

Chairperson: Kimberly Walker
Vice-Chairman: Peter Carlson
Secretary: Dr. Robert Chayer
Senior Executive Assistant: Jodi Mapp, 257-5202

MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, April 23, 2015 - 8:00 A.M.
Milwaukee County Mental Health Complex Auditorium

MINUTES

PRESENT: *Peter Carlson, Robert Chayer, Ronald Diamond, Rochelle Landingham, Thomas Lutzow, Lyn Malofsky, *Mary Neubauer, Maria Perez, Duncan Shrout, Kimberly Walker, and Brenda Wesley

EXCUSED: Jon Lehmann and Jeffrey Miller

*Board Members Carlson and Neubauer were not present at the time the roll was called but appeared shortly thereafter.

SCHEDULED ITEMS:

1.	<p>Approval of the Minutes from the February 26, 2015, Milwaukee County Mental Health Board Meeting.</p> <p>The minutes from the February 26, 2015, meeting were reviewed.</p> <p>MOTION BY: (Shrout) Approve the minutes from the February 26, 2015, Milwaukee County Mental Health Board meeting. 8-0</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Chayer, Landingham, Lutzow, Malofsky, Perez, Shrout, Walker, and Wesley - 8</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: Carlson and Neubauer – 2</p> <p style="text-align: center;">A voice vote was taken on this item.</p>
2.	<p>State Audit Briefing and 2015 – 2017 Governor’s Proposed Budget’s Impact on the Behavioral Health Division’s Programs and Services.</p> <p>APPEARANCES: Tom Engels, Deputy Secretary, Wisconsin Department of Health Services (DHS) Patrick Cork, Administrator, Division of Mental Health and Substance Abuse Services, DHS Hector Colon, Director, Milwaukee County Department of Health and Human Services</p>

SCHEDULED ITEMS (CONTINUED):

	<p>The State presented its report, which recommended changes to mental health service delivery in Milwaukee County. A brief overview was given of the Act 203 Audit conducted on Operational and Programmatic, Inpatient and Crisis, and Community Based Services.</p> <p>Changes were recommended in the areas of Emergency Detention, Crisis Assessment, Community Programs, and reforms to reduce inpatient stays.</p> <p>The report on the Governor's proposed budget explained its impact on emergency detentions, Badger Care for childless adults, disproportionate share hospital payments, State mental health allocation, Institution for Mental Disease (IMD) and community placement funding, residential substance abuse services, and family care.</p> <p>Questions and comments ensued.</p> <p><i>The Board took no action regarding this informational item.</i></p>
3.	<p>Contract Approval.</p> <ul style="list-style-type: none">• 2015 Community Advocates Purchase of Service Contract Supported by Prevention Funds from the Bureau of Milwaukee Child Welfare• 2015 Community Advocates Purchase of Service Contract Amendment Inclusive of 2014 Unspent Funds from the Partnership for Success Grant• 2015 Genesis Behavioral Health Purchase of Service Contract <p>APPEARANCE: Amy Lorenz, Director, Community Access to Recovery Services, Behavioral Health Division, Department of Health and Human Services</p> <p>Chairwoman Walker explained the new contract agenda item format and process the Board will adhere to.</p> <p>Ms. Lorenz provided an overview of the contracts and services covered.</p> <p>MOTION BY: (Lutzow) Approve the 2015 Community Advocates Purchase of Service Contract Supported by Prevention Funds from the Bureau of Milwaukee Child Welfare. 8-0-2</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Carlson, Chayer, Landingham, Lutzow, Malofsky, Perez, Shrout, and Wesley - 8</p> <p>NOES: 0</p> <p>ABSTENTIONS: Neubauer and Walker - 2</p> <p>EXCUSED: 0</p>

SCHEDULED ITEMS (CONTINUED):

	<p>MOTION BY: (Lutzow) Approve the 2015 Community Advocates Purchase of Service Contract Amendment Inclusive of 2014 Unspent Funds from the Partnership for Success Grant. 8-0-2</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Carlson, Chayer, Landingham, Lutzow, Malofsky, Perez, Shrout, and Wesley - 8</p> <p>NOES: 0</p> <p>ABSTENTIONS: Neubauer and Walker - 2</p> <p>EXCUSED: 0</p> <p>MOTION BY: (Lutzow) Approve the 2015 Genesis Behavioral Health Purchase of Service Contract. 10-0</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Carlson, Chayer, Landingham, Lutzow, Malofsky, Neubauer, Perez, Shrout, Walker, and Wesley - 10</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: 0</p> <p style="text-align: center;">A voice vote was taken on this item.</p>
4.	<p>Behavioral Health Division Annual Risk Management Report.</p> <p>APPEARANCES: Amy Pechacek, Director, Risk Management Division, Department of Administrative Services (DAS) Paul Schwegel, Claims and Safety Manager, Risk Management Division, DAS Patricia Schroeder, Administrator, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS) Amy Lorenz, Director, Community Access to Recovery Services, BHD, DHHS Dr. John Schneider, Chief Medical Officer, BHD, DHHS</p> <p>Ms. Pechacek presented a five-year analysis and recommendations for BHD's workers' compensation claims and current Family Medical Leave Act (FML) usage. She reviewed claim frequency, the claim financial summary, claim severity, top claim accident types, and monthly claim distribution by occurrence.</p> <p>Mr. Schwegel explained the Experience Modification Factor.</p> <p>Ms. Pechacek continued discussions describing loss control initiatives, FML and its impact, and what can be done moving forward.</p> <p>Questions and comments ensued.</p> <p>The Board took no action regarding this informational item.</p>

SCHEDULED ITEMS (CONTINUED):

5.	<p>Medical Staff Rules and Regulations Amendment.</p> <p>APPEARANCE: Dr. Clarence Chou, Medical Staff President, Behavioral Health Division, Department of Health and Human Services</p> <p>Dr. Chou provided a summary of notable changes proposed to the Medical Staff Organization Rules and Regulations.</p> <p>MOTION BY: (Chayer) <i>Approve the Medical Staff Rules and Regulations Amendment. 10-0</i></p> <p>MOTION 2ND BY: (Neubauer)</p> <p>AYES: Carlson, Chayer, Landingham, Lutzow, Malofsky, Neubauer, Perez, Shroul, Walker, and Wesley - 10</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: 0</p> <p style="text-align: center;">A voice vote was taken on this item.</p>
6.	<p>New Behavioral Health Division Facility Administrative Committee Update.</p> <p>APPEARANCES: Hector Colon, Director, Department of Health and Human Services (DHHS) Teig Whaley-Smith, Director, Department of Administrative Services Patricia Schroeder, Administrator, Behavioral Health Division, DHHS Colleen Foley, Deputy, Corporation Counsel</p> <p>Mr. Colon opened this item up for discussion by emphasizing the importance of the work performed by the New Behavioral Health Division (BHD) Facility Administrative Committee.</p> <p>Mr. Whaley-Smith stated the BHD facility project planning process is a mix of the fiscal analysis and comparing it to alternate models of facilities, in order to make a decision regarding the appropriate size and scope. This includes a space program, which identifies those models for comparison purposes. The fiscal impact and programming statement will lead into an implementation plan. He reminded the Board that this project is still in the study phase, and reviewed the timeline.</p> <p>Ms. Schroeder informed the Board that the current BHD facility is a Milwaukee County facility, owned and governed by Milwaukee County. The Mental Health Board and BHD have no capital reserves or bonding authority to finance a building. While options continue to be explored, one very solid possibility is to have someone other than Milwaukee County plan, build, and operate a facility. Options also need to be explored regarding operations, particularly of acute facilities and whether or not those should continue to be provided by Milwaukee County.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>Questions and comments ensued regarding the exploration of the Request for Proposals process.</p> <p>Vice-Chair Carlson recommended that a list of RFP requirements/options be put together for the Board's review.</p> <p>MOTION BY: <i>(Perez) Authorize the Administration to proceed with a Request for Proposals for a new facility.</i></p> <p>MOTION 2ND BY: <i>(Neubauer)</i></p> <p style="text-align: center;">No vote was taken on the above motion.</p> <p>Board Member Lutzow requested the motion be amended. There being no objections by Board Members, the motion was amended as follows:</p> <p>MOTION BY: <i>(Lutzow) Authorize the Administration to proceed with the Request for Proposals (RFP) process for a new facility with the assistance of the New Behavioral Health Division Facility Administrative Committee in formulating and approval of the RFP language and requirements prior to Board review and approval.</i></p> <p>MOTION 2ND BY: <i>(Shrout)</i></p> <p>AYES: Chayer, Landingham, Lutzow, Malofsky, Neubauer, Perez, Shrout, Walker, and Wesley - 9</p> <p>NOES: Carlson - 1</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: 0</p> <p style="text-align: center;">A voice vote was taken on this item.</p> <p style="text-align: center;">The Board took a break after Item 6 at 10:25 a.m. and reconvened at approximately 10:40 a.m. The roll was taken and all Board Members were present.</p>
7.	<p>Eliminating Chronic Homelessness.</p> <p>APPEARANCES: Hector Colon, Director, Department of Health and Human Services (DHHS) Eric Collins, Community Intervention Specialist, Housing Division, DHHS</p> <p>Mr. Colon provided a brief overview of the vision and plan to eliminate chronic homelessness in Milwaukee County. The Behavioral Health Division plays a big role in that 70% of this population has mental health issues and 50% have Alcohol and Other Drug Abuse issues. This initiative is in line with the vision of moving toward a community-based system of care. Mr. Colon discussed successful Housing First models in place in New York and Denver, how the Housing Division applied for a Housing and Urban Development (HUD) Grant for this initiative, and program sustainability.</p>

SCHEDULED ITEMS (CONTINUED):

	<p>Mr. Collins reviewed the report by elaborating further on the Housing First initiative, Milwaukee County's plan to eliminate chronic homelessness, the Homeless Preference in Section 8, projected increase in the Housing Division's Continuum of Care Rental Assistance (My Home) funding, short-term rental assistance, redesign of the Pathways to Permanent Housing model, creation of a new permanent supportive housing using Housing First, and additional staffing.</p> <p>Questions and comments ensued.</p> <p>MOTION BY: (Neubauer) <i>Approve the Transfer of 2015 Funds to the Housing Division to Support Milwaukee County's Plan to Eliminate Chronic Homelessness. 10-0</i></p> <p>MOTION 2ND BY: (Shrout)</p> <p>AYES: Carlson, Chayer, Landingham, Lutzow, Malofsky, Neubauer, Perez, Shrout, Walker, and Wesley - 10</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: 0</p> <p style="text-align: center;">A voice vote was taken on this item.</p>
8.	<p>Administrative Update.</p> <p>APPEARANCES: Patricia Schroeder, Administrator, Behavioral Health Division, Department of Health and Human Services(DHHS) Colleen Foley, Deputy, Corporation Counsel Hector Colon, Director, DHHS</p> <p>Ms. Schroeder provided highlights of key activities and/or issues related to Behavioral Health Division (BHD) operations. She discussed a leadership transition, employee engagement, temporary bed hold in Acute Services, the pharmacy contract, closure of Long-Term Care, Southside Community Support Programs closure and transition, and salary and compensation at BHD.</p> <p>Questions and comments ensued.</p> <p>MOTION BY: (Shrout) <i>Designate Approval Authority Over All Salaries and Personnel Policies to the Behavioral Health Division Administrator, Director of the Department of Health and Human Services, and the County Executive. 4-4-2</i></p> <p>MOTION 2ND BY: (Carlson)</p> <p>AYES: Carlson, Chayer, Shrout, and Walker - 4</p> <p>NOES: Landingham, Malofsky, Neubauer, and Perez - 4</p> <p>ABSTENTIONS: Lutzow and Wesley - 2</p> <p>EXCUSED: 0</p>

SCHEDULED ITEMS (CONTINUED):

	<p>Due to clerical error in announcement of the vote (6-4-2), which indicated approval of the item, there was no objection to reconsideration of the item. Reconsideration occurred after Item 9.</p> <p>MOTION BY: (Shrout) Designate Approval Authority Over All Salaries and Personnel Policies to the Behavioral Health Division Administrator, Director of the Department of Health and Human Services, and the County Executive. 5-5</p> <p>MOTION 2ND BY: (Carlson)</p> <p>AYES: Carlson, Chayer, Lutzow Shrout, and Walker - 5</p> <p>NOES: Landingham, Malofsky, Neubauer, Perez, and Wesley - 5</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: 0</p> <p>A voice vote was taken on this item. Due to a tie vote, deferral was made to Corporation Counsel as to whether the motion was approved or failed.</p> <p>Ms. Foley confirmed a tie vote means an item fails. She did indicate the salary portion of this item was still before the Board for consideration.</p> <p>MOTION BY: (Shrout) Approve 2015 Behavioral Health Division Pay Increases Inclusive of Job Evaluation and Cost of Living Compensation Changes. 10-0</p> <p>MOTION 2ND BY: (Perez)</p> <p>AYES: Carlson, Chayer, Landingham, Lutzow, Malofsky, Neubauer, Perez, Shrout, Walker, and Wesley - 10</p> <p>NOES: 0</p> <p>ABSTENTIONS: 0</p> <p>EXCUSED: 0</p> <p>A voice vote was taken on this item.</p>
9.	<p>Overview of Community Services.</p> <p>APPEARANCE: Amy Lorenz, Director, Community Access to Recovery Services (CARS), Behavioral Health Division, Department of Health and Human Services</p> <p>Ms. Lorenz presented the overview highlighting the area of mental health, which includes outpatient (indigent care), the Care Coordination Team, Targeted Case Management, Community Recovery Services, Comprehensive Community Services, Community Support Programs, Day Treatment, and community-based residential facilities. She discussed substance use detailing outpatient, recovery support services, recovery support coordination, Day Treatment, medication assisted treatment, residential, and detoxification. Ms. Lorenz concluded her overview with information on crisis services discussing the crisis line, Access Clinics and mental health outpatient services, the</p>

SCHEDULED ITEMS (CONTINUED):

	<p>Community Linkages and Stabilization Program, Community Consultation Team, Crisis Mobile Team, Crisis Assessment Response Team, crisis stabilization houses, and Crisis Resource Centers.</p> <p>Questions and comments ensued.</p> <p><i>The Board took no action regarding this informational item.</i></p>
10.	<p>Early Intervention Program for First Episode Psychosis.</p> <p>APPEARANCE: Bruce Kamradt, Director, Wraparound Milwaukee, Behavioral Health Division, Department of Health and Human Services</p> <p>The report presented by Mr. Kamradt provided information on the Coordinated Specialty Care Team, target population, outreach/engagement and key roles, team training, program elements and philosophy, funding, and the implementation timetable.</p> <p>Questions and comments ensued.</p> <p><i>The Board took no action regarding this informational item.</i></p>
11.	<p>Mobile Urgent Trauma Response Team Program.</p> <p>APPEARANCE: Bruce Kamradt, Director, Wraparound Milwaukee, Behavioral Health Division (BHD), Department of Health and Human Services</p> <p>Mr. Kamradt stated BHD's Wraparound Milwaukee Program has proposed to develop a model and explained the components of the model. He discussed the pilot site, Trauma Team, funding, and the implementation timetable.</p> <p>Questions and comments ensued.</p> <p><i>The Board took no action regarding this informational item.</i></p>
12.	<p>ACT 203 Annual Report on Funding Allocation for Mental Health Functions, Services, and Programs.</p> <p>APPEARANCES: Jennifer Bergersen, Chief Clinical Officer, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS) Amy Lorenz, Director, Community Access to Recovery Services, BHD, DHHS</p> <p>Ms. Bergersen indicated the ultimate goal is to focus on quality, as well as workforce development. Improvements are being put in place regarding staffing and scheduling</p>

SCHEDULED ITEMS (CONTINUED):

	<p>related to the Electronic Health Record, as well as improvements in the pharmacy area. She also relayed to the Board that BHD is developing and partnering with community partners and advocates in the creation of a Family Advisory Council to provide additional support for patients and their families.</p> <p><i>The Board took no action regarding this informational item.</i></p>
13.	<p>Financial Report (2014 Year-End Results).</p> <p>APPEARANCE: Randy Oleszak, Fiscal Administrator, Behavioral Health Division, Department of Health and Human Services</p> <p>Mr. Oleszak detailed the key fiscal items outlined in the report, which include 2014 Results–Actual/Budget, 2014 Results-Budget Variances, 2014 Budget Surplus Allocation, and 2014 Surplus Drivers.</p> <p>Questions and comments ensued.</p> <p><i>The Board took no action regarding this informational item.</i></p>
14.	<p>Chairperson’s Report.</p> <p>APPEARANCE: Randy Oleszak, Fiscal Administrator, Behavioral Health Division (BHD), Department of Health and Human Services (DHHS)</p> <p>The Chairwoman explained this is a new recurring item that will appear on every agenda, when needed, and is a vehicle by which the Board’s concerns, comments, and questions on important topics can be addressed.</p> <p>Per the Chairwoman’s request, Mr. Oleszak provided an explanation of the Board timeline for the BHD Budget review and process.</p> <p>Topics addressed by the Board include time and location of meetings that are scheduled for public input; expanding the notice given for Board and committee meetings to the Journal Sentinel, community newspapers, and community partners; public email addresses for Board members; new agenda format for contracts, which is requested to now contain performance and outcome measurements; and provide employee survey results, as well as the designation of three employees including the nurses’ union for the Employee Engagement Committee.</p> <p>Questions and comments ensued.</p> <p><i>The Board took no action regarding this informational item.</i></p>

SCHEDULED ITEMS (CONTINUED):

15. Adjournment.

MOTION BY: (Neubauer) Adjourn. 10-0
MOTION 2ND BY: (Malofsky)
AYES: Carlson, Chayer, Landingham, Lutzow, Malofsky, Neubauer, Perez, ShROUT, Walker, and Wesley - 10
NOES: 0
ABSTENTIONS: 0
EXCUSED: 0

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: 8:02 a.m. to 1:23 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, June 25, 2015 @ 8:00 a.m.**

The April 23, 2015, meeting minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled meeting of the Milwaukee County Mental Health Board.



Dr. Robert Chayer, Secretary
Milwaukee County Mental Health Board

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
QUALITY COMMITTEE**

Monday, May 4, 2015 - 10:00 A.M.
Milwaukee County Mental Health Complex
9201 Building, Conference Room 413 (Near Auditorium)

MINUTES

SCHEDULED ITEMS:

1.	<p>Announcements.</p> <p>Carin Croker was introduced as the new Chief Quality Officer for the Behavioral Health Division. An overview of her experience and background in the quality field was provided. Ms. Croker's focus will be quality and performance metrics for services and programs as well as for the budget, contracts, the strategic plan, and the overall organization.</p>
2.	<p>Progress Toward BHD Quality Plan.</p> <p>Quality improvement initiatives were reviewed. Updates were provided on developing a best practice of Suicide Assessment and Prevention interventions in support of the Zero Suicide in Health and Behavioral Health Care, which is a goal of the National Action Alliance, and the development and implementation integration of pharmacy, electronic health record, and staff practice for a modernized state-of-the-art medication management policy and procedure.</p>
3.	<p>Proposed Quality Reporting Structure.</p> <p>The initial quality plan identified a review and revision of the Quality Compliance and Patient Safety Council at the Behavioral Health Division (BHD). It did not include the Mental Health Board Quality Committee since it had not been formed. BHD is currently in the process of organizing quality structure inclusive of various reporting data, some of which require medical staff review and authority. There will be a realignment of the BHD Quality, Compliance, and Safety Council to include members of the Executive Committee. That Council would then, in turn, report to the Quality Committee.</p> <p>The establishment of a Family Advisory Council was discussed.</p>
4.	<p>Quality Metrics Presentations Wraparound Milwaukee.</p> <ul style="list-style-type: none">a. Service Utilization, Satisfaction, Outcomes, Benchmarks, etc.b. Improvement Activities Underway

SCHEDULED ITEMS (CONTINUED):

	<p>An overview of the Wraparound Milwaukee Quality Program was provided by Pam Erdman. Wraparound Milwaukee is a unique Managed Care Organization that serves youth with serious emotional, behavioral, and mental health needs and their families. Clients are usually referred from Delinquency and Court Services and the Bureau of Milwaukee Child Welfare. Enrollment has been expanded through the REACH Program, which differs from Wraparound Milwaukee in that the youth are not under a Court Order. Highlights in the areas of population served, outcome indicators, permanency issues, school attendance benchmarks, family satisfaction, provider network, and out-of-home surveys were provided.</p>
5.	<p>Updates on Community Support Programs, Hilltop, and Central Transitions.</p> <p>Discussion was held regarding the successful transition of clients as a result of the closures of the downtown and south side Community Support Programs. Information related to data tracking of this population in the community was provided.</p>
6.	<p>Joint Commission Update.</p> <p>A Joint Commission mock survey is tentatively scheduled for August 18, 19, and 20, with a goal to continue the organization's commitment to quality and ensuring the best standards. A team has been put in place to assess the results of the upcoming August mock survey and to compare those results to last year's mock survey. Initiatives are underway to identify quality ambassadors and tracers to demonstrate competence across all areas. The mock survey will include a facility life safety. These mechanisms will allow for the evaluation and elevation of standards.</p>
7.	<p>Closed Session Recommendations.</p> <p>There is a requirement to maintain quality improvement protections through state and federal statute related to peer review and/or peer review-like activities of reporting out aggregate data or individual data. This should be done in closed session due to the information's non-public availability.</p>
8.	<p>Future Meeting Dates:</p> <ul style="list-style-type: none">• July 6, 2015, at 10:00 a.m.• September 14, 2015, at 10:00 a.m.• November 2, 2015, 10:00a.m. <p>Adjourn to the next regularly scheduled meeting on July 6, 2015, at 10:00 a.m.</p>

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: 10:02 a.m. to 11:18 a.m.

Adjourned,

Jodi Mapp

Senior Executive Assistant
Milwaukee County Mental Health Board

Chairperson: Peter Carlson
Senior Executive Assistant: Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
FINANCE COMMITTEE**

Thursday, May 21, 2015 – 1:30 P.M.
Milwaukee County Mental Health Complex
Conference Room 1045

MINUTES

PRESENT: Peter Carlson, Jon Lehrmann, Thomas Lutzow, Randy Oleszak, and Maria Perez

SCHEDULED ITEMS:

1. 2016 Budget.

APPEARANCE:

Randy Oleszak, Fiscal Administrator, Behavioral Health Division (BHD)

- A. Cost to Continue
- B. Assumptions, Initiatives, and Open Items
- C. First Pass Results

The Board timeline for Behavioral Health Division Budget review was presented. The Committee decided that the June 18, 2015, Finance Committee meeting will include public testimony.

Detailed analysis given in the Cost to Continue portion of the report included personnel services; County-wide merit and performance based increases attribute to a \$2.4 starting budget deficit, fringe benefits; both active, which increased by \$2 million, and legacy, which decreased by \$1.6 million.

In addition to the items referenced in the Cost to Continue update, budget assumptions include inpatient services, hospital facility strategy, Central closure, and census, which all should have the same budget impact as 2015.

Budget initiatives include eliminating chronic homelessness, enhanced Crisis and Community Service hub, a post-acute community transition program focused on re-admission prevention, enhanced mobile peer support, expanding access by developing community services hubs, day treatment-comprehensive community services, electronic medical records system, and hospital space consolidation. The cost of each was discussed.

Open budget items explained were enhanced Crisis and Community Service hub, the pharmacy budget, Comprehensive Community Services, retention and recruitment

SCHEDULED ITEMS (CONTINUED):

	<p>strategy, and central allocations cross charge.</p> <p>A breakdown was provided of BHD combined revenue for the hospital, Community Services Branch, and Wrap.</p>
2.	<p>Behavioral Health Division Structure for the Future.</p> <p>APPEARANCE: Patricia Schroeder, Administrator, Behavioral Health Division (BHD)</p> <p>At their April meeting, the Mental Health Board endorsed the development of a Request for Proposals (RFP) to address acute services, as well as a provision for a new facility for the delivery of those services. Planning for the RFP requires further examination of BHD's structure for the future given that community-based, contract oversight, quality measurement, and finance related services need to continue. The plan presented foresees the organization in new locations with oversight, as well as community-based services, back in the community.</p> <p>Various locations, the timeline, and transitions were all discussed.</p>
3.	<p>Salary Adjustment for Equity Issues.</p> <p>APPEARANCE: Mike Blickhan, Compensation HRIS Director, Department of Human Resources</p> <p>Equity adjustments allow for employee experience or time with an organization to be factored into a pay adjustment. This is generally done when new pay ranges have been assigned, which is BHD's case, and helps with both retention and recruitment. Employees in any state of written discipline are not eligible. The formula for equity calculations was discussed. It was recommended that the adjustments be made effective the fourth quarter of 2015.</p>
<p>Length of meeting: 1:37 p.m. to 2:46 p.m.</p> <p>Adjourned,</p> <p>Jodi Mapp Senior Executive Assistant Milwaukee County Mental Health Board</p>	
<p style="text-align: center;">The next meeting of the Milwaukee County Mental Health Board Finance Committee is June 18, 2015, at 1:30 p.m.</p>	

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

DATE: May 27, 2015

TO: Kimberly R. Walker, JD, Chairperson, Milwaukee County Mental Health Board

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

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

Background

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

Discussion

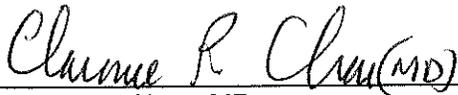
From the President of the Medical Staff and Chair of Credentialing and Privileging Review presenting recommendations for appointments and/or privileges. Full details are attached specific to items A through C¹:

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

Recommendation

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

Respectfully Submitted,



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

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

Attachment

1 Medical Staff Credentialing Report & Medical Executive Committee Recommendations

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
GOVERNING BODY REPORT
MEDICAL STAFF CREDENTIALING REPORT & EXECUTIVE COMMITTEE RECOMMENDATIONS
MAY/JUNE 2015**

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, 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 MAY 7, 2015	MEDICAL STAFF EXECUTIVE COMMITTEE MAY 21, 2015	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Dennis Kozel, MD	General Psychiatry; Child Psychiatry; General Medical Practice	Affiliate/ Provisional		Dr. Moio recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	
Maitrayee Vadali, MD	Tele-Medical Cardiology (EKG & Holter Monitor Interpretation)	Tele-Medicine Consulting/ Provisional	M#	Dr. Puls recommends appointment & privileges, as requested	Committee recommends 2-year appointment and privileges, subject to a minimum provisional period of 6 months	Recommends appointment and privileging as per C&PR Committee.	

REAPPOINTMENT / REPRIVILEGING	PRIVILEGE GROUP(S)	APPT CAT/ PRIV STATUS	NOTATIONS	SERVICE CHIEF(S) RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE MAY 7, 2015	MEDICAL STAFF EXECUTIVE COMMITTEE MAY 21, 2015	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
MEDICAL STAFF							
Nadia Alvi, DO	General Psychiatry; General Medical Practice	Affiliate / Full		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Reono Bertagnolli, MD	Tele-Medical Diagnostic Radiology (X-Ray & Ultrasound Interpretation)	Tele-Medicine Consulting / Full		Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Amelia Brost, PsyD	General Psychology-Adult and Child/Adolescent	Active / Full	MA	Drs. Kuehl and Moio recommend appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years, no changes, contingent on receipt of supervisor reference clarification prior to MEC meeting.	Noted clarification received on 5/8/15. Recommends reappointment and privileging as per C&PR Committee.	
Steven Dykstra, PhD	General Psychology-Adult and Child/Adolescent	Active / Full	MA	Drs. Kuehl and Moio recommend appointment & 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 Hamlin, MD	Psychiatric Officer of the Day; Medical Officer of the Day	Affiliate / Full		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Michael Hinz, MD	Tele-Medical Diagnostic Radiology (X-Ray & Ultrasound Interpretation)	Tele-Medicine Consulting / Full		Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Hemalatha Holenarispura Rajanna, MD	General Psychiatry; General Medical Practice	Active / Full		Drs. Thrasher and Schneider recommend appointment & 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 MAY 7, 2015	MEDICAL STAFF EXECUTIVE COMMITTEE MAY 21, 2015	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Gregory Jurenc, PhD	General Psychology-Adult	Affiliate / Full		Drs. Kuehl and Puls recommend appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Teri Kaczmarek, PsyD	General Psychology-Adult	Active / Full		Drs. Kuehl and Schneider recommend appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Judith Kisicki, MD	General Psychiatry; General Medical Practice	Affiliate / Full		Dr. Khazi recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Annaliese Koller-Shumate, DO	Psychiatric Officer of the Day; Medical Officer of the Day	Affiliate / Full		Dr. Thrasher recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
David Macherey, PsyD	General Psychology-Adult Extended Psychology- Acute Adult Inpatient	Active / Full	M#	Drs. Kuehl and Khazi recommend appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Kevin Murtaugh, MD	General Psychiatry; General Medical Practice	Affiliate / Full	CB	Dr. Khazi recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Christopher Ovide, EdD	General Psychology-Adult Extended Psychology- Acute Adult Inpatient	Active / Full	M#	Drs. Kuehl and Khazi recommend appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Shelly Silfven, PhD	General Psychology-Adult	Active / Full		Drs. Kuehl and Schneider recommend appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
Stephen Sponagle, MD	General Psychiatry; General Medical Practice	Consulting / Full	MA	Dr. Schneider recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years, with change in Appointment from Active to Consulting.	Recommends reappointment and privileging as per C&PR Committee.	
Elliott Wagner, MD	Tele-Medical Diagnostic Radiology (X-Ray & Ultrasound Interpretation)	Tele-Medicine Consulting / Full	M#	Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 6 months. No changes.	Recommends reappointment and privileging as per C&PR Committee.	
ALLIED HEALTH							
Charlene Werner, MSN	Advanced Practice Nurse- Family Practice	Allied Health / Full		Dr. Puls recommends appointment & privileges, as requested	Committee recommends reappointment and privileges, as requested, for 2 years. No changes.	Recommends reappointment and privileging as per C&PR Committee.	

PROVISIONAL STATUS CHANGE REVIEWS	PRIVILEGE GROUP(S)	CURRENT CATEGORY/ STATUS	NOTATIONS	SERVICE CHIEF RECOMMENDATION	CREDENTIALING & PRIVILEGING REVIEW COMMITTEE MAY 7, 2018	MEDICAL STAFF EXECUTIVE COMMITTEE MAY 21, 2015	GOVERNING BODY (COMMENT REQUIRED FOR MODIFICATIONS ONLY)
Amit Bhavan, MD	Psychiatric Officer of the Day; Medical Officer of the Day	Affiliate/ Provisional		Dr. Thrasher recommends full privileges	Committee recommends change in privilege status from provisional to full for remainder of 2-year appointment period.	Recommends appointment and privileging status change, as per C&PR Committee.	

Clarence P. Chen (MD)
 CHAIR, CREDENTIALING AND PRIVILEGING REVIEW COMMITTEE
 (QOR PHYSICIAN COMMITTEE MEMBER DESIGNEE)

5/27/15
 DATE

Clarence P. Chen (MD)
 PRESIDENT, MEDICAL STAFF ORGANIZATION
 CHAIR, MEDICAL STAFF EXECUTIVE COMMITTEE

5/27/15
 DATE

BOARD COMMENTS / MODIFICATIONS / OBJECTIONS TO MEC PRIVILEGING RECOMMENDATIONS:

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

 GOVERNING BOARD CHAIRPERSON

 DATE APPROVED

MEDICAL STAFF GOVERNING DOCUMENTS AND POLICY/ PROCEDURE UPDATES	MEDICAL STAFF ACTION	GOVERNING BODY ACTION
NONE THIS PERIOD.		

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 8, 2015

TO: Kimberly Walker, Chairperson, Milwaukee County Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Patricia Schroeder, Administrator, Behavioral Health Division
Prepared by Amy Lorenz, Deputy Administrator, Community Access to Recovery Services

SUBJECT: Report from the Director, Department Health and Human Services, requesting authorization to enter into a purchase of service contract with Horizon Healthcare, Inc., for operating costs at two community-based residential facilities, not to exceed \$1,098,278.50 for 2015.

Issue

Wisconsin Statute 51.41(10) requires that any contract related to mental health with a value of at least \$100,000 may take effect only if the Milwaukee County Mental Health Board votes to approve (or does not vote to reject) the contract. The Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to enter into a purchase of service contract with Horizon Healthcare, Inc., for two five-bed community-based residential facilities (CBRF).

Discussion

CBRFs are licensed facilities with 24-hour on-site supervision and a variety of rehabilitative services. CARS provides a CBRF of care at 18 sites through agreements with Bell Therapy, TLS Behavioral Health, and Homes for Independent Living. This contract would provide for two (2) additional CBRF sites in the community. There is immediate demand for the new facilities, as several residents in Rehabilitation Center Central have been identified as matches for the CBRF level of care at these facilities.

Horizon Healthcare, Inc. – through Matt Talbot Recovery Services, Inc. – shall provide long-term care residential and therapy services to up to five clients at each facility, referred by BHD. As appropriate for each client, these services shall include: assistance with activities of daily living; nursing care; psychiatric assessment and monitoring; medication monitoring and management; recreation; transportation for medical appointments, shopping and social activities; family involvement; peer support; job skills training and job search; and other related services required by the client to live in the facility. The facilities will maintain CBRF certification and be built to accommodate clients with physical disabilities or limited mobility. Each client will be assigned a Case Manager on a one-to-one basis. The goal of the CBRF facility and its programs and services is to enable each client to live in the least restrictive environment in a community-based setting, enabling the client to realize their full potential.

Performance indicators to be assessed under this contract include the following:

- Individualized Recovery Plans (IRP) must be completed on all residents within 72 hours of admission.

- Decrease in the proportion of residents reporting “No Educational, Social, or Planned Activity” (individual daily activity level) from the point of their intake at the CBRF to their 12-month follow-up as evidenced in sampled charts (5 residents every 6 months).
- There will be a decrease in the proportion of residents reporting “No Educational, Social, or Planned Activity” from the point of their intake at the CBRF, to their 12-month follow-up.
- Residents completing the MHSIP satisfaction survey will report an average of 70% agreement with positively-worded statements in all six satisfaction domains.
- The IRP will reflect person-centered language in 100% of sampled charts (5 residents every 6 months).
- Progress notes will be directly related to the goals listed in the IRP in 100% of sampled charts (5 residents every 6 months).
- Planned leisure or recreational activities will be offered and documented on residents by CBRF staff on the weekend in 80% of sampled charts (5 residents every 6 months).

Performance measures may be revised or augmented through annual contract renewal.

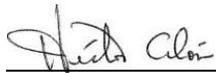
Recommendation

It is recommended that the Milwaukee County Mental Health Board authorize the DHHS Director or his designee to enter into a purchase of service contract with Horizon Healthcare, Inc., for operating costs of two (2) community-based residential facilities, not to exceed \$1,098,278.50 for 2015 and \$2,196,557 for subsequent full years of service. The length of this contract will be for three years with additional options to renew.

Fiscal Effect

The \$1,098,278.50 for 2015 and \$2,196,557 for subsequent full years of service is included in this request is included in the \$3,031,018 included in the 2015 Adopted Budget for Rehabilitation Center Central relocations. This request requires no additional tax levy.

Respectfully submitted,



Héctor Colón, Director

Department of Health and Human Services

cc: County Executive Chris Abele
Kimberly Walker, Chair, Milwaukee County Mental Health Board
Raisa Koltun, County Executive's Office
Teig Whaley-Smith, Director, DAS
Steve Kreklow, Director of Performance, Strategy & Budget - DAS
Scott Manske, Comptroller

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 5/6/2015

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to enter into a purchase of service contract with Horizon Healthcare, Inc., for operating costs at two community-based residential facilities, not to exceed \$1,098,278.50 for 2015

FISCAL EFFECT:

- | | |
|--|--|
| <input type="checkbox"/> No Direct County Fiscal Impact
<input type="checkbox"/> Existing Staff Time Required
<input checked="" type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below)
<input checked="" type="checkbox"/> Absorbed Within Agency's Budget
<input type="checkbox"/> Not Absorbed Within Agency's Budget

<input type="checkbox"/> Decrease Operating Expenditures

<input type="checkbox"/> Increase Operating Revenues

<input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures

<input type="checkbox"/> Decrease Capital Expenditures

<input type="checkbox"/> Increase Capital Revenues

<input type="checkbox"/> Decrease Capital Revenues

<input type="checkbox"/> Use of contingent funds |
|--|--|

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	\$1,098,279	\$2,196,557
	Revenue	\$0	\$0
	Net Cost	\$0	\$0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.
- A. Approval of a purchase of service contract with Horizon Healthcare Inc. to operate two community-based residential facilities at a 2015 (partial-year) cost of \$1,098,279
- B. The 2015 costs not to exceed \$1,098,279 are included in the \$3,031,018 Rehab Center Central Relocation funds. This fiscal note anticipates no revenue associated with this purchase of service contract.
- C. The annual cost of the purchase of service contract is not to exceed \$2,196,557. These costs will be anticipated in the 2016 budget.
- D. The \$1,098,279 cost for 2016 assumes services for both sites will start June 1, 2015. The actual start date is not yet known. The 2015 costs will be lower if the start date of either site is later than the assumed date.

Department/Prepared By Matt Fortman, Fiscal & Management Analyst

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No
Did CDBP Review?² Yes No Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.

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

DATE: June 2, 2015

TO: Kimberly Walker, Chairperson – Milwaukee County Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Patricia Schroeder, Administrator, Behavioral Health Division

SUBJECT: **Report from the Director, Department of Health and Human Services, requesting authorization to increase 2015 expenditure authority with Targeted Case Management (TCM) and Community Support Program (CSP) providers to account for a new Medicaid billing methodology.**

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 (MHB). Per the statute, the Director of the Department of Health and Human Services (DHHS) is requesting authorization for BHD/CARS to increase expenditure authority with TCM and CSP providers to account for new Medicaid billing methodology

Background

Previous to 2015, TCM and CSP providers billed Medicaid directly for services they provide. Under the updated methodology, BHD will begin billing Medicaid on behalf of providers. BHD will therefore require additional expenditure authority to act as a pass-through for these payments.

Discussion

In addition to the \$6,429,378 approved for CSP and \$3,878,155 approved from TCM purchase of service contracts, BHD is requesting expenditure increases for the following providers up to a total of \$7,236,263:

Community Support Programs	
Agency	Medicaid Increase
Bell Therapy	\$1,862,493
Milwaukee Mental Health Association	\$731,090
Outreach Community Health Center	\$595,545

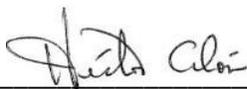
Project Access, Inc.	\$706,863
Transitional Living Service (TLS)	\$1,343,316
Wisconsin Community Services	\$1,028,955
Total	\$6,268,261

Targeted Case Management	
Agency	Medicaid Increase
<i>Level I</i>	
Alternatives in Psychological Consultation	\$236,134
Bell Therapy	\$45,990
Horizon Healthcare, Inc.	\$162,140
La Causa, Inc.	\$113,390
Milwaukee Mental Health Associates	\$81,722
Outreach Community Health Center	\$56,818
Transitional Living Services (TLS)	\$122,680
Wisconsin Community Services	\$149,128
Total	\$968,002

Fiscal Effect

There is no tax levy impact associated with this request. The total expenditure increase related to the Medicaid billing expansion of TCM and CSP programs is covered by Medicaid revenue. A fiscal note form is attached.

Respectfully Submitted:



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Kimberly Walker, Chair, Milwaukee County Mental Health Board
Raisa Koltun, County Executive's Office
Teig Whaley-Smith, Director, DAS
Steve Kreklow, Fiscal & Budget Administrator, DAS
Scott Manske, Comptroller

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 6/2/2015

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to increase 2015 expenditure authority with Targeted Case Management (TCM) and Community Support Program (CSP) providers to account for a new Medicaid billing methodology.

FISCAL EFFECT:

- | | |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input checked="" type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input checked="" type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input checked="" type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	\$7,236,263	\$0
	Revenue	\$7,236,263	\$0
	Net Cost	\$0	\$0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

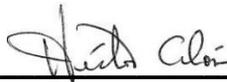
DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.
- A. Previous to 2015, TCM and CSP providers billed Medicaid directly for services they provide. Under the updated methodology, BHD will begin billing Medicaid on behalf of providers. BHD will therefore require additional expenditure authority to act as a pass-through for these payments.
- B. Expenditures and revenues are increased up to \$7,236,263 related to the new Medicaid billing methodology.
- C. This increase was anticipated in the 2015 Adopted Budget and a similar increase is anticipated in the 2015 Requested Budget. No fund transfer is necessary for this request.
- D. \$7,236,263 assumes a full year of costs will be billed to Medicaid.

Department/Prepared By Matt Fortman, Fiscal & Management Analyst

Authorized Signature



Did DAS-Fiscal Staff Review?

Yes

No

Did CDBP Review?²

Yes

No

Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: June 6, 2015

TO: Kimberly Walker, JD, Chairwoman, Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Patricia Schroeder, Administrator, Behavioral Health Division
Prepared by Bruce Kamradt, Administrator, Wraparound Milwaukee
Prepared by James Mathy, Administrator, Housing Division

SUBJECT: **Report from the Director, Department of Health and Human Services, Requesting Authorization for Wraparound Milwaukee to enter into a Master Lease with 2330 Mineral Street LLC to provide supportive housing for Project O-YEAH participants**

Issue

Wisconsin Statutes 51.41(10) requires Milwaukee County Mental Health Board approval for contracts with a value of \$100,000 or greater. Per the statute, the Director, Department of Health and Human Services (DHHS), is requesting authorization for Wraparound Milwaukee to enter into a master lease with 2330 Mineral Street LLC for six units of supportive housing. The agreement is for \$3,540 a month in an annual lease. The lease can be mutually renewed for 15 years pending budget authority. The lease agreements are attached.

Background

Wraparound and the Housing Division have been working collaboratively to increase the housing options for those individuals aging out of the foster care system. Through this effort, meetings began with Journey House as a result of the organization being chosen through an RFP process. This process allowed the Housing Division to put a capital investment toward this initiative. Journey House was able to secure a foreclosed six-unit multifamily building located at 741 S. 23rd St. The City of Milwaukee sold this building to Journey House for \$1 and the Milwaukee County Housing Division assisted with rehabilitation funds.

The Journey House Campus Apartments are designed to assist young adults (18-25) enrolled in Wraparound who are aging out of foster care with emotional and mental health needs. Journey House Campus Apartments will provide this population a place to reside while they address other needs in their transition to adulthood. Young adults face many barriers as they transition from the juvenile world and they need a specialized approach to ensure they can obtain and access the supportive services they are seeking. Project O-YEAH and Journey House, using a

housing first model, will provide 12 months of rent assistance to young adults whose current living situation is affecting their transition. Young adults residing in the Journey House Campus Apartments will have an assigned Transitional Coordinator, as well as receive transitional services from Project O-YEAH. These services are designed to assist young adults in the areas of education, employment, daily living, mental health and overall well-being. Young adults will have access to these supports and services to ensure that they have the support necessary to successfully transition to adulthood. A Certified Peer Specialist will reside in the apartments allowing additional support, as needed, to young adults living in the Journey House Campus Apartments.

Through this model young adults will gain employment, enroll in school all while creating a financial plan that will help them succeed.

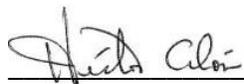
Recommendation

It is recommended that the Milwaukee County Mental Health Board authorize the Director, DHHS, or his designee, to enter into a Master Lease with 2330 Mineral Street LLC to provide supportive housing for Project O-Yeah participants.

Fiscal Effect

There is no tax levy impact. The \$42,480 annual cost of this lease will be absorbed within the Wraparound O-YEAH program's pooled Medicaid funds. A fiscal note form is attached.

Respectfully Submitted,



Héctor Colón, Director

Department of Health and Human Services

cc: County Executive Chris Abele
Kimberly Walker, Chair, Milwaukee County Mental Health Board
Raisa Koltun, County Executive's Office
Teig Whaley-Smith, Director, DAS
Steve Kreklow, Director of Performance, Strategy & Budget - DAS
Scott Manske, Comptroller

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 6/8/2015

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization for Wraparound Milwaukee to enter into a Master Lease with 2330 Mineral Street LLC to provide supportive housing for Project O-YEAH participants.

FISCAL EFFECT:

- | | |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input checked="" type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input checked="" type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	\$24,780	\$42,480
	Revenue	\$0	\$0
	Net Cost	\$0	\$0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. The Behavioral Health Division is requesting to enter into a lease with 2330 Mineral Street LLC for six units of supportive housing starting June 2015.

B. The lease agreement states a cost of \$3,540 per month. The anticipated 2015 costs are \$24,780. Annual costs in 2016 are anticipated to be \$42,480.

C. There is no tax levy impact. The \$42,480 annual cost of this lease will be absorbed within the Wraparound O-YEAH program's pooled Medicaid funds.

D. No assumptions are made.

Department/Prepared By Matt Fortman, Fiscal & Management Analyst

Authorized Signature



Did DAS-Fiscal Staff Review?

Yes

No

Did CBDP Review?²

Yes

No

Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.



OFFICE OF CORPORATION COUNSEL

6

PAUL BARGREN
Corporation Counsel

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COLLEEN A. FOLEY
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JENNIFER K. RHODES
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JAMES M. CARROLL
PAUL D. KUGLITSCH
KATHRYN M. WEST
JULIE P. WILSON
CHRISTINE L. HANSEN
Assistant Corporation Counsel

TO: Chairwoman Kimberly Walker
Milwaukee County Mental Health Board (MHB)

FROM: Colleen Foley, Deputy Corporation Counsel 

RE: Informational Memorandum on Milwaukee County Emails
for MHB Members

DATE: May 29, 2015

Cost of Milwaukee County email address: According to Milwaukee County's Information Management Services Division (IMSD), it will cost \$300.00 per MHB member for a total cost of \$3,900.00 (13 x 300) to provide County email addresses. IMSD can establish the emails with approximately 2 weeks' notice.

Use of Milwaukee County Email Accounts by Other Bodies: A survey of other Milwaukee County Boards indicates that most use the County email address system. For instance, the Board of Supervisors (18 members), the Personnel Review Board (5 members), and the Ethics Commission (4 members) use County email addresses. The Civil Service Commission does not use County email (5 members) and the Election Commission is mixed (1 of the 3 members use a County email address). The Pension Board is in the midst of obtaining County email addresses.

Public Record Requests: MHB members would be issued "milwaukeecountywi.gov" email accounts, enabling IMSD to run searches responsive to public record requests. This is the primary benefit of a County email account. Regardless of the location -- public or private email account, text message, etc.-- Board communications are subject to the public records law. Use of a County email address efficiently identifies public record communications and avoids searches of private/personal email accounts now and going forward. MHB members who maintain a personal email account must act as custodian of that account even years after their MHB service concludes. Use of a County email address instead permits IMSD to respond to such requests, both during and after a MHB member's tenure. Additionally, unlike other servers, IMSD's retention and security settings were developed to address public record requests specific to Milwaukee County.

Conclusion: The Office of Corporation Counsel recommends that the MHB members use Milwaukee County email addresses, in particular to ensure expeditious responses to public record requests. The system is managed by Milwaukee County IMSD, which is well versed in searches responsive to public record requests for both current and former board members. Costs are relatively insignificant compared to the benefits.

Code of Ethics for Local Government Officials

MILWAUKEE COUNTY
MENTAL HEALTH BOARD (MHB)

By-Laws of MHB (Article III) [Wis. Stat. Chapter 19]

- ▶ Effective Jan. 1, 2015, MHB subject to Wis. Stats. § 19.59(3)(a)&(e) & 19.59(5)
- ▶ Requires submission of statement of economic interests, disclosure of conflicts & authority for the soliciting of advisory opinions, public and private, on ethics' matters

The Beauty of Being a Local Government Official

- ▶ Improve standards of governmental service
- ▶ Strengthen public confidence in local government
- ▶ Help preserve the integrity of the governmental decision-making process
- ▶ Promote decisions that benefit the public interest
- ▶ Engage in outside interests that are compatible with the impartial and objective performance of duties

Safeguards

- ▶ Restrictions on use of office when personal or organizational financial interest in outcome
- ▶ Disclosure of economic interests
- ▶ Restrictions on acceptance of gifts and expenses

Solicit or Accept Anything of Value Likely to Influence

[Wis. Stat. §19.59 (1)(b)]

No local governmental official:

- ▶ May accept from a person, directly or indirectly
- ▶ Anything of value
- ▶ If it could reasonably be considered as a reward for any official action or inaction
- ▶ [Does not prohibit outside employment]

Food, Drink, Transportation and Lodging [Wis. Stat. §19.59 (3)(a)]

No local governmental official:

- ▶ May accept or retain
- ▶ Transportation, lodging, meals, food, or beverages
- ▶ Offered for reasons related to public office
- ▶ Unless items provided by or to the MHB and primarily for the MHB's benefit



Use of Office for Private Benefit [Wis. Stat. §19.59 (1)(a)]

No local governmental official:

- ▶ May use his or her position
- ▶ To obtain financial gain or anything of substantial value
- ▶ For the private benefit of himself/herself
- ▶ Or his or her immediate family
- ▶ Or for an organization with which the official is associated

Use of Office for Substantial Private or Organizational Benefit [Wis. Stat. 19.59(2)]

No local governmental official:

- ▶ May use his or her position
- ▶ In a way that produces or assists
- ▶ In production of a substantial benefit (direct/indirect)
- ▶ For the official or member of immediate family
- ▶ Or organization with which the official is associated

Conflicting Interest

[Wis. Stat. §19.59(1)(c)1]

No local governmental official.

- ▶ May take any official action
- ▶ Substantially affecting a matter
- ▶ In which the official, member of immediate family, or organization with which associated
- ▶ Has a substantial financial interest

Exceptions:

- ▶ Expenses for presenting a talk
- ▶ Items received on behalf of MHB and primarily for its benefit
- ▶ Items unrelated to holding public office
- ▶ Items available to general public
- ▶ Educational and informational material

Where to get assistance

- ▶ Corporation Counsel
- ▶ County Ethics Board
- ▶ Advisory Opinions
(prompt, confidential,
authoritative)



Use Public Position to Obtain Unlawful Benefits [Wis. Stat. §19.59(1)(br)]

No local governmental official may offer or promise to withhold:

- ▶ Vote or influence or promise to take or refrain from taking official action
- ▶ Regarding any proposed or pending matter
- ▶ On condition that another person make or refrain from making a political contribution

Cont.

Use Public Position to Obtain Unlawful Benefits [Wis. Stat. §19.59(1)(br)]

- ▶ Or provide or refrain from providing any service or other thing of value
- ▶ To or for the benefit of a candidate, political party, person who is subject to a registration requirement for political groups, committees & individuals
- ▶ Or any person making a communication containing a reference to a clearly identified local public official holding an elective office or to a candidate for local public office

Penalty for Violation of Ethics Code

[Wis. Stat. § 19.59(7),(8)]

Any person who violates Ethics Code:

- ▶ May be required to forfeit up to \$1,000 per violation

Plus:

- ▶ Additional penalties equal to amount or value of any political contribution, service, or other thing of value wrongfully obtained
- ▶ After commencement of action by DA or AG upon receipt of verified complaint

Touchstone:

- ▶ Ethical decisions belong to the individual
- ▶ MHB is rich with diverse areas of expertise
- ▶ Use to inform policy decisions
- ▶ Don't use to benefit self or affiliated entity
- ▶ Good luck!

Standards of Conduct

Milwaukee County Mental Health Board

A MENTAL HEALTH BOARD (MHB) MEMBER SHOULD NOT:

ACT OFFICIALLY IN A MATTER IN WHICH PRIVATELY INTERESTED OR FOR AN ORGANIZATION WITH WHICH ASSOCIATED. Use his or her public position or office to obtain financial gain or anything of substantial value for the private benefit of himself or herself or his or her immediate family, or for an organization with which he or she is associated. [§ 19.59(1)(a), *Wisconsin Statutes*]

SOLICIT OR ACCEPT ANYTHING OF VALUE LIKELY TO INFLUENCE. Solicit or accept from any person, directly or indirectly, anything of value if it could reasonably be expected to influence the local public official's vote, official actions or judgment, or could reasonably be considered as a reward for any official action or inaction on the part of the local public official. (This does not prohibit a local public official from engaging in outside employment.) [§ 19.59(1)(b)]

USE PUBLIC POSITION TO OBTAIN UNLAWFUL BENEFITS. Directly, or by means of an agent, give, or offer or promise to give, or withhold, or offer or promise to withhold, his or her vote or influence, or promise to take or refrain from taking official action with respect to any proposed or pending matter in consideration of, or upon condition that, any other person make or refrain from making a political contribution, or provide or refrain from providing any service or other thing of value, to or for the benefit of a candidate, a political party, a person who is subject to a registration requirement under s.11.05 (registration of political groups, committees, and individuals), or any person making a communication that contains a reference to a clearly identified local public official holding an elective office or to a candidate for local public office. [§ 19.59(1)(br)]

USE PUBLIC POSITION FOR SUBSTANTIAL FINANCIAL INTEREST. Take any official action substantially affecting a matter in which the official, a member of his or her immediate family, or an organization with which the official is associated has a substantial financial interest. [§ 19.59(1)(c)1]

USE PUBLIC POSITION FOR SUBSTANTIAL BENEFIT. Use his or her office or position in a way that produces or assists in the production of a substantial benefit, direct or indirect, for the official, one or more members of the official's immediate family either separately or together, or an organization with which the official is associated. [§ 19.59(1)(c)2]

ACCEPT TRANSPORTATION, LODGING, FOOD, OR BEVERAGE EXCEPT AS SPECIFICALLY AUTHORIZED. Accept or retain transportation, lodging, meals, food or beverage except items and services offered for reasons unrelated to public office, as long as not furnished by a lobbyist or by a lobbyist's employer, or items provided by or to the MHB and primarily for the MHB's benefit. [§§ 19.59(3)(a) and 19.44(h)]

PENALTY FOR VIOLATION OF ETHICS CODE. Any person who violates these standards of conduct may be required to forfeit not more than \$1,000 for each violation, and additional penalties equal to the amount or value of any political contribution, service, or other thing of value wrongfully obtained, by commencement of an action by the district attorney or attorney general's office. [§§ 19.59(7) and (8)]

STATEMENT OF ECONOMIC INTEREST

Milwaukee County Mental Health Board
c/o Behavioral Health Division
9455 W. Watertown Plank Road
Wauwatosa, WI 53226
Telephone: (414) 257-5202 * Fax: (414) 257-8018

CURRENT INFORMATION: All information given below must be current; that is, not prior to the 15th day of the month preceding the month this statement is prepared.

TYPE OR PRINT: Additional directions, definitions and other pertinent information are contained in the Instruction Sheet (yellow insert). Please read it carefully BEFORE completing the Statement. If more space is needed, please use additional sheets.

DATE PREPARED: _____
(Month) (Day) (Year)

NAME: _____
(Last) (First) (Middle Initial)

POSITION SOUGHT/HELD w/ the MILWAUKEE COUNTY MENTAL HEALTH BOARD:

NAME AND ADDRESS OF PRESENT EMPLOYER AND POSITION HELD FOR WHICH YOU RECEIVE \$1,000 OR MORE OF INCOME:

SPOUSE'S NAME: _____
(Last) (First) (Middle Initial)

1. OFFICES, DIRECTORSHIPS & POSITIONS

* In this section, "Organization" means any corporation, partnership, proprietorship, firm, enterprise, franchise, association trust, Board, Commission or other legal entity other than an individual or body politic.

IA: As of the date cited above, were you or your spouse an officer, partner, sole proprietor director or trustee of any business or other organization? Yes No

IB: As of the date cited above, were you or your spouse an officer of or did you or your spouse hold a position with any organization doing business with Milwaukee County or receiving funds from Milwaukee County?
 Yes No

If you have answered no to both above items, please check here: **Proceed to Item #2**

If you have answered yes to either 1A or 1B above, identify each business or organization and position held:

Name of Business or Corporation	City & State	Position Held

2. SIGNIFICANT FIDUCIARY RELATIONSHIP

As of the date cited on the first page, did you or your spouse own or control any of the following directly or indirectly:

- A. At least ten (10) percent of outstanding stock of any business corporation; or
- B. Stock having a value of at least \$5,000; or
- C. An interest of at least ten (10 percent or \$5,000 of any business)?

If no to all of the above items, please check here: Proceed to Item #3

If yes to any of the above items, please identify the business and the type of ownership:

****Note: You need not report the actual dollar values or number of shares, etc.**

Business Entity	City & State of its principal office	Type of Ownership (e.g. Common Stock, Limited Partnership)

3. BOND, DEBENTURES & DEBT OBLIGATIONS

As of the date cited on the first page, did you or your spouse hold any bonds, debentures or debt obligations of a municipal corporation or other corporation in excess of \$5,000?

If no to all of the above items, please check here: Proceed to Item #4

If yes, please identify each Issue and place a checkmark in the proper column below to indicate the value.

Issuer Name, City & State	Value Under \$50,000	Value Over \$50,000

4. CREDITORS

As of the date cited on the first page, did you or your spouse owe, separately or together with another person, to any creditor \$5,000 or more?

If no to all of the above items, please check here: Proceed to Item #5

If yes, please identify each Issue and place a checkmark in the proper column below to indicate the value owed.

Creditor's Name, City & State	Value Under \$50,000	Value Over \$50,000

5. REAL PROPERTY

As of the date cited on the first page, did you or your spouse hold an interest valued at \$5,000 or more in real property other than your principal residence or other than property in which the pro rata share held is less than 10% of the outstanding shares?

**Report only on properties located in the counties of: Milwaukee, Ozaukee, Washington, Waukesha, and Racine.*

If not to all of the above items, please check here: Proceed to Item #6

If yes, please identify the property and nature of interest held.

Location of Real Property (street/rural route address; fire number & municipality)	Value Under \$50,000	Value Over \$50,000

6. TRANSFER

As of two calendar years preceding the filing of this statement, have you or your spouse transferred to any member of your immediate family any significant fiduciary relationship (as defined in the instruction sheet) or any real property or any bonds, debentures or debt obligations of municipal corporation or other corporation which is in excess of \$5,000?

Business, Issuer, Real Property, Creditor	Address	Description of Interest

- **INCUMBENTS now in elective public office and current County employees are to SKIP Item #8.**
- **CANDIDATES for elective public office are to SKIP Item #7.**

7. GIFTS, HONORARIA, FEES, EXPENSES

List each individual and organization from which you and your spouse received a GIFT, HONORARIUM, FEE and EXPENSES during the preceding taxable year. For a full understanding of this reporting requirement, it is important that you read in its entirety.

7A: GIFTS including ENTERTAINMENT. A “gift” is the receipt of anything of value, which is furnished without valuable consideration. Do not include anything received which was made for a purpose unrelated to duties or responsibilities of the position of the official or employee. List all individuals and organization from which you received in the past year entertainment or gifts having a total value of \$50 or more, not including the value of food or beverage offered coincidentally with a talk or meeting related to the business of the Milwaukee County Mental Health Board. Include tickets to sporting or theatrical events, golfing fees, prizes, samples of promotional items from sales representatives or as part of business promotions and similar items.

7B: HONORARIA, FEES AND EXPENSES FOR TALKS AND PUBLICATIONS RELATED TO PUBLIC OFFICE. List each individual or organization from which you or your spouse received, in the past year, lodging, transportation, money or other things having a total of \$50 or more, not including the value of food or beverage offered coincidentally with a talk or meeting where the subject matter of which was related to your duties or responsibilities as a member of the Milwaukee County Mental Health Board. You do not have to list information about a payment: (1) if you returned it within 30 days; (2) If you received it from the Milwaukee County Mental Health Board.

If you or your spouse has no reporting(s), please check here: Proceed to signature section.

If you or your spouse has reporting(s) for Item #7, please use the enclosed form titled for this purpose and submit with your Statement.

8. CANDIDATES ONLY for elective public office are to furnish the following information:

Name of present employer and position you hold:

 (Employer) (Position)

By signing this form, I certify that the information contained in this Statement of Economic Interests is true, correct and complete to the best of my knowledge, information and belief.

X _____
 Signature of person filing Statement

 Date of Signature

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: June 2, 2015

TO: Kimberly Walker, Chairperson – Milwaukee County Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Patricia Schroeder, Administrator, Behavioral Health Division

SUBJECT: **Report from the Director, Department of Health and Human Services, regarding equity salary adjustments Behavioral Health Division Employees set to take effect during the fourth quarter of 2015.**

Issue

In order to attract new employees at fair and competitive wages, the Behavioral Health Division often needs to hire new employees at advanced steps of the pay grade. This has led to an equity issue with individuals that have been employed by the County for several years. Due to budgetary constraints, pay grade advancements were not given to BHD employees in many recent years. This has led to cases in which experienced employees are receiving lower pay than their more-recently hired counterparts. This has become an issue with BHD's ability to retain more experienced personnel.

Discussion

In order to retain more experienced clinical staff Milwaukee County Human Resources (HR) has devised an equity adjustment calculation to credit employees for their total career experience and BHD experience in order to provide equality in staff compensation. HR has identified 74 R.N.'s, 60 C.N.A.'s, and 54 non-clinical employees eligible for an increase under this methodology. The R.N.'s will receive an average adjustment of \$2,154, C.N.A.'s will receive an average adjustment of \$1,578, and other employees will receive an average adjustment of \$1,556. These adjustments will go into effect during the fourth quarter of 2015.

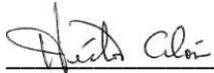
If the equity adjustment calculation is at or below an employee's current pay, no adjustment is made.

These adjustments will establish a more equitable compensation model at BHD and help retain experienced employees.

Fiscal Effect

The \$84,447 anticipated 2015 costs will be absorbed within BHD's budget. The 2016 costs of \$337,786 are included in BHD's 2016 Requested Budget.

Respectfully Submitted:



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Kimberly Walker, Chair, Milwaukee County Mental Health Board
Raisa Koltun, County Executive's Office
Teig Whaley-Smith, Director, DAS
Steve Kreklow, Director of Performance, Strategy & Budget - DAS
Scott Manske, Comptroller

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 6/2/2015

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, regarding equity salary adjustments Behavioral Health Division Employees set to take effect during the fourth quarter of 2015.

FISCAL EFFECT:

- | | |
|--|--|
| <input type="checkbox"/> No Direct County Fiscal Impact
<input type="checkbox"/> Existing Staff Time Required
<input checked="" type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below)
<input checked="" type="checkbox"/> Absorbed Within Agency's Budget
<input type="checkbox"/> Not Absorbed Within Agency's Budget
<input type="checkbox"/> Decrease Operating Expenditures
<input type="checkbox"/> Increase Operating Revenues
<input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures
<input type="checkbox"/> Decrease Capital Expenditures
<input type="checkbox"/> Increase Capital Revenues
<input type="checkbox"/> Decrease Capital Revenues
<input type="checkbox"/> Use of contingent funds |
|--|--|

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	\$84,447	\$337,786
	Revenue	\$0	\$0
	Net Cost	\$0	\$0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

- A. Equity adjustments allow for employee experience or time with an organization to be factored into a pay adjustment. Milwaukee County Human Resource's HR team has identified 74 RN's, 60 CNA's, and 54 other employees as having adequate experience to receive a pay increase. The average annual pay increase for affected RN's is \$2,154, \$1,578 for CNA's and \$1,556 for other employees.
- B. The equity adjustments in the fourth quarter of 2015 are estimated to be \$84,447 and will cost \$337,786 annually.
- C. The equity adjustment has been included in BHD's 2016 Requested Budget.
- D. This fiscal notes assumes all employees at BHD affected by this adjustment will remain in their current positions.

Department/Prepared By Matt Fortman, Fiscal & Management Analyst

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No
Did CDBP Review?² Yes No Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.

Behavioral Health Division – Equity Adjustments

- ▶ Equity Adjustments allow for employee experience or time with an organization to be factored into a pay adjustment
 - ▶ Typically utilized when new pay ranges have been assigned
 - ▶ Allow for employees to be better distributed across the pay range and have several benefits:
 - ▶ Employee Retention is helped because employees are paid market appropriate rates
 - ▶ Recruitment is helped because new hires with previous experience can be offered market appropriate starting rates
 - ▶ Very formulaic approaches are utilized to ensure results are objective
 - ▶ Employees in any state of written corrective action are not eligible

Cost of these adjustments

- ▶ Total Costs
 - ▶ RNs - \$159,482.93 Annually
 - ▶ CNAs - \$94,302.64 Annually
 - ▶ Others - \$84,113.77 Annually
- ▶ Based on the available data and the cost summary above, we recommend making these adjustments effective the fourth quarter of 2015. This would result in the cost for 2015 being one quarter of the costs indicated above (approximately \$ 85,000).

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
Inter-Office Communication

DATE: June 16, 2015

TO: Kimberly Walker, Chairperson – Milwaukee County Mental Health Board

FROM: Patricia Schroeder, Administrator, Behavioral Health Division

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

Background

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

Discussion

1. Leadership Additions

Please join me in welcoming Carin Croker, RN, MSN, CCM as our newly appointed Chief Quality Officer. Carin comes with extensive experience in health systems leadership and clinical services. Beyond her education in nursing and leadership, she brings national certification in case management is soon to complete a PhD in Organizational Management and Leadership. She has deep experience in Utilization Management.

Carin's experience in quality includes work with public reporting for health care quality data, clinical and process improvement, outcomes achievement, operational efficiencies, and survey readiness. She has lead cross functional teams, creating a culture of innovation and best practices. Her clinical experience spans home health and ambulatory care coordination/case management, palliative care, telemedicine and care redesign. Behavioral health was a significant part of her home health and palliative care population experience.

In addition, we welcome Linda Oczus, RN, MSN as the new Director of Nursing for BHD. Linda has extensive nursing and leadership experience in varied practice settings. She has worked clinically, as well as managed all aspects of operations including clinical services, quality improvement and safety, fiscal accountability, and professional team

development. She has lead interdisciplinary teams as well as nurses, and has positively managed accountability for multimillion dollar clinical budgets. She is recognized as a positive leader who gets things done.

The addition of these two leaders completes the development of the BHD Executive Team.

2. Wraparound Milwaukee Leadership Transition

Please join us in congratulating Bruce Kamradt on his retirement from Milwaukee County Behavioral Health Division and the Wraparound Milwaukee Program Leadership. Bruce will retire on July 10th.

In a message to all from Amy Lorenz, Deputy of CARS and Wraparound, Bruce began his service with Milwaukee County as Director of the Child and Adolescent Treatment Center in 1986. His passion for serving children with serious emotional and mental health needs pushed him to help create Wraparound Milwaukee in 1995. He has served as the program's administrator since then. Wraparound was one of the first publically funded managed care entities in the country and serves more than 1,100 children and their families every day.

Bruce was invited to present the Wraparound Model at the White House Conference on Mental Health chaired by Al and Tipper Gore in 1999. Under his leadership, Wraparound became a national model as cited in the 1999 US Surgeon General's Report and the Presidents New Freedom Commission Report on Mental Health in 2004. The program was also Harvard University's Kennedy School of Government's 2009 winner of the Best Innovation in American Government award. In addition to helping Milwaukee County grow and improve an incredible program, Bruce has also served as a consultant to many states, communities and other countries that have emulated the Wraparound model.

While we are sad to be losing Bruce's dedication to our community's youth and his expertise, we are so grateful for the hard work and dedication he has given for the last three decades. We wish him the best as he moves into the next phase of his life.

A reception will be held to honor Bruce and his many contributions on Monday June 29th from 2-4pm in the 9201 Building Cafeteria.

In addition to announcing Bruce's retirement, we are very pleased and honored to announce that Mary Jo Meyers, Deputy Director of the Wraparound Milwaukee, has accepted the Director position. Mary Jo brings over 30 years of experience working in the field of children's mental health in direct services as well as supervision, program

development, training curriculum design, and administration. Mary Jo had the honor and privilege of being a key part of building Wraparound Milwaukee from the very beginning to the internationally recognized program that it is today.

Those who know Mary Jo know of her commitment and passion for the work done by Wraparound Milwaukee to assist the youth and families of our community every day as they achieve a better future. It is her passion, values, experience, and strength as an advocate for children and families that makes Mary Jo the ideal person to continue leading Wraparound. Please join us in congratulating Mary Jo and thanking her for accepting the promotion and new challenge.

We are delighted to announce the promotion of Mary Jo Meyers to the Wraparound Milwaukee Leadership role. Mary Jo has been working in partnership with Bruce Kamradt and the Wraparound Milwaukee team for many years, and is ready and eager to take on this leadership role.

3. Pharmacy Transition

A Pharmacy Optimization Team has been working for the past months, in partnership with our pharmacy partner PSI—Pharmacy Systems Inc. The goals of this transition include:

- Improve patient safety by implementing a closed loop medication administration process including the many components in this process.
- Reduce pharmacy costs by purchasing and owning the drug inventory, streamlining automated processes and improve the demand forecasting and inventory management of drugs
- Implement a new pharmacy formulary

This work, led by Alicia Modjeska, has included electronic prescribing (physician order entry), automated dispensing (Pyxis Machines) barcode patient identification (requiring new wrist bands) and electronic medical administration record system (EMAR). Extensive education and coaching of clinical staff was required, as well as some renovation of medication rooms on the units to accommodate the new technology.

The new systems went live on June 16, 2015, at 8pm. Our thanks to the many leaders and staff who participated in this well managed transition.

4. Comprehensive Community Services (CCS) Update

This is an update on the progression of the CCS program, with leadership from Jennifer Wittwer, Associate Director, CARS who in support with Amy Lorenz and other leaders and teams have provided extensive leadership to the development of our approaches to CCS. For an overview of the dissemination of the CCS model in Wisconsin, please see: <https://www.dhs.wisconsin.gov/initiatives/ccs.htm>

A recent statewide meeting reported that there are a total of 28 possible regions for CCS in Wisconsin, of which Milwaukee is one region because of its size. Of those, 23 regions have signed on to become a CCS entity. Of the 23 regions, 14 are certified – of which we are one. There are about 1500 clients enrolled in CCS statewide, including those we have fully enrolled. It is unknown if all regions have yet implemented the full array of services.

- The first clients were enrolled in September 2014. There are currently 89 clients who are fully enrolled in CCS.
- There are an additional 35 clients whose referrals have been handed off to agencies and are in the process of assessment/enrollment.
- Our early steps in enrollment were limited/delayed by the need to reconfigure our payment technology and process. That issue has been fully resolved.
- Another 61 clients have expressed an interest in CCS, but have requested a specific agency. All agencies are working on hiring and expanding, and we anticipate those requests will be honored in the short term.
- We have a total of 8 care coordination agencies at this time. Plans are underway to add 4-5 more care coordination agencies by the end of 2015. More agencies will allow us to increase the numbers of clients and enroll more quickly.
- Care coordination agencies are working to hire enough competent staff, and have been delayed in their capacity to accept more clients due to local workforce shortages. Strategies to support hiring have been strategized collaboratively, like hiring fairs.
- Eleven of the 14 services on the service array are currently available to CCS clients. The remainder will become available with the rollout of “Phase 3” of Avatar, the electronic health record, scheduled for August 3rd, 2015. Preparation for onboarding is underway. Clients are already getting services. The average caseload size for a CCS caseload is about 10 clients – smaller than some CSP ratios.
- We are working closely with the Housing Division and our own Day Treatment to identify clients that would benefit from CCS. These and other outreach efforts will result in an anticipated 100 additional clients by the end of 2015.

- Estimates for 2016 conservatively suggest that 85 clients per quarter will be added over the next year.

5. Closure of Long-Term Care Update

Rehab Central continues in the process of closure. Laurie Heinonen, RN, NHA accepted the position of Director of Rehab Central in mid-May. Laurie is a long standing member of BHD and the Rehab Central Transition Team and was perfectly suited to continue leadership in this role. She is also certified as a nursing home administrator, a license that is required for this position. Twenty-one residents remain in this service, with active planning for the transition of each person to the community. We continue to anticipate closure in late 2015.

Respectfully Submitted,



Patricia Schroeder, Administrator
Milwaukee County Behavioral Health Division
Department of Health and Human Services

BHD Strategic Plan 2016-2019

Year: 2015-2016

Note: This draft is a living document that will continue to be refined. Performance measures will be more clearly developed over time.

High Quality and Accountable Service Delivery

Goals for High Quality and Accountable Service Delivery	Accountable Leader	Performance Measure	Key Issues
<p>1. Explore opportunities to privatize facility based, acute behavioral health services By Q1-2016</p>	Patricia Schroeder	Proposals evaluated Recommendation to Mental Health Board Contract negotiated Implementation plan developed and carried out	<p>Post RFP by July 2015</p> <ul style="list-style-type: none"> - evaluating responses to the RFP - negotiating for rates as needed - development of implementation plan <ul style="list-style-type: none"> - communicating to stakeholders
<p>2. Implement enhanced community based services into two community settings—Northside and Southside. Create administrative location to house the infrastructure for support. One site by Q3 2016</p>	Amy Lorenz	<ul style="list-style-type: none"> --Redesign program model and footprint of services to be imbedded into the community --Crisis evaluation, support to be incorporated --Access clinic and peer specialist programming to be included 	Community service hubs Northside model to transition by Q3 2016
<p>3. Create and implement new BHD organizational structure that fits with the future services offered by BHD. By Q3-2016</p>	Patricia Schroeder		Consider Accountable Care Organization --ACO--model
<p>4. Redesign utilization management and case management methods to continuously assess treatment, evaluate progress, and facilitate transition of clients through various levels of programing in order</p>	Carin Croker & Dr. Schneider	<ul style="list-style-type: none"> --Eliminate waitlists for community based services --implement enhanced UM and case management model --reduce denials of payment 	-developing and implementing a robust UM and care management system which analyzes and supports patient care outcomes and financial sustainability

to promote highest level of autonomy, independence, and least restrictive environment By Q2-2016		--Implement enhanced utilization management strategies including community based services	
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Workforce Investment and Engagement

Goals for Workforce Investment and Engagement Strategy	Accountable Leader	Performance Measure	Key Issues
5. Implement an enhanced workforce internal communication process to address the 2015 employee feedback results. By Q1 2016	Patricia Schroeder	--Improve results on employee engagement survey, specifically related to "communication between senior leaders and employees is good".	To include: <ul style="list-style-type: none"> • Monthly forum • Twice a month newsletter • Executive attends small group staff meetings at least annually • Other strategies as defined by survey tool
6. Develop and enhance manager and staff readiness and focus on quality, safety, the patient experience, and a culture of accountability. By Q2-2016	Patricia Schroeder	--Improvement in patient/client satisfaction --Improvements in employee engagement survey results	To include: <ul style="list-style-type: none"> • Ongoing development • Ongoing education • Manager development and support on performance assessment and feedback
7. Improve employee recruitment and retention to ensure successful operations and safe patient care during RFP process, the potential transition period and beyond. By Q1-2016	Jennifer Bergersen	--Improved results on staffing and filled positions --Improved results on employee engagement survey	Monitoring staffing levels on a daily and monthly basis Identifying and implementing retention plans Adjusting bed levels based on staffing needs

Community and Partner Engagement

Goals for Community and Partner Engagement	Accountable Leader	Performance Measure	Key Issues
<p>8. Implement an enhanced contracting strategy for all BHD vendors. By Q1 2016</p>	<p>Alicia Modjeska & Randy Oleszak</p>	<p>--10% of contracts have performance measures by Q4 2015 --Mechanism to monitor contract compliance implemented by Q3 2015 --30% more of all contracts have performance measures by Q4 2016. --30% more of all contracts have performance measures by Q4 2017 --All contracts revised by 2018.</p>	<p>The process will consists of: - Expanding patient outcome measures within menu of performance measures -Changing from service agreements to fee for service reimbursement -Including performance measures in all contracts linked to financial incentives and disincentives -Developing a robust mechanism to ensure contract compliance, and monitoring of performance indicators and quality is completed systematically.</p>
<p>9. Create or contract for a robust intensive outpatient program By Q-4 2016</p>	<p>Dr. Schneider</p>	<p>Pilot program model designed by Q1 2016 and implemented by Q3 2016</p>	<p>The process will: -improve pre hospital diversion and pre crisis preventive strategies - bridge the gap between acute stay and ongoing care - as a mechanism to minimized re-hospitalization -improve outcomes -improve the patient experience</p>

<p>10. Increase the number of clients served in the community By Q4-2016</p>	<p>Amy Lorenz</p>	<p>--Increase the number of total patients served by 15% --Expand CCS enrollment and progressive growth</p>	<p>Actions to include: -targeting outreach efforts to underserved populations -providing services which are culturally intelligent -changing contracts with vendors to a fee for service model -developing community sites located in the north and south sides of Milwaukee County to ensure easy access</p>
<p>11. Develop and implement a “virtual front door” for all services to create a seamless client/family experience By Q3-2016</p>	<p>Alicia Modjeska</p>	<p>Centralized registration process implemented.</p>	<p>Focus to include: -developing multiple entry points -creating the necessary workflows for easy patient transition from one service to another -implementing a “virtual” centralized registration system -eliminating duplicative interview/data gathering processes from patients/clients</p>
<p>12. Partner with the housing division and others to expand the continuum of supportive housing options needed and to launch the “Ending Chronic Homeless Initiative” By Q2-2016</p>	<p>Amy Lorenz</p>	<p>--Implement enhanced utilization management model for smooth transitions --Expanded CCS enrollment</p>	<p>Integrate clients efficiently into CCS model as appropriate</p>
<p>13. Explore the expansion of the CART teams By Q4-2016</p>	<p>Amy Lorenz</p>	<p>--Expand to 3 CART teams in 2016 --Explore the model of dispatching --Explore ways to expand the impact of CART model</p>	<p>Work with contracted recruiter to fill positions Determine team coverage areas Communicate expansion</p>
<p>14. Engage clients, families, peer specialists and community partners, to improve quality across the system and to foster communications (external) during times of transitions. By Q2-2016</p>	<p>Jennifer Bergersen</p>	<p>--Family Council meets routinely. --Community Advisory Group meets quarterly --Improvement reflected in client/family surveys.</p>	<p>External communications</p>

Optimal Operations and Administrative Efficiencies

Goals for Optimal Operations and Administrative Efficiencies	Accountable Leader	Performance Measure	Key Issues
<p>15. Enhance and improve the software infrastructure including and beyond the electronic record. By Q4 2016</p>	<p>Alicia Modjeska</p>	<p>PolicyStat implemented Contract Management tool implemented Avatar optimization completed</p>	<ul style="list-style-type: none"> - Fully implement PolicyStat and utilize the software to track and maintain all policies and procedures Q1-2016 - Implement Contract Management software Q2-2016 -continue to optimize the use of Avatar-eliminating paper forms Q3-2016 -community vendors without an EMR utilizing Avatar for documentation -community vendors with an EMR have a methodology in place for data transfer --project management software (Asana) --Videoconferencing --Verge, internal incident management

Financial Health and Sustainability

Goals for Financial Health and Sustainability	Accountable Leader	Performance Measure	Key Issues
<p>16. Develop a methodology to continually evaluate costs and revenue optimization to enhance financial sustainability.</p> <p>By Q2-2016</p>	Randy Oleszak	<p>Fee for service contracting implemented with all new contracts and contract renewals</p> <p>Reduce pharmacy expenses by 30%</p> <p>Occupants of the 9201 building to move in 2016</p> <p>Denials reviewed quarterly for improvement</p> <p>Optimize utilization management/case management model</p>	

DRAFT

BHD Strategic Plan 2016-2019, continued

YEAR: 2017-2019

1. High Quality and Accountable Service Delivery

- a. Participate in a Joint Commission Survey during 2016; develop an improvement plan to address survey results 60 days post survey result receipt.
- b. Develop a customer service program for all staff at BHD by March 2016. Include training during new employee orientation and annual training; identify customer service expectation in job descriptions; provide monitoring and feedback through performance evaluations and performance indicators.
- c. Implement and hardwire a “just culture” across the system
- d. Redesign model of care for the spectrum of care across to enhance and ongoing model programmatic assessment and improvement of care delivery to match care delivery with optimal outcomes high acuity, acute adults to foster positive outcomes
- e. Evaluate the effectiveness of the crisis line and develop an improvement plan as needed
- f. Expand research conducted on campus
- g. Design and build a new facility
- h. Monitor and measure program outcomes for contracts and services we contract with child welfare, juvenile justice, Medicaid and education to provide for them
- i. Enhance processes for community patient placement, and enhance housing capacity.
- j. Expand secured sub-acute level of care by adding contractors
- k. maintain our annual certification for the care management organization we operate under the 1915a agreement with the Wisconsin Medicaid program

2. Workforce Investment and Engagement

- a. Create a “learning environment” for patients/families, staff, managers, including inter-professional education with other strategic partners and community providers
- b. Develop BHD leadership/management competencies and implement an ongoing management development program encompassing: talent management, performance improvement, motivation, planning, quality and process improvement basics, financial management, ethics, fraud and abuse, and change management
- c. Engage employee by encouraging their participation in committees, teams, process improvement efforts, and cost reduction goals.
- d. Improve recruitment efforts and develop a comprehensive plan for employee retention.
- e. Engage community colleges and universities to enhance workforce development efforts and optimize recruitment opportunities

3. Community and Partner Engagement

- a. Engage community and EMS in policy discussion regarding taking individuals to the closest emergency room for care.
- b. CART Teams – explore expansion of the model from 3 teams (one on days, one of evenings) to more based on usage
- c. Explore FQHC partnership to innovate a primary care/mental health, health home model
- d. Expand and further strengthen BHD’s relationship with civil and legal system partners to enhance early intervention efforts to address the behavioral health needs of individuals
- e. Continue to expand community advocates and stakeholder communication
- f. Develop programing across the system focused on early detection and preventions of behavioral health and substance abuse issues.
- g. Engage community partners, peer specialists, and family advisory council to collect feedback in order to foster shared decision making and improve quality across the system
- h. Continue efforts towards positively re – branding the Behavioral Health Division
- i. Continue and/or foster new partnerships with child welfare, Delinquency and Court Services, Milwaukee Public Schools and other agencies around developing evidence-based or best practices that promote prevention, early intervention and treatment approaches for youth/families with behavioral health challenges.

4. Optimal Operations and Administrative Efficiencies

- a. Enhance and improve the software infrastructure beyond the electronic record in order to improve efficiencies
- b. Continue to revise policy and procedures, and utilize published best practice whenever possible
- c. Continue to redesign Avatar workflows, improve data capture, and implement meaningful use requirements to improve outcomes
- d. Appropriately manage labor expenses including absenteeism and overtime

5. Financial Health and Sustainability

- a. Improve the budget development and ongoing monitoring process to include all levels of management staff in order to educate and establish financial accountability
- b. Develop a 0 based budget process for CARS and WRAP
- c. Launch and expand philanthropy (501c3)

DRAFT

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

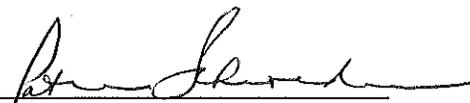
DATE: June 16, 2015
TO: Kimberly Walker, Chairperson – Milwaukee County Mental Health Board
FROM: Behavioral Health Facilities Committee Co-Chairs:
Patricia Schroeder, Administrator, Behavioral Health Division
Teig Whaley-Smith, Director, Department of Administrative Services
SUBJECT: **Feedback on Request for Proposals for Acute Facility and Operating Services**

Discussion

The Behavioral Health Division Facilities Committee has been working consistently on its facility analysis and space planning efforts since November of 2014. This work has effectively and thoughtfully moved forward in partnership with two consultant groups according to a projected timeline. The early focus of the work was to identify a space plan and fiscal analysis to guide the development of a different facility for delivery of acute care behavioral health services. Within the past several months, this focus expanded to include analysis of a community-based plan to transition future community-based services and oversight to several locations within the community. This work continues forward and is projected to be presented to the Mental Health Board at its August 2015 meeting.

At the request of the Mental Health Board at its April 2015 meeting, this group has received feedback on planning for the Request for Proposals (RFP) for an acute facility and operating services for the future. At the June 5, 2015, meeting, the group, including BHD and Milwaukee County representatives and excluding the consultants, voted unanimously to endorse that the RFP for acute services and facility is positive and consistent with the goal and directions of the Facility Committee and its ongoing work.

Respectfully Submitted,


Patricia Schroeder, Administrator
Milwaukee County Behavioral Health Division
Department of Health and Human Services

Sarah E. Coyne

Partner

Sarah Coyne guides her clients through regulatory compliance concerning health care information and technology and in forging agreements on behalf of physicians and other health care providers that comply with the regulations defined by the Stark, Anti-Kickback, and False Claims Acts, helping to maximize reimbursements while minimizing risks. She also deals regularly with patient safety and quality-of-care issues involving disputes with physicians, patient claims and complaints, medical staff bylaws and organizational structures, and other issues that tend to fall outside of regulatory compliance guidelines. She is a go-to attorney for all things legal that pertain to hospitals, but her knowledge and experience span multiple areas within health law, and she is a highly valued resource to the gamut of clients in the health & life sciences industry. Rural and small-community hospitals particularly will not find a more informed and better-prepared advocate than Sarah, and she also is part of a group of Quarles attorneys who understand, as well as or better than anyone, how HIPAA and Wisconsin State law interact.

As the chair of the Quarles Health & Life Sciences Practice Group, Sarah oversees a nationally recognized team of lawyers that represents a "one-stop shopping experience" for virtually any client in the health care industry, dealing with matters from labor & employment to pharmacy, litigation, real estate, intellectual property, data privacy, and, yes, health law itself.

Health care as a career transcends the law in Sarah's case. She began professional life as an occupational therapist, who cared so much about her patients that she conducted research on laws and regulations concerning their maladies on her own time, and she enjoyed it so much that she decided to go to law school. She loves working with hospital administrators to avoid regulation traps and encumbrances and takes great satisfaction in successfully doing so. She also wields a deft pen, writing updates on health law that her clients greatly enjoy reading!

Legal Services

- Health Information Technology, Privacy & Security
- Hospitals & Health Systems
- Data Privacy & Security
- Health & Life Sciences
- Provider/Physician Groups

Education and Honors

- University of Wisconsin Law School (J.D., *cum laude*, 1995)
 - Order of the Coif
- University of Wisconsin (B.S., *with honors*, 1987)
- University of Wisconsin (O.T.R., *with honors*, 1987)



Bar Admissions

- Wisconsin

Court Admissions

- U.S. District Court, Western District of Wisconsin, 1995
- U.S. District Court, Eastern District of Wisconsin, 1995

Professional and Civic Activities

- American Bar Association (Member, Health Law Section)
- American Health Lawyers Association (Member)
- Wisconsin State Bar Association (Member, Health Law Section)
- Fellows of the American Bar Foundation (Member)
- Fellows of the Wisconsin Law Foundation (Member)
- Wisconsin Association for Healthcare Quality (Member)
- Wisconsin Hospital Association (Member)
- Wisconsin Society for Healthcare Risk Management (Member)
- International Association of Privacy Professionals (Member)
- Practiced at the William S. Middleton Memorial Veterans Hospital in Madison for four years
- Experience as a registered occupational therapist
- Invited Participant in Governor Doyle's eHealth Initiative Privacy and Security Task Force: Legal Workgroup, Implementations Workgroup, Solutions Workgroup
- Executive Committee for HIPAA Collaborative of Wisconsin (HIPAA COW) and is active in its preemption workgroup and other workgroups related to confidentiality of health care information

Professional Recognition

- Selected for inclusion in 2014 Wisconsin Super Lawyers® list
- Fellow of the Wisconsin Law Foundation Class of 2013
- Recognized as Best Lawyers® 2014 Madison Health Care Law "Lawyer of the Year"
- Selected as a "2013 Leader in the Law" by the Wisconsin Law Journal
- Selected as the 2011 "Wisconsin Health Law Attorney of the Year" by the Health Law Section of the Wisconsin State Bar
- Martindale-Hubbell AV® Peer Review Rated
- Listed in The Best Lawyers in America® (2009–present: Health Care Law)
- Listed in Madison Magazine as a top lawyer in the area of health law
- Fellow of the American Bar Foundation

Jon R. Kammerzelt

Associate

Jon Kammerzelt is a member of the firm's Health Law Practice Group. His experience includes:

- Advising hospitals and other health care providers on state and federal compliance issues, including those involving fraud and abuse laws (Stark and Anti-Kickback), Medicare Conditions of Participation, EMTALA, and HIPAA.
- Representing hospitals and other health care providers on mergers, acquisitions, and joint ventures.
- Advising hospitals on various operational matters involving patient care, practitioner credentialing and corrective action, HCQIA/peer review, and professional practice regulation.
- Negotiating and preparing participating provider agreements, professional service agreements, and clinical research trial agreements.

Legal Services

- Health & Life Sciences
- Hospitals & Health Systems

Education and Honors

- Syracuse University College of Law (J.D., cum laude, 2010)
- The Maxwell School of Syracuse University (M.P.A., 2010)
- University of Wisconsin—La Crosse (B.S., Highest Honors, 2005)
 - Majors: Public Administration and Political Science

Bar Admissions

- Wisconsin
- New York



MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077**Budget Summary**

Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Variance
Expenditures¹					
Personnel Costs	\$71,051,105	\$68,846,318	\$63,170,918	\$61,866,902	(\$1,304,016)
Operation Costs	\$112,548,386	\$106,839,611	\$116,137,394	\$125,421,001	\$9,283,607
Debt & Depreciation	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$642,839	\$581,203	\$576,500	\$1,129,000	\$552,500
Net Crosscharge/Abatement	(\$4,448,681)	(\$5,034,924)	(\$289,232)	\$94,648	\$383,880
Total Expenditures	\$179,793,649	\$171,232,208	\$179,595,580	\$188,511,551	\$8,915,971
<i>Legacy Healthcare/Pension</i>	<i>\$17,463,489</i>	<i>\$14,867,814</i>	<i>\$15,700,213</i>	<i>\$14,109,508</i>	<i>(\$1,590,705)</i>
Revenues¹					
Direct Revenue	\$65,786,401	\$67,650,884	\$66,840,693	\$76,920,279	\$10,079,586
Intergov Revenue	\$56,533,125	\$56,277,986	\$53,655,546	\$52,491,931	(\$1,163,615)
Total Revenues	\$122,319,526	\$123,928,870	\$120,496,239	\$129,412,210	\$8,915,971
Tax Levy	\$57,474,123	\$57,468,142	\$59,099,341	\$59,099,341	\$0
Impact on Reserves Increase/(Decrease)	-	\$10,164,804	-	\$1,124,658 ²	\$1,124,658
Personnel³					
Full-Time Pos. (FTE)	669	669	585.3	521.3	(64.0)
Seas/Hourly/Pool Pos.	27.6	27.6	31.0	22.7	(8.3)
Overtime \$	\$2,695,080	\$3,466,377	\$1,188,504	\$1,051,632	(\$136,872)

Department Mission: The Milwaukee County Department of Health and Human Services – Behavioral Health Division will be a Center of Excellence for person-centered, high-quality best practice-based mental health services in collaboration with community partners.

Department Description: The Behavioral Health Division (BHD) consists of Management and Support Services, Adult Crisis Services, Adult and Child Acute Inpatient Services, Community Services Branch, and Wraparound Milwaukee. Rehab Center Central will close in late 2015.

2016 expenditure increased primarily due to investment in the Community Services Branch. This includes increases to the Comprehensive Community Service (CCS) program an initiative to end chronic homelessness and development of a north-side community access hub.

2016 revenue is increased largely due to the expansion of the CCS program.

¹ 2014 Budget and Actual Expenditures and Revenues include Central Rehab for which there is no longer a Service Area page included in the 2016 Budget document. Page 11 includes a chart of those historical revenues and expenditures.

² The \$1,124,658 anticipated contribution to reserves is in Wraparound.

³ Personnel – Reduction in 2016 FTE's includes (50.3) FTE's from the closure of Central Rehab.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Strategic Program Area 1: Management & Support Services

Service Provision: Administrative

Strategic Outcome: High Quality, Responsive Services

What We Do: Activity Data			
Activity	2014 Actual	2015 Budget	2016 Budget
This program area does not have activity data.			

How We Do It: Program Budget Summary					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Variance
Expenditures	\$1,987,920	\$1,018,180	\$3,490,151	\$1,529,014	(\$1,961,137)
Revenues	\$3,245,324	\$1,080,091	\$1,666,137	\$1,411,187	(\$254,950)
Tax Levy	(\$1,257,404)	(\$61,911)	\$1,824,014	\$117,827	(\$1,706,187)
FTE Positions	149	149	138.6	129.5	(9.1)

How Well We Do It: Performance Measures			
Performance Measure	2014 Actual	2015 Budget	2016 Budget
Overtime Costs / Personal Services Costs	2.7%	2%	1.7%
Revenue dollars / fiscal staff	\$5,050,376	\$4,081,429	\$4,280,407
Patient revenue collected / Billed revenue	31.9%	32%	33.4%

Strategic Implementation:

Management and Support Services provides fiscal management, compliance, administration, patient accounts and admissions, management information systems, dietary and medical records, and environment of care for the entire facility.

Expenditures are decreased in this service area primarily due to a change in net cross charges to other departments resulting in a decrease of (\$1,339,811). Funding of the building reserve was reduced (\$400,000) due to the surplus generated in 2014.

The consolidation of space from the 9201 building to the main hospital will save \$462,323 in utility costs. In this consolidation CSB and WRAP will move from its existing space by the end of 2015.

Revenues realized through the State Plan Amendment are decreased by (\$212,000).

BHD will continue to strengthen its hospital quality structure including personnel with leadership responsibilities toward obtaining and maintaining **Joint Commission Accreditation**. Aggressive efforts to hire and retain quality nursing personnel and managers to ensure inpatient service accountability and quality care of individuals with complex challenging behavioral health care needs continues. This includes strategies to improve coordination of human resources as well as continual review of nurse staffing and scheduling processes that impact patient safety, employee satisfaction and fiscally accountable practice.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

The implementation and enhancements to the Electronic Medical Records (EMR) system will continue in 2016 to enhance the utilization of the electronic record by optimizing workflows, standardize data entry, and eliminate all paper forms.

Implementation of enhanced pharmacy technologies including new Pyxis machines, bar coding, e-prescribing and RX Connect. This new technology will improve patient safety by implementing a closed loop medication administration process, result in a new pharmacy formulary and reduce pharmacy costs by purchasing and owning drug inventory, streamlining automated processes and improve the demand forecasting and inventory management of drugs.

Due to the recent redesign efforts at BHD, including the complete closure of the long-term care facilities, 9.1 FTE's are eliminated.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Strategic Program Area 2: Adult Crisis Services

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2014 Actual	2015 Budget	2016 Budget
<i>Psychiatric Crisis Services</i>			
Admissions	10,698	10,681	9,500
<i>Access Clinic</i>			
Number of Clients Served	3,541	6,576	1,428
<i>Crisis Mobile</i>			
Number of Mobiles Completed	2,008	1,806	2,100
Number of Mobiles Requested by Law Enforcement	266	463	488

How We Do It: Program Budget Summary					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Var
Expenditures	\$20,120,206	\$21,537,136	\$23,663,850	\$25,977,497	\$2,313,647
Revenues	\$10,711,680	\$12,798,112	\$11,522,653	\$11,911,882	\$389,229
Tax Levy	\$9,408,526	\$8,739,024	\$12,141,197	\$14,065,615	\$1,924,418
FTE Positions	102.9	102.9	110	109.3	(0.7)

How Well We Do It: Performance Measures			
Performance Measure	2014 Actual	2015 Budget	2016 Budget
Percent of clients returning to PCS within 90 days	34%	27%	27%
Percent of Time on Waitlist Status	9%	5%	10%
Clients transferred to private facilities from PCS	12%	23%	12%

Strategic Implementation:

Adult Crisis Services operates the Psychiatric Crisis Service (PCS) Emergency Room, Observation Unit, Access Clinic, Crisis Line, Crisis Mobile Team (CMT), Crisis Assessment Response Team (CART), Community Consultation Team (CCT). The Adult Crisis Services also oversees Access Clinic-South, and expansion programs for CMT and CCT.

Expenditures increased primarily due to an increase in administrative and overhead cross charges, resulting from the closure of long term care unit in 2015. Cross charges previously absorbed by the long term care unit are spread to the remaining units.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

In 2014, there was a significant decrease in uninsured individuals seeking services from the Access Clinics and an even greater reduction is projected for 2015. Due to this reduction, Access Clinic medication costs have been decreased by \$589,177 in 2016.

In 2016, the Crisis Services will implement one new initiative to provide prevention services within the community by providing follow-up with patients post-discharge to decrease risk of harm, ensure patients connect/transition to outpatient services, and decrease the rate of recidivism. In an effort to accomplish these goals, a new service will be added to the Crisis Mobile Team (CMT) in to provide enhanced crisis prevention services, post-acute community based strategies, and mobile peer services. This increase in prevention services will work to make telephone contact with patients post-discharge from BHD Acute Inpatient, Psychiatric Crisis Services, and Observation Unit within 24 hours. This team will also have the capability to do mobile follow-up and “bridge services” with individuals as needed with the intent to connect people to resources and assist with system navigation. It is being recommended that 2 Behavioral Health Emergency Service Clinicians (BHESC) be added to the service to team with Certified Peer Specialists (CPS) through the Community Linkages and Stabilization Program (CLASP) offered through La Causa. Estimated costs are 2 BHESC \$200,000 and La Causa-CLASP contract increase \$95,000 (total contract \$500,000).

An additional BHESC position is being requested to be added to the Crisis Assessment Response Team (CART) which is a partnership with the Milwaukee Police Department (MPD). MPD has applied for a grant to support a police officer for a third team for CART in 2016, and BHD has committed to providing the BHESC position for this team.

WIMCR revenue in Crisis Services is increased by \$611,171 in 2016. Other revenue accounts are reduced based on actual experience.

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Strategic Program Area 3: Inpatient Services (Adult and Children)

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2014 Actual	2015 Budget	2016 Budget
<i>Acute Adult Inpatient</i>			
Average Daily Census	55	60	60
Number of Admissions	1095	1,142	1,275
Number of Patient Days	19,913	21,900	20,148
Average Length of Stay (Days)	16	16.4	13.5
<i>Child and Adolescent Inpatient Services</i>			
Average Daily Census	9	11	12
Number of Admissions	951	1,005	890
Number of Patient Days	3,250	4,380	4,030
Average length of Stay (Days)	3.5	3.4	3.6

How We Do It: Program Budget Summary					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Var
Expenditures	\$33,696,594	\$32,796,608	\$36,374,950	\$41,699,117	\$5,324,167
Revenues	\$10,968,733	\$14,853,270	\$14,606,010	\$17,089,423	\$2,483,413
Tax Levy	\$22,727,861	\$17,943,338	\$21,768,940	\$24,609,694	\$2,840,754
FTE Positions	168	168	185.6	184	(1.6)

How Well We Do It: Performance Measures			
Performance Measure	2014 Actual	2015 Budget	2016 Budget
<i>Acute Adult Inpatient</i>			
Percent of clients returning to Acute Adult within 30 days	12.2%	N/A changed from 90	16.7%
Patients Responding Positively to Satisfaction Survey	70%	72%	75%
<i>Child and Adolescent Inpatient Services</i>			
Percent of children who return to CAIS within 30 days	14.4%	N/A changed from 90	9.5%
Patients Responding Positively to Satisfaction Survey	72%	75%	78%

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Strategic Implementation:

The Milwaukee County Behavioral Health Division's Hospital Inpatient Services are provided in four-licensed psychiatric hospital units with three specialized programs for adults and one specialized unit for children and adolescents. Adult units include one 21-24 licensed bed adult unit called the Acute Treatment Unit (ATU), one 21-24 licensed bed Women's Treatment Unit (WTU) and one 18 bed Intensive Treatment Unit (ITU). It is projected in 2016 that a total of 60 of the licensed adult beds will be available. All units provide inpatient care to individuals who require safe, secure, short-term or occasionally extended psychiatric hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service and rehabilitation therapy provide assessment and treatment designed to stabilize an acute psychiatric need and assist the return of the patient to his or her own community. The WTU program provides specialized services for women recovering from complex and co-occurring severe mental health disorders. The ITU program provides a safe, supportive environment for those individuals with mental health conditions who are at high risk for aggressive behavior and in need for intensive behavioral and pharmacological interventions. The Child and Adolescent (CAIS) unit provides inpatient care to individuals age 18 and under. The CAIS unit also provides emergency detention services for Milwaukee County as well as inpatient screening for Children's Court.

Expenditures increased primarily due to an increase in administrative and overhead cross charges, resulting from the closure of long term care unit in 2015. Cross charges previously absorbed by the long term care unit are spread to the remaining units.

Revenue increases \$2,483,413 due to increased collection and an initiative to charge professional fees for services which were previously not billed.

The following initiatives have been implemented or are in process to further strengthen quality services at the Behavioral Health Division. These improvements have been instituted to ensure the health, safety and welfare of those served as well as to include continued compliance in 2016 with all conditions of participation for state psychiatric hospitals as established by the Centers for Medicare and Medicaid.

Staffing – BHD has dedicated significant efforts into assuring we have consistent and prepared RN and CNA staff at the unit level. This involved recruitment strategies, retention strategies and ongoing education and development. We have also worked diligently in hiring nursing leadership, including a Director of Nursing and nurse managers at the unit level. We have used a LEAN process to redesign our scheduling processes for those staff as well. And ultimately with consistent staff at the unit level, who are being coached and guided by dedicated managers, we can enhance interdisciplinary team building to support patient centered, recovery oriented care.

The **BHD Quality Plan** was developed and will continue to serve in 2016 as the Behavioral Health Division's call to action and evidence of commitment to continuously assess and improve the quality of the treatment and services it provides. All services and programs within the service continuum including inpatient services will incorporate measurement and data represented in **Balanced Scorecards for Key Performance Indicators** and include attention to:

- Improving the Patient Experience - Customer Satisfaction and Well-being.
- Patient Outcomes.
- Service Utilization Data.
- Quality Assurance and Improvement Activities.
- Required Public Data reporting and benchmark comparisons.
- Workforce Development.
- Financial Impact and Cost.

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Strategic Program Area 4: Community Access to Recovery Services Division (CARSD)

Service Provision: Mandated

Strategic Outcome: Self-sufficiency / Quality of Life

What We Do: Activity Data			
Activity	2014 Actual	2015 Budget	2016 Budget
<i>Adult Day Treatment</i>			
Number of Visits	12,883	12,883 ⁴	12,883
<i>AODA – clients seen for:</i>			
Detoxification – All Levels	6,776	5,566	5,400
Outpatient Treatment	2,049	2,500	2,300
Medication Assisted Treatment	103	180	180
<i>Family Intervention Support Services</i>			
Number of Clients Served	696	800	750
<i>Wraparound</i>			
Number of Clients Served	1,153	1,205	1,300
<i>Wraparound, Non-court ordered</i>			
Number of Clients Served	552	500	550
<i>Mobile Urgent Treatment</i>			
Number of Clients Seen	1,650	1,800	1,800

How We Do It: Program Budget Summary					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Var
Expenditures	\$102,398,645	\$91,078,735	\$105,539,297	\$118,305,923	\$13,766,626
Revenues	\$91,110,212	\$88,432,540	\$90,882,761	\$97,999,718	\$8,116,957
Tax Levy	\$11,288,433	\$2,863,715	\$14,656,536	\$20,306,205	\$5,649,669
FTE Positions	132.9	132.9	100.9	98.5	(2.4)

⁴ The 2015 Adopted Budget showed a projected 3,888 visits. This has been adjusted to 12,883 based on a new tracking methodology showing total numbers of client visits (usually 3-4 per day) rather than each day of treatment.

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How Well We Do It: Performance Measures			
Performance Measure	2014 Actual	2015 Budget	2016 Budget
Provider agencies completed a NIATx change project	42%	62%	63%
Average Satisfaction Survey Score	78%	75%	76%
Percent of outpatient clients screened for Medicaid and placed with a Medicaid certified agency	20%	40%	41%
<i>Wraparound</i>			
Average Daily Number of REACH enrollees	351	400	425
Family Satisfaction with Care Coordination (5.0 Scale)	4.7	4.6	4.6
Percent of Total Youth in Wraparound Programming Using Residential Treatment Care	28.1%	17.0%	17.0%

Strategic Implementation:

Community Access to Recovery Services is the community-based mental health and substance abuse system for adults in Milwaukee County. Wraparound Milwaukee is a unique type of managed care program operated by the Milwaukee County Behavioral Health Division that is designed to provide comprehensive, individualized and cost effective care to children with complex mental health and emotional needs.

The Executive Team of BHD is proposing a new structure that includes placement of services in more centrally located sites within the community. The recommendation is to transition the physical space needed to either two or three sites away from the Milwaukee Regional Medical Campus. This could include an administrative space that would contain CARS, Wraparound and other administrative oversight services, and two separate clinical or service delivery spaces-one on the north side and one on the south side of Milwaukee. The service delivery sites/hubs will potentially contain services such as Crisis Mobile Team, Crisis Line, Access Clinic services, peer run services, adult care coordination, Wraparound Medication Clinic, Intensive Outpatient Services, Mobile Urgent Treatment Team (MUTT), and other potential services.

\$1.2 million is budgeted for the development of a north-side location.

In addition to centralizing direct services into the community, CARS also continues to remain committed to increasing the capacity for individuals to live successfully in the community with needed services. The CARS 2016 budget has several initiatives to expand the continuum of services within Milwaukee County:

- Continue implementation of Comprehensive Community Services (CCS) to increasing enrollment for individuals across the lifespan with the goal of enrolling 560 individuals by the end of 2016. CARS will also transition several individuals to receive services thru CCS instead of CRS in 2016. To assist in the continued expansion of CCS, CARS will be adding an Administrative Coordinator position. This budget includes \$7.7 million in expenses \$6.6 million in revenue related to CCS.
- Investing in additional group home resources to meet the needs of individuals with complex co-occurring issues. \$2 million for two CBRF's with Horizons/Matt Talbot to serve individuals with complex mental health issues and presenting behavioral issues. \$1.4 million for two additional CBRF's-one to serve individuals with co-occurring mental health and substance use issues and one to specialize on needed supports and

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care for women who have experienced trauma. An Integrated Services Coordinator position will be added to CARS for the oversight of all the CBRF's.

- \$750,000 will be dedicated to the End Chronic Homelessness initiative. These funds will be utilized to support the Housing First model of services in Milwaukee and the supports and services needed to assist individuals with mental health issues as they receive housing. This initiative will be a joint effort of BHD and the Housing Division.
- Revenues and expenditures are increased by \$723,885 to \$9.5 million as CSB continues to process provider claims to Medicaid. This has no net effect on tax levy.
- \$54,000 to fund training of additional Peer Specialists in Milwaukee County.
- \$290,000 will provide additional peer support and clinician services through a community provider.
- In September 2014, the Access to Recovery grant for treatment and recovery support services for individuals with substance use disorder termed and was not re-issued by SAMHSA. To counteract this, BHD included \$1.5 million in tax levy as a partial replacement to the grant in 2015. Clients previously receiving support with ATR funding have been successfully transferred to programs under other funding sources and many are now insured through the ACA. Because of this, the tax levy replacement funds related to ATR have been reduced by \$1.1 million in 2016.
- BHD's Adult Drug Treatment Court grant is set to expire in September 2015. BHD has applied for continuation of this grant, but due to the competitive nature of this federal grant from SAMHSA, BHD will continue the services of the drug treatment courts whether or not Milwaukee County is the recipient of the federal grant. Assisting individuals involved in the criminal justice system access treatment for substance abuse issues is important to BHD's mission, resulting in \$272,000 in tax levy to replace the grant funds in 2016.
- WIMCR revenue in CARSD is increased by \$1,110,277 in 2016.

Community-based crisis service contracts are transferred to CARSD in 2016. This includes Crisis Resource Centers (CRC), Community Linkages and Stabilization Program (CLASP), and respite stabilization homes.

In Wraparound Milwaukee, contract service expenditures increase by \$1,243,871 based on updated enrollment figures. Revenue is increased by \$1,201,379 due to expected capitated rate increases and actual experience. 1.0 FTE Program Coordinator and 1.0 FTE Supervisor Office Manager are added and 1.0 FTE clerical position is eliminated. Wraparound is budgeting a \$1.1 million contribution to reserves in 2016.

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EXPENDABLE TRUST ACCOUNTS

The following are expendable trust accounts, which may be utilized only for purposes which are legally mandated or where a formal trust relationship exists. The expenditures from these organizational units are limited to the purpose specifically designated by the donor. These trusts are not included as part of the BHD operating budget.

Org Unit	Description of Expendable Trust		Projected Balances as of 12/31/15
878	MHD - Research Fund		\$216,704
	Referred to as the Frieda Brunn Mental Health Research Fund. This fund was created in 1970 for the purpose of supporting mental health research. Expenditure recommendations from the fund are made by the Research Committee at BHD.		
	Expenditure	Revenue	
	\$10,000	\$10,000	
879	MHD - Patient Activities and Special Events		\$85,840
	This fund is comprised of various trusts which stipulate the expenditures should be made to provide for patient activities and special events.		
	Expenditure	Revenue	
	\$5,000	\$5,000	

Former BHD Service Areas

Rehab Centers – Hilltop and Central					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Var
Expenditures	\$21,590,283	\$24,330,642	\$10,527,332	\$0	(\$10,527,332)
Revenues	\$6,283,577	\$6,982,378	\$1,818,678	\$0	(\$1,818,678)
Tax Levy	\$15,306,706	\$17,348,264	\$8,708,654	\$0	(\$8,708,654)
FTE Positions	116.2	116.2	50.2	0	(50.2)