Associates, Inc. - \$820,000**

Milwaukee Mental Health Associates, Inc. provides Community Support Program services, a community-based service for those with severe and persistent mental illness designed to allow individuals to maintain as much independence in the community as possible. BHD is requesting \$820,000 in Medicaid passthrough funding for this vendor. These funds are related to 2018 services that are anticipated to be reimburse in 2019.

**St. Charles Youth and Family Services, Inc. - \$963,619**

The Vendor provides Care Coordination, REACH, OYEAH, screening/assessment, mobile crisis, Peer Specialists, and case management services for the Wraparound Milwaukee Program serving

children/youth and their families. BHD is asking for \$963,619 for 2019. The total contract amount will be \$5,539,762.

**Wisconsin Community Services, Inc. - \$940,000**

**Wisconsin Community Services, Inc. - \$191,869**

Wisconsin Community Services, Inc. provides Community Support Program services, a community-based service for those with severe and persistent mental illness designed to allow individuals to maintain as much independence in the community as possible. BHD is requesting \$940,000 in Medicaid passthrough funding for this vendor. These funds are related to 2018 services that are anticipated to be reimbursed in 2019. Additionally, BHD is requesting a \$191,869 increase to WCS's 2018 purchase of service contract for CSP. This is related to a capacity increase at WCS CSP. The total amended amount of the 2018 contract amount will be \$1,315,617.

**Wisconsin Community Services, Inc. - \$200,000**

The Vendor was selected through the RFI Process to run the Outpatient Plus program for BHD, which is a new program to the CARS network. Outpatient Plus services are designed to meet the substance abuse treatment needs of uninsured and underinsured Milwaukee County residents. Combining safe, sober, temporary housing with a clinical level of care, Outpatient Plus allows for a gradual reduction in treatment intensity, degree of structure and support, and allows for increasing independence and responsibility based on the consumers' treatment progress. BHD is requesting \$200,000 for 2019 to cover the startup cost for the program. The total contract amount will be \$200,000.

**Wisconsin Community Services, Inc. - \$458,913**

The Vendor has been contracted to run the Office of Consumer Affairs program for BHD which employees all of the Certified Peer Specialists who provide direct client services in BHD operated programs (Acute Inpatient Services, Observation Unit, Crisis Stabilization Houses, and Team Connect) and funding to reimburse community consumer involvement in BHD advisory capacities. BHD previously requested \$428,913 on October 25, 2018 for the 2019 contract. This request increases the contract by \$30,000 for a total of \$458,913 in 2019 to expand Certified Peer Specialist services to the Access Clinic.

**Wisconsin Community Services, Inc. – 627,000**

The Vendor provides Care Coordination services for the Wraparound Milwaukee Program (Wraparound, REACH and OYEAH) serving children/youth and their families. BHD is asking for an additional \$627,000 for 2019. The total contract amount will be \$1,090,140.

### **Fiscal Summary**

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

<b>Vendor Name</b>	<b>New/Amendment</b>	<b>2018 Amount</b>	<b>2019 Increase Amount</b>	<b>2019 Amount</b>	<b>Total Contract Amount</b>
Bell Therapy, Inc.	Amendment		N/A	\$300,000	\$300,000
*Our Space, Inc.	Amendment		\$43,180	\$250,962	\$294,142
Outreach Community Health Centers, Inc.	Amendment		N/A	\$210,000	\$210,000
Outreach Community Health Centers, Inc.*	Amendment		N/A	\$298,866	\$298,866
Project Access, Inc.	Amendment		N/A	\$720,000	\$720,000
Milwaukee Center for Independence, Inc.	Amendment		N/A	\$770,000	\$770,000
Milwaukee Mental Health Associates, Inc.	Amendment		N/A	\$820,000	\$820,000
St. Charles Youth and Family Services, Inc.	Amendment		\$963,619	\$5,539,762	\$5,539,762
Wisconsin Community Services, Inc.	Amendment		N/A	\$940,000	\$940,000
Wisconsin Community Services, Inc.	Amendment	\$191,869	N/A	N/A	\$1,315,677
Wisconsin Community Services, Inc.	New	\$90,000	N/A	\$110,000	\$200,000
Wisconsin Community Services, Inc.	Amendment	\$251,465	\$30,000	\$458,913	\$710,378

Vendor Name	New/Amendment	2018 Amount	2019 Increase Amount	2019 Amount	Total Contract Amount
Wisconsin Community Services, Inc.	Amendment	\$463,140	\$627,000	\$1,090,140	\$1,090,140
<b>Total</b>		\$996,474	\$1,663,799	\$11,508,643	\$13,208,965

\*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 29, 2019

**TO:** Thomas Lutzow, Chairman – 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 2019 Fee-for-Service Agreement and 2018 Fee-for-Service Agreement Amendments 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 2019.

**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**

**Allendale Association, Inc. - \$400,000**

The Vendor provides Residential Care for Children and Youth for the Wraparound Milwaukee Program serving children/youth and their families, under an Out of Network Agreement. BHD is requesting an additional \$400,000 for 2019. The total contract amount will be \$480,000 for 2019.

**Anders Developmental & Transitional Home, LLC - \$30,000**

The Vendor provides Group Home Care for Boys for the Wraparound Milwaukee Program serving children/youth and their families, under an Out of Network Agreement. BHD is requesting an additional \$30,000 for 2019. The total contract amount will be \$107,000 for 2019.

**Family Options Counseling, LLC - \$80,000**

The Vendor provides Outpatient Psychotherapy Services for the Wraparound Milwaukee Program serving children/youth and their families. BHD is requesting an additional \$80,000 for 2019. The total contract amount will be \$1,060,000 for 2019.

**Girl's Lovett Home, Inc. - \$200,000**

The Vendor provides Group Home Care for Girls for the Wraparound Milwaukee Program serving children/youth and their families, under an Out of Network Agreement. BHD is requesting an additional \$200,000 for 2019. The total contract amount will be \$299,000 for 2019.

**Home 4 the Heart, Inc. - \$100,000**

The Vendor provides Group Home Care for Girls for the Wraparound Milwaukee Program serving children/youth and their families, under an Out of Network Agreement. BHD is requesting an additional \$100,000 for 2019. The total contract amount will be \$299,000 for 2019.

**House of Love Youth Homes, Inc. - \$200,000**

The Vendor provides Group Home Care for Girls for the Wraparound Milwaukee Program serving children/youth and their families, under an Out of Network Agreement. BHD is requesting an additional \$200,000 for 2019. The total contract amount will be \$439,058 for 2019.

**Moe's Transitional Living Center (I & II) - \$200,000**

The Vendor provides Group Home Care for Boys for the Wraparound Milwaukee Program serving children/youth and their families, under an Out of Network Agreement. BHD is requesting an additional \$200,000 for 2019. The total contract amount will be \$422,182 for 2019.

**Next Chapter Living Center, Inc. (I & II) - \$200,000**

The Vendor provides Group Home Care for Boys for the Wraparound Milwaukee Program serving children/youth and their families, under an Out of Network Agreement. BHD is requesting an additional \$200,000 for 2019. The total contract amount will be \$330,342 for 2019.

**Tomorrow's Future, LLC - \$150,000**

The Vendor provides Group Home Care for Girls for the Wraparound Milwaukee Program serving children/youth and their families, under an Out of Network Agreement. BHD is requesting an additional \$150,000 for 2019. The total contract amount will be \$330,000 for 2019.

**Wisconsin Community Services, Inc. - \$350,000**

The Vendor was selected through the RFI Process to run the Outpatient Plus program for BHD, which is a new program to the CARS network. Outpatient Plus services are designed to meet the substance abuse treatment needs of uninsured and underinsured Milwaukee County residents. Combining safe, sober, temporary housing with a clinical level of care, Outpatient Plus allows for a gradual reduction in treatment intensity, degree of structure and support, and allows for increasing independence and responsibility based on the consumers' treatment progress. BHD is requesting \$350,000 for 2019. The total contract amount will be \$350,000 for 2019.

## Fiscal Summary

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

Vendor Name	New/Amendment	2018 Contract Amount	2019 Contract Amount	Total Contract Amount (2018/2019)
Allendale Association, Inc.	Amendment	\$80,000	\$400,000	\$480,000
Anders Developmental & Transitional Home, LLC	Amendment	\$77,000	\$30,000	\$107,000
Family Options Counseling, LLC	Amendment	\$980,000	\$80,000	\$1,060,000
Girl's Lovett Home, Inc.	Amendment	\$99,000	\$200,000	\$299,000
Home 4 the Heart, Inc.	Amendment	\$199,000	\$100,000	\$299,000
House of Love Youth Homes, Inc.	Amendment	\$239,058	\$200,000	\$439,058
Moe's Transitional Living Center	Amendment	\$222,182	\$200,000	\$422,182
Next Chapter Living Center, Inc.	Amendment	\$130,342	\$200,000	\$330,342
Tomorrow's Future, LLC	Amendment	\$180,000	\$150,000	\$330,000
Wisconsin Community Services, Inc.	New	N/A	\$350,000	\$350,000
<b>Total</b>		<b>\$2,206,582</b>	<b>\$1,910,000</b>	<b>\$4,116,582</b>

\*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, 2019

**TO:** Thomas Lutzow, Chairman – 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 Enter into 2019 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, the Milwaukee County Mental Health Board approved the 2019 budget including \$38,786,977 in state grant funding for adult mental health and AODA services. Most of those funds are included in the CY 2019 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 BHD for FY 2019 and how it compares with budgeted amounts. The largest variance to budget is an additional \$1.2m in STR funds to support a new MAT clinic in Milwaukee County and additional services for this population.

**CY 2019 State/County Social Services/Community Program  
Final Revenue Allocation Compared to the 2019 Budget**

	<b>2019 BHD Budget</b>	<b>2019 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	\$801,143	\$685,914	-\$115,229
TANF	\$4,394,595	\$4,394,595	-
AODA Block Grant & Treatment Services	\$2,431,021	\$2,431,021	-
Total State/County Contract Revenue	\$37,743,662	\$37,628,433	-\$115,229
<b>Other Grant Revenues</b>			
IV Drug Treatment Grant	\$510,000	\$510,000	-
STR	\$533,315	\$1,772,537	\$1,239,222
STR II Expansion	-	\$220,000	\$220,000
Subtotal Other Revenues	\$1,043,315	\$2,502,537	\$1,459,222
<b>Grand Total</b>	<b>\$38,786,977</b>	<b>\$40,130,970</b>	<b>\$1,343,993</b>

**Recommendation**

It is recommended that the Mental Health Board authorize the Director, Department of Health and Human Services, to execute the 2019 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 2019 Social Services and Community Programs contracts provide total revenue of \$40,130,970.




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Mary Jo Meyers, Director  
Department of Health and Human Services

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

**DATE:** January 23, 2019

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

**FROM:** M. Tanja Zincke, MD, Vice-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**

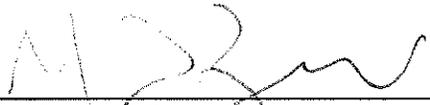
From the President of the Medical Staff Organization and Chair of the Medical Executive Committee presenting recommendations for appointments and/or privileges. Full details are attached specific to items A through C<sup>1</sup>:

- 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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M. Tanja Zincke, MD  
Vice-President, BHD Medical Staff Organization

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

**Attachments**

1 Medical Staff Credentialing Report & Medical Executive Committee Recommendations

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  
GOVERNING BODY REPORT  
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS  
JANUARY-FEBRUARY 2019**

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 16, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 16, 2019	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Samantha Lavarda, PsyD	General Psychology- Adult & Child/Adolescent	Associate/ Provisional		Drs. Kuehl & Moiso recommend appointment & privileges, as requested.	Committee recommends 2-year appointment and privileges for General Psychology-Adult, subject to a minimum provisional period of 6 months.  <i>(Committee shall consider request for Child/Adolescent privileges pending receipt of supporting documentation)</i>	Recommends appointment and privileging as per C&PR Committee.	
ALLIED HEALTH							
NONE THIS PERIOD							

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 16, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 16, 2019	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Jeffrey Anders, MD	General Psychiatry	Affiliate / Full		Dr. Zincke 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 Holcomb, MD	Psychiatric Officer & Medical Officer of the Day	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.	
Ibrahim Khaja, 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.	
Justin Kuehl, PsyD	General Adult Psychology; Extended Psychology-AAI	Associate / Full		Drs. Dykstra & Schneider recommend 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.	
Reena Kumar, DO	General Psychiatry	Active / Full*		Dr. Thrasher recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years.  <i>* Privileges amended effective 9/1/18 and subject to the 6 month minimum provisional period, which completes at this time—see recommendation under Provisional Status Change Review</i>	Recommends reappointment and privileging as per C&PR Committee.	
Sally Lohs, MD	Psychiatric Officer & Medical Officer of the Day	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.	

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 16, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 16, 2019	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Megan McClymonds, MD	General Psychiatry; Child Psychiatry	Active / Full		Dr. Moisio 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.	
Shane Moisio, MD	General Psychiatry; Child Psychiatry	Active / Full		Dr. Schneider 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.	
Julie Owen, 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.	
Jaquaye Russell, PhD	General Adult Psychology; Child Psychology	Associate / Full		Drs. Kuehl & Moisio recommend 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.	
Suraj Singh, MD	General Psychiatry	Active / Full		Dr. Zinke recommends reappointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years.	Recommends reappointment and privileging as per C&PR Committee.	
<b>ALLIED HEALTH</b>							
Denise Matel-Anderson, MSN	Advanced Practice Nursing-Adult Health	Allied Health / Full		Dr. Puls recommends privileges, as requested	Committee recommends privileges, as requested, for 2 years. No changes.	Recommends privileging as per C&PR Committee.	
Tamara Perryman, MSN	Advanced Practice Nursing-Family Practice	Allied Health / Full		Dr. Puls recommends privileges, as requested	Committee recommends privileges, as requested, for 2 years. No changes.	Recommends privileging as per C&PR Committee.	

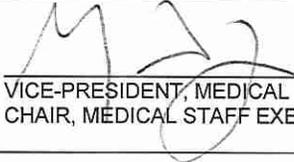
PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	RECOMMENDED CATEGORY/ STATUS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 16, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 16, 2019	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
<i>The following applicants are completing the required six month minimum provisional period, as required for all initial appointment and/or new privileges.</i>							
<b>MEDICAL STAFF</b>							
Reena Kumar, DO	General Psychiatry	Affiliate/ Provisional	Affiliate / Full	Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full in conjunction with reappointment recommendation.	Recommends privileging status change, as per C&PR Committee.	
Emilie Padfield, MD	General Psychiatry	Affiliate/ Provisional	Affiliate / Full	Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full in conjunction with reappointment recommendation.	Recommends privileging status change, as per C&PR Committee.	
Rebecca Radue, MD	General Psychiatry	Affiliate/ Provisional	Affiliate / Full	Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full in conjunction with reappointment recommendation.	Recommends privileging status change, as per C&PR Committee.	
Quan Ta, MD	Psychiatric Officer and Medical Officer of the Day	Affiliate/ Provisional	Affiliate / Full	Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full in conjunction with reappointment recommendation.	Recommends privileging status change, as per C&PR Committee.	
Jennifer Zaspel, MD	General Psychiatry	Affiliate/ Provisional	Affiliate / Full	Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full in conjunction with reappointment recommendation.	Recommends privileging status change, as per C&PR Committee.	
<b>ALLIED HEALTH</b>							
Yorbalica Martin-Thomas, MSN	Advanced Practice Nursing-Family Practice	Allied Health / Provisional	Allied Health / Full	Dr. Puls recommends privileges, as requested	Committee recommends privileges, as requested, for 2 years. No changes.	Recommends privileging as per C&PR Committee.	
Maryan Torres, MSN	Advanced Practice Nursing-Psych/MH	Allied Health / Provisional	Allied Health / Full	Dr. Moisio recommends privileges, as requested	Committee recommends privileges, as requested, for 2 years. No changes.	Recommends privileging as per C&PR Committee.	

AMENDMENTS / CHANGE IN STATUS	CURRENT PRIVILEGE GROUP(S) OR APPOINTMENT CATEGORY	RECOMMENDED CHANGE	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE JANUARY 16, 2019	MEDICAL STAFF EXECUTIVE COMMITTEE JANUARY 16, 2019	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
NONE THIS PERIOD						


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

DATE

1/23/2019


  
 VICE-PRESIDENT, MEDICAL STAFF ORGANIZATION  
 CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

DATE

1/23/19

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 28, 2019

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

**DATE:** January 23, 2019  
**TO:** Thomas Lutzow, Chairperson, Milwaukee County Mental Health Board  
**FROM:** Shane V. Moisis, 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 Changes to the Behavioral Health Division Medical Staff Organization Rules and Regulations

**Background**

Under Wisconsin and Federal regulatory requirements, the Medical Staff Organization must develop and adopt Bylaws, Rules and Regulations. After adoption or amendment by the Medical Staff Organization, it is also required that these governing documents, and any changes thereto, be presented to the Governing Authority for action. All Bylaws and Rules and Regulations amendments become effective only upon Governing Authority approval. In accordance with Joint Commission standard MS.01.01.03 and CMS CoP §482.12(a)(4), neither the organized medical staff or the governing body may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. As is permitted, the Bylaws grant authority to the Medical Staff Executive Committee (MEC) to adopt rules and regulations on behalf of the Medical Staff Organization, with appropriate advance notification to medical staff members. The required advance notification regarding amendments contained herein was provided on December 17, 2018 prior to approval by the MEC.

**Discussion**

The following Rules and Regulation change was proposed and approved by the Medical Executive Committee:

<b>SCOPE &amp; REASON FOR CHANGE</b>
<p>Regulatory language added on recommendation of the Centers for Medicare and Medicaid Services (CMS) in conformance with COBRA/EMTALA requirements. Presently included in BHD policies/procedures but not within the Medical Staff Rules and Regulations:</p> <p><b>2.5.3 <u>Psychiatric Crisis Service – The patient’s record shall contain:</u></b></p> <p><b>2.5.3.1 <u>in compliance with provisions of COBRA/EMTALA, a medical screen/evaluation performed by the PCS physician on all patients entering PCS to identify acute medical problems and emergency medical conditions (EMC). The screen shall include, but not be limited to, current and past medical history, critical review of medical clearance at the referring institution, general physical condition, vital signs, level of consciousness,</u></b></p>

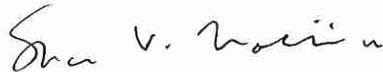
ambulation, coordination, assessment of toxidromes, visual inspection of the head, eyes, body, and limbs, and utilization of available lab tests (e.g., glucometer, pulse oximeter, breathalyzer, urine drug assay), as appropriate. This medical screen shall be documented in the Medical Screening section of the Crisis Service Assessment. When an acute medical problem (non-psychiatric emergency medical condition) is suspected or identified, the patient will be referred to the most appropriate medical emergency department on an emergency basis.

*All MEC approved amendments are attached. Full copy of the Rules and Regulations redline document shall be available at the Board meeting or in advance upon request should there be any questions regarding changes.*

### **Recommendation**

It is recommended that the Milwaukee County Mental Health Board approve the Rules and Regulations, as amended and adopted by the Medical Staff Executive Committee, on behalf of the Medical Staff Organization on January 16, 2019.

Respectfully Submitted,



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

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

### **Attachment**

1 BHD Medical Staff Organization Rules and Regulations – MEC Approved Amendments

2.5.2.2.5.4.2 a medical history and physical examination, as per Medical Staff policies and procedures (see Bylaws 3.9.1 for content requirements), shall be completed within 24 hours of admission (including all patients who are readmitted within 30 days of previous admission date\*) for all patients who permit and as soon as possible for all others;

2.5.2.2.5.4.2.1 For patients whose length of stay approaches one (1) year, a new history and physical exam shall be scheduled and performed with subsequent exams performed annually thereafter, for as long as the patient remains under inpatient care;

2.5.2.2.5.4.2.2 if a physical examination was completed within 30 days of the patient's admission (or readmission), an update examination to document any changes in patient's condition is required within 24 hours of admission or re-admission. If the examining practitioner finds no change in the patient's condition since the history and physical was completed, s/he shall indicate in the patient's record that the H&P was reviewed, the patient was examined, and that "no change" has occurred in the patient's condition, since the H&P was completed. However, any noted changes in the patient's condition must be documented in an update note and placed in the patient's record within 24 hours of admission [per BHS 124.34(3)(f)(2) and CMS 482.22(e)(5)(iii); also see Bylaws, 3.9.1];

2.5.2.2.5.4.2.3 medical histories and physical exams completed by another hospital/healthcare facility may be accepted if completed less than 30 days prior to the patient's admission but shall require an addendum as verification that all BHD medical history/physical exam requirements are included and to document any change in condition, since the date of the exam.

2.5.2.2.5.4.3 diagnostic studies - diagnostic studies shall be ordered as appropriate to each patient's medical need. Exceptions shall be specified on the order sheet or progress notes by the admitting physician or designee;

2.5.2.2.5.4.4 medical orders shall be entered into the EMR;

2.5.2.2.5.4.5 special reports - when appropriate, patient record shall contain the results of consultations, special diagnostics, etc.

2.5.2.2.5.5 Discharge Documentation.

2.5.2 All Programs - The patients' records shall contain:

2.5.2.1 identification data;

2.5.2.2 intake/initial assessment or evaluation, including mental status exam;

2.5.2.3 physical assessment and reports of other diagnostic procedures and examinations, as indicated;

2.5.2.4 diagnostic formulation and diagnosis(es); multidisciplinary assessments, as indicated; treatment plan, clinical interventions and progress recording, in accordance with current Treatment Plan Guidelines;

2.5.2.5 evidence of appropriate informed consent, when necessary;

2.5.2.6 diagnostic/therapeutic orders;

2.5.2.7 evidence of timely and comprehensive aftercare planning; and

2.5.2.8 conclusions at termination of hospitalization or evaluation/ treatment.

2.5.3 Psychiatric Crisis Service - The patient's record shall contain:

2.5.3.1 in compliance with provisions of COBRA/EMTALA, a medical screen/evaluation performed by the PCS physician on all patients entering PCS to identify acute medical problems and emergency medical conditions (EMC). The screen shall include, but not be limited to, current and past medical history, critical review of medical clearance at the referring institution, general physical condition, vital signs, level of consciousness, ambulation, coordination, assessment of toxidromes, visual inspection of the head, eyes, body, and limbs, and utilization of available lab tests (e.g., glucometer, pulse oximeter, breathalyzer, urine drug assay), as appropriate. This medical screen shall be documented in the Medical Screening section of the Crisis Service Assessment. When an acute medical problem (non-psychiatric emergency medical condition) is suspected or identified, the patient will be referred to the most appropriate medical emergency department on an emergency basis.

2.5.3.2 Inpatient Programs - The patient's record shall contain:

2.5.3.2.1 a psychiatric evaluation including an initial plan of treatment, mental status examination, diagnosis, and estimated length of stay, shall be completed and documented within 24 hours after admission of the patient;

2.5.4.12.5.5.1 Patients shall be discharged only on a given order of the discharging physician.

2.5.4.22.5.5.2 discharge summary - required on all patients hospitalized. All discharge summaries shall be completed within 14 days. It shall include the final primary and secondary psychiatric diagnoses, and physical diagnoses according to the current DSM nomenclature and format. All diagnoses are to be recorded in full, without abbreviations, using acceptable diagnostic nomenclature. The summary shall include the reason for hospitalization; assessment (mental status); physical findings; allergies; lab/diagnostic findings; radiology findings and any other procedures performed; care, service, treatment course and results; final assessment, including observations and understanding of the patient's condition initially, during treatment, and at discharge; type of separation; discharge medications; continuing care plan; special risks and treatment considerations; dietary and activity restrictions; and patient/family education. In the event of patient death, the discharge summary must include the events leading to the death;

2.5.4.22.5.5.3 when an autopsy is performed and report is available, provisional anatomic diagnoses are recorded in the medical record, as per guidelines of the Medical Examiner's Office and/or the agency performing the autopsy. The Medical Records Director or designee upon receiving an autopsy report shall enter it into the medical record and notify the Chief Medical Officer or designee.

## 2.6 AUTHENTICATION

2.6.1 All entries in the record shall be accurately dated, timed and authenticated by authorized health care personnel.

2.6.2 The professional degree of the author shall be indicated on all entries.

2.6.3 Medical Staff and Allied Health Professionals shall authenticate by signature/initials and professional degree the following reports, as applicable:

2.6.3.1 all acute inpatient and crisis observation service verbal and telephone orders shall be counter-signed, dated and timed within 48 hours by the authorized member of the Medical Staff that originated the order (requested variance to DHS 224-12(6)(b)11 approved 09/04/2012 per letter from DHS dated 10/02/2012);

2.6.3.2 Physical Examination, diagnostic reports, and/or Health History Profile;