



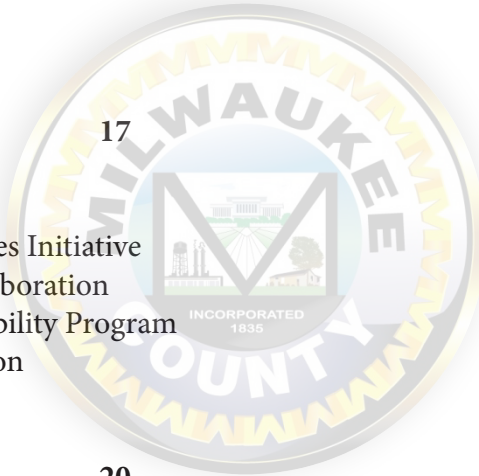
2013 ANNUAL REPORT

DEPARTMENT OF HEALTH & HUMAN SERVICES



CONTENTS

Department of Health & Human Services		Management Services	27
Organization Chart	3	Contract Administration	
Mission & Values	4	Fiscal Administration	28
Administration	5	Fiscal Services & Budget	
Message from the Director		Medical Records	
Behavioral Health Division	6	Awards & Honors	30
Community Services Branch			
Crisis & Inpatient Services			
Mental Health Redesign			
Wraparound			
Mental Health Investments			
Housing Division	15		
Supportive Housing			
Consolidated Plan			
Delinquency & Court Services	17		
Juvenile Justice Reform & Reinvestment Initiative			
Juvenile Detention Alternatives Initiative			
Justice & Mental Health Collaboration			
Milwaukee County Accountability Program			
Youth Mentoring Collaboration			
Training & Education			
Disabilities Services Division	20		
Disability Resource Center			
Children's Programs			
Court Related Services			
Interim Disability Assistance Program			
County Indigent Burials Program			
Emergency Medical Services	23		
40th Anniversary			
Medical Director			
Education Center Accreditation			
New Cardiac Monitors			
Heart Attack Outcomes			
Research Projects			
Quality Improvement			
Health Information Management			
Paramedic Classes			

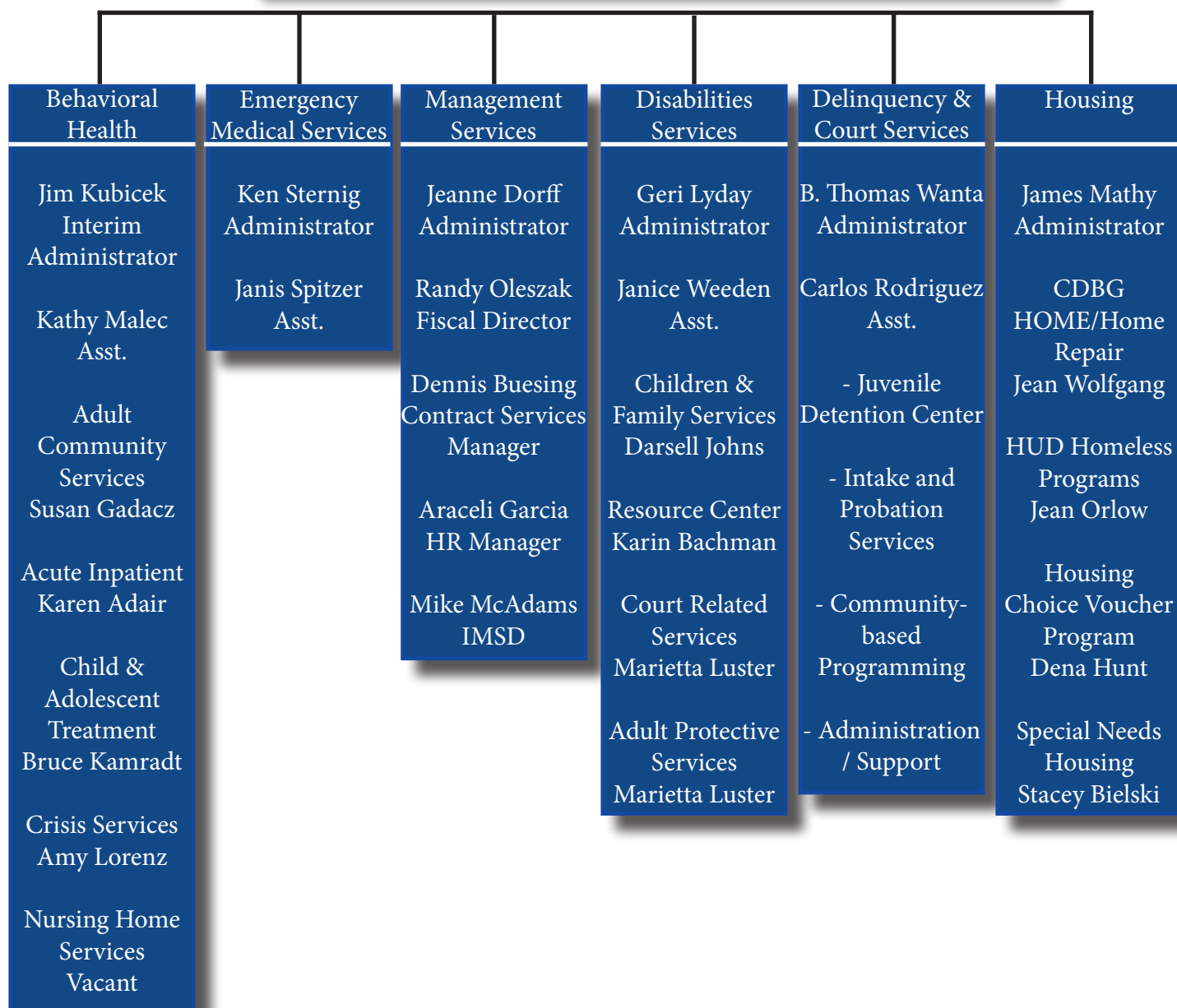


Milwaukee County Department of Health & Human Services

Héctor Colón
Director

Tonya Simpson
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The mission of the Milwaukee County Department of Health & Human Services (DHHS) is to secure human services for individuals who need assistance living a healthy, independent life in the community.

DHHS holds the following values:

- We **respect** the dignity and worth of each individual we serve and with whom we work.
- We act with **honesty** and **integrity**, adhering to the highest standards of moral and ethical principles through our professional and personal behavior.
- We strive for **excellence**, implementing best practices and measuring performance toward optimal outcomes.
- We work **collaboratively**, fostering partnerships with others in our service networks and within the community.
- We are **good stewards** of the resources entrusted to us, using them efficiently and effectively, to fulfill our mission.
- We honor **cultural diversity** and are **culturally competent** and sensitive.

ADMINISTRATION

It is my pleasure to present you with our second annual report on behalf of the Department of Health and Human Services (DHHS). During the year we delivered vital life-enhancing services to help individuals and families live healthy, independent lives in the community. I want to thank our staff who have accomplished an enormous amount of great work in the midst of major changes. I also want to thank the County Executive, Milwaukee County Board of Supervisors, community-based partners, hospitals, advocates, the State and the people we serve for their participation in helping us achieve many of the department's goals. Great things can happen when we work together and I am proud to say that we accomplished many significant initiatives despite, at times, having different opinions, perspectives and interests.



In this report you will find several examples of how we are moving in the right direction such as taking a person-centered approach for the people we serve, implementing operational efficiencies, strengthening quality assurance activities, and leveraging public/private partnerships, technology and data-driven analysis with the goal of operating at an optimal level.

This annual report provides an overview of activities and performance. It also highlights major achievements that include:

- Significant progress on transitioning mental health services towards a community-based system that is less reliant on the institution, inpatient stays and emergency room visits.
- National accreditation for our Emergency Medical Services education center.
- Youth detention reforms and movement towards evidence-based decision-making and programs in an effort to drive better outcomes in a more efficient and effective manner.
- Creation of best practice supportive housing units for persons with disabilities and mental health issues.
- Long-term care entitlement benefits provided to hundreds of individuals with intellectual and physical disabilities.

I would also like to acknowledge the love, care, and support that many of our employees provide to address basic human needs. All of this contributes to the overall well-being of the individuals and community we serve. I hear countless stories about the positive impact we are making in people's lives. This is what drives us to work each and every day - knowing that together we are making a difference.

"Coming together is a beginning; keeping together is progress; working together is success." - Henry Ford

A handwritten signature in black ink that reads "Héctor Colón".

Héctor Colón
Director

BEHAVIORAL HEALTH DIVISION

The Behavioral Health Division (BHD) provides care and treatment to adults, children, and adolescents with mental illness, substance use disorders, and intellectual disabilities through both County-operated programs and contracts with community agencies. Services include intensive short-term treatment through our crisis services and inpatient services, as well as a full array of supportive community services for persons with serious mental illness and substance use disorders. Long-term inpatient care is provided through the Division's nursing home programs.

COMMUNITY SERVICES BRANCH

The Community Services Branch provides a full array of supportive, recovery-oriented services for persons with severe and persistent mental illness and/or issues with alcohol or other drug abuse. The Community Services Branch serves over 10,000 Milwaukee County residents each year through its SAIL and Wiser Choice programs, which work together to ensure that individuals receive trustworthy, high quality, reliable services for mental health and/or AODA needs.

Community Recovery Services

Following Milwaukee County Board approval in July, the Community Services Branch began implementation of Community Recovery Services (CRS), a voluntary Medicaid psychosocial rehabilitation benefit providing three core services: Community Living Supportive Services (CLSS), Individualized Placement and Support (IPS) employment services, and peer support. Enrollment and service provision processes for CRS were developed and introduced to staff within the Community Services Branch and its contracted partners, and the initial phase of implementation is focused on engaging consumers who reside in community-based residential facilities (CBRF). Full enrollment of the eligible CBRF population will span the first six months of 2014, during which time the CSB will also develop a network of CLSS and IPS providers in preparation for the growth of CRS to serve Targeted Case Management and Community Support Program clients in the second half of 2014.

Targeted Case Management

Recovery Case Management was initiated in 2013 as a new level of care on the spectrum of services administered by the CSB. The County contracted with Milwaukee Mental Health Associates to provide this less intensive level of Targeted Case Management (TCM) to forty individuals, seen on a monthly basis, who are succeeding in recovery but continue to benefit from ongoing monitoring and support. In addition to this new level of care, the CSB also expanded its existing TCM (Level I) to serve fifty more Milwaukee County residents experiencing severe and persistent mental illness.

Mental Health Outpatient Services

The expansion of Mental Health Outpatient (MHOP) services continued through 2013, with the Access Clinic and CSB creating 1,099 individual placements (through November 30) at eleven Wiser Choice providers dually certified by the State in mental health and substance abuse outpatient treatment. These co-occurring placements are in addition to the regular referrals made from the Access Clinic to mental health outpatient services at the Medical College of Wisconsin and Outreach Community Health Centers. Roughly three-fourths of referred individuals present for their scheduled treatment with the co-occurring capable Wiser Choice providers.

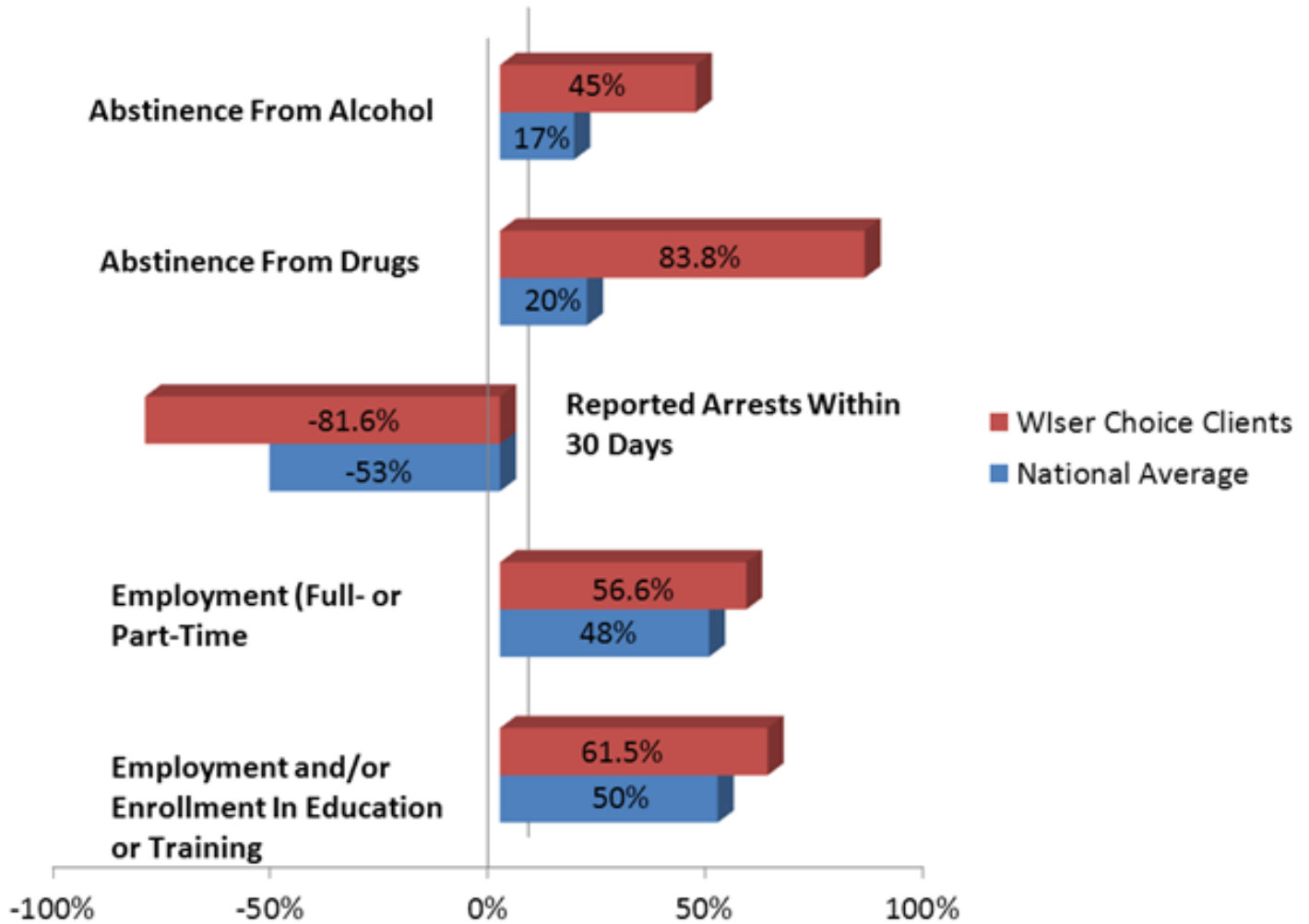
Substance Use Treatment

Wiser Choice services showed significant positive client outcomes in 2013, comparing favorably with national averages in several domains for relative change from intake to six-month follow-

ups. The percentage of clients reporting abstinence from alcohol and drugs improved. The proportion of clients reporting having been arrested within thirty days decreased. Employment (full- or part-time) improved, and combined employment and/or enrollment in education or training increased.

2013 Wiser Choice Client Outcomes

(Numbers reflect change from time of enrollment to 6-month follow-up)



Veterans Services

The Community Services Branch helped establish the Veterans Treatment Initiative (VTI) and was an active partner in the VTI throughout 2013. The VTI is a voluntary program by which veterans are diverted from the traditional criminal justice system into a specialty court that uses a non-adversarial approach and evidence-based rehabilitative services to empower participants to lead productive and law-abiding lives. The VTI emphasizes the core values of military service and works to reduce criminal recidivism, promote sobriety, increase compliance with treatment and other court-ordered conditions, and alleviate participants' service-related behavioral health issues. Key collaborators in the VTI include the Veterans Administration – which provides recovery services to eligible veterans – and Dryhooch – which offers VTI participants valuable peer support and mentoring services, funded in part by the CSB through Wiser Choice.

Wisconsin Operation: Immersion (WO:I) is another extraordinary product of the partnership between the CSB and Dryhooch along with the Wisconsin National Guard. Civilian clinicians joined National Guard members and Reservists for a weekend of experiential education at Fort McCoy, where participants were immersed in

military culture and simulated deployment. A primary goal of the training was to improve clinicians' understanding of concerns specific to veterans with mental health and substance use issues. WO:I had a lasting impact through 2013 by equipping participating providers with unique skills and knowledge to better serve veterans.

Improved Intake Process

In 2014, the Community Services Branch intends to finalize the redesign of "front-door" to ensure a streamlined intake process for individuals and their families that have either a mental health or a substance use disorder. The assessment and screening instruments will be aligned to determine necessary treatment and recovery support services and the intake will be piloted to ensure it is capturing the required information for enrollment into either mental health or substance use disorder care. The focus on the creation of a recovery-oriented system of care and the movement away from system of sustaining care will become the operational framework. The continued emphasis on the utilization of psychosocial rehabilitation benefits such as CRS 1915(i) and the addition of Comprehensive Community Services will also be a priority. Lastly, the use of peers as providers and other evidence based strategies will strengthen the delivery of community-based care while continuous quality improvement initiatives will guide the future direction and modification of clinical practices.

CRISIS & INPATIENT SERVICE

Crisis Services

The Psychiatric Crisis Service/Admissions Center provides 24/7 psychiatric emergency services including assessment, crisis intervention and medications. The center has the capacity for client observation for up to 48 hours as needed.

Psychiatric Crisis Line (414) 257-7222

The Crisis Line is available 24/7 to provide immediate psychiatric crisis intervention services. The Crisis Line is often the first point of contact with the mental health system for individuals in crisis and is the main access point for the mobile team services. Services include:

- Screening & Assessment
- Crisis Counseling & Intervention
- Emergency Service Coordination
- Free Referral Information

Access Clinic (414) 257-7665

The Access Clinic is open Monday through Friday from 8 a.m. - 4 p.m. The clinic serves uninsured Milwaukee County residents requesting psychiatric assessment, medications or community referrals.

To support the closure of the BHD Center for Independence and Development (CID) and to reduce utilization of the psychiatric crisis services (PCS), an initiative for 2013 was to expand Crisis Services with staff who have expertise in serving individuals who are dually diagnosed with intellectual developmental disabilities (IDD) and mental health issues. In 2013, BHD created the Community Consultation Team (CCT) to be a crisis mobile team that specializes in community-based interventions for individuals with both IDD and mental illness.

The primary focus of CCT is to provide support and crisis intervention services to individuals who are transitioning from the CID to the community. As the CID closure progresses, these services will become available to all individuals in Milwaukee County with IDD and mental illness who are in need of assistance.

In 2013, Crisis Services also expanded crisis mobile response capacity through a partnership with the Milwaukee Police Department (MPD) in the creation of the Crisis Assessment Response Team (CART). This specialized crisis mobile team consisting of a BHD clinician and an MPD officer, has been responding to individuals in crisis in the community with the goal of decreasing the need for emergency detentions by identifying voluntary treatment alternatives for individuals

whenever possible. Since the creation of CART in July 2013, this team has had to issue emergency detentions in just 10% of the mobile interventions completed.

Acute Adult Inpatient and Child/Adolescent Inpatient Services (CAIS)

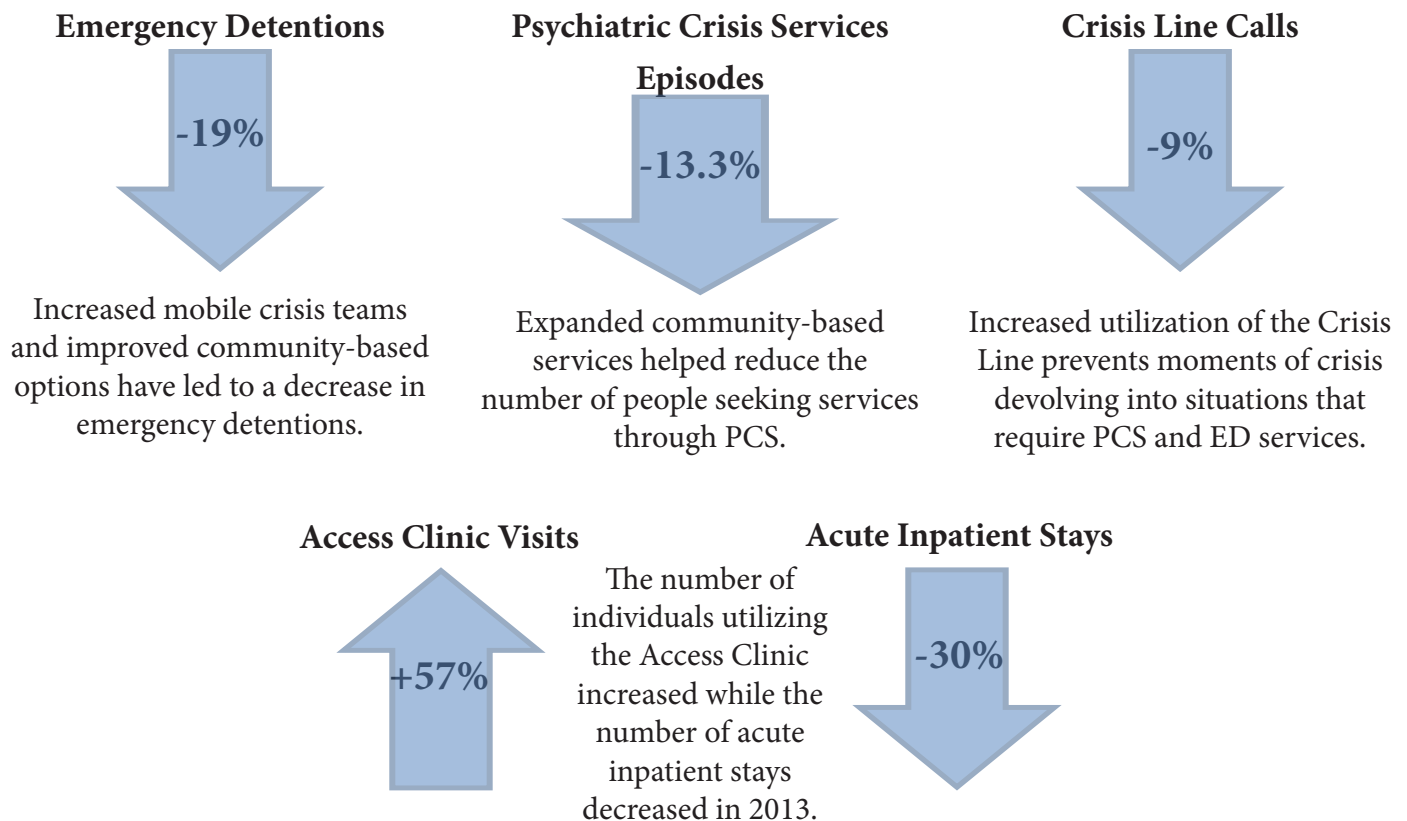
Inpatient services uses a multi-disciplinary, recovery-based team approach designed to stabilize those in acute psychiatric need and provide a bridge to appropriate community services. Acute Adult Inpatient Services saw an across the board increase in patient satisfaction in 2013 as a result of concerted efforts by the Division. In 2013 the number of acute beds held steady to the 24-bed downsized level achieved in 2012. Even with the reduced number of beds, there were no wait lists in Acute since the first quarter. Acute successfully completed certification visits with no citations. Stabilization at leadership positions, such as the appointment of an acute medical director and a new director of acute also helped improve Acute operations in 2013. The number of admissions to CAIS has continued to steadily decrease as alternative treatment options in less restrictive settings are adopted. CAIS also gained a permanent medical director in 2013.

Rehabilitation Centers (Hilltop/Central)

BHD's Rehabilitation Centers are two individually-licensed facilities which provide unique long-term rehabilitative care to patients with complex medical, mental health and behavioral needs. The goal of these facilities is to promote optimum function and return to appropriate community settings. BHD continued to increase community integration of behavioral health services while moving Rehabilitation Center residents into less restrictive community settings. BHD worked collaboratively with the Wisconsin Department of Health Services (DHS) and other agencies as part of Relocation Teams to find the best community option for each resident, customized to their individual needs. We have instituted better staff education and pro-active measures to ensure that residents are always being treated with the utmost dignity and respect in a culturally sensitive environment.

Measurable Improvements in Essential Areas of Mental Health Care

Investments by Milwaukee County in mental health care and community-based infrastructure over the past several years began to pay dividends in 2013. A comparison of some crucial indicators from 2010 to 2013 illustrates the progress made.



Leadership and Administration

In 2013 BHD made significant strides to put long-term leadership in place that will serve to improve division-wide functioning. A Quality Compliance Officer and a Director of Nursing were both appointed in 2013. Mandt training continued to expand with management staff being trained to ensure that all Division staff are properly trained on de-escalation techniques. The HIPAA-compliant Avatar Electronic Medical Record (EMR) system has been implemented for Crisis Services and Acute Adult Inpatient and will continue to be implemented throughout the Division in 2014. BHD continued to increase operational efficiencies while making fiscally sound changes as a result of data-driven decision-making.

MENTAL HEALTH REDESIGN

The Mental Health Redesign Task Force first convened in 2011. The group implemented activities designed to enhance the Milwaukee County mental health system in the key areas of person-centered care, continuum of care, community linkages, workforce and quality.

One of the major goals of the redesign is to close the long-term care units at BHD. During 2013 significant progress was made toward completing this process. A total of 17 individuals transitioned from Hilltop to the community. Of the remaining 49 individuals, more than two dozen have enrolled in a Family Care option, one of the first steps to finding community placement.

The redesign implementation activities were framed within SMART Goals (Specific, Measurable, Attainable, Realistic and Time-bound) to promote accountability and clearer reporting. In 2013, eight of the 16 SMART goals had been completed and several others were ahead of pace.

Completed goals include:

SMART Goal 4

Expand the network of Certified Peer Specialists who are well trained, appropriately compensated, effectively engaged with peers, and whose services are eligible for Medicaid reimbursement*

SMART Goal 5

Improve coordination and flexibility of public and private funding committed to mental health services*

SMART Goal 8

Improve crisis access and response to reduce Emergency Detentions*

SMART Goal 9

Improve flexible availability and continuity of community-based recovery supports*

SMART Goal 10

Improve the success of community transitions after psychiatric hospital admission*

SMART Goal 13

Improve access to (and retention in) recovery-oriented supportive housing for persons with mental illness who are homeless or inadequately housed*

SMART Goal 15

Improve access to non-hospital intervention and diversion services for people in mental health crisis to reduce unnecessary acute hospital admissions*

*For detailed information on activities completed to achieve goals visit: <http://county.milwaukee.gov/MHRedesign.htm>

WRAPAROUND

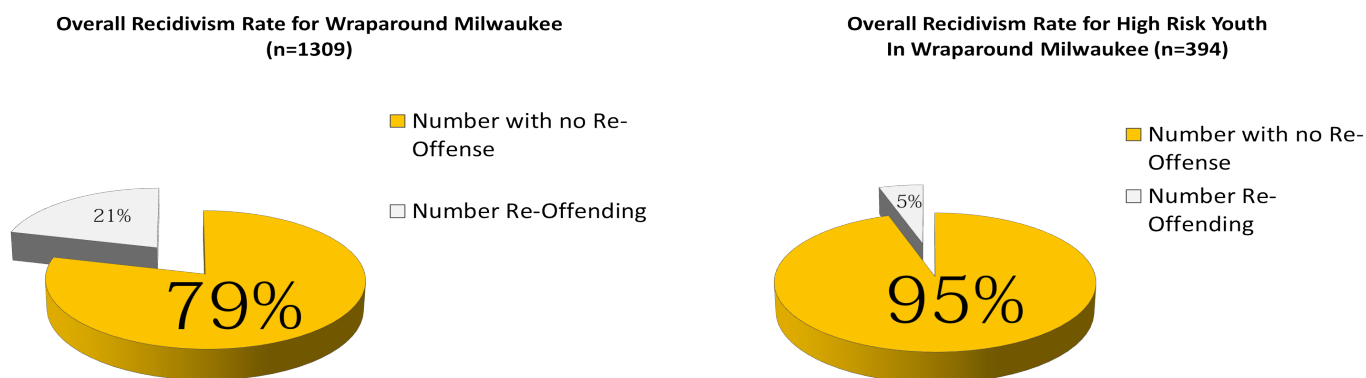
Wraparound Milwaukee is a unique type of managed care program operated by the Milwaukee County Behavioral Health Division and is designed to provide comprehensive, individualized and cost-effective care to children with complex mental health and emotional needs. Wraparound Milwaukee serves families living in Milwaukee County who have a child who has serious emotional or mental health needs, is referred through the Child Welfare or Juvenile Justice System and is at immediate risk of placement in a residential treatment center, juvenile correctional facility or psychiatric hospital.

The BHD Wraparound program celebrated a number of accomplishments this year, including serving a record number of youth and families. The program enrolled about 1600 families in 2013 and served an average of 1050 children on a daily basis. Wraparound administrators and employees continue to celebrate success while looking for ways to improve the services offered to youth and their families in Milwaukee County.

Recidivism Study

A new two-year study from the Wisconsin Council on Children & Families looked at recidivism rates of youth in the Wraparound Milwaukee program.

The study found that of the more than 1300 youth enrolled in Wraparound, 79% did not re-offend while participating. The rates for the highest risk youth, such as juvenile sex offenders, was 95%.



The re-arrest data also showed there was no increase in severity in offenses for youth who were re-arrested. The study concludes that Wraparound has a positive effect on recidivism rates that continue to appear reasonably low. The outcomes from the high risk population also suggest that the additional evidence-based practice interventions that take place have discernible effects.

The following results were included in the study summary:

- Overall recidivism remains low
- High risk youth have significantly lower recidivism rates (5%)
- Patterns show most re-offense behaviors in youth who have been in the program less than three months
This suggests youth need time to engage in the program and close attention to youth is critical during this time
- More in-depth investigation of multiple re-offenders is necessary

Data from the study supports the assertion that Wraparound Milwaukee is a cost-effective approach to reducing youth crime and the harmful impact it has on the community, participants' families, and the participants themselves.

New Resource Center

During 2013 Wraparound had its first full year of operation of a new young adult resource center clubhouse called Owen's Place. The official dedication of Owen's Place was held on October 25, 2013. The resource center hosts classes for young adults related to health care, wellness, banking, job seeking and employment. It also serves as a recreational and meeting place for young adults with emotional and mental health issues. Owen's Place is also a space where young adults can access a peer support specialist and use the computer to look for jobs, a place to live and other resources. Owen's Place is located at 4610 W. Fond du Lac in Milwaukee.

Peer Specialists

One of the most notable accomplishments of Wraparound this year was the development of Young Adult Peer Specialists who have lived experiences who can work with youth or other young adults with serious emotional needs. In September 2013, Wraparound Milwaukee was the first HMO to get approval to cover peer specialists as a reimbursable Medicaid service. Considerable time has been spent to train more young adults to be peer specialists and help them prepare for and pass the State Certification course for peer specialists.

WRAPAROUND CURRICULUM

Wraparound Milwaukee and Georgetown University were selected to partner with the Johnson Foundation at Wingspread in Racine, Wisconsin to host a conference for eight U.S. states to help them design, develop and implement systems of care like Wraparound Milwaukee and to understand the key components to building successful systems. Wraparound Milwaukee has developed a national training curriculum on our model and the Wingspread Conference, held October 16-18, 2013, was an opportunity to further pilot that curriculum.

During 2013 Wraparound Milwaukee also hosted site visits from the following states/countries:

- New Zealand
- Colorado
- Wyoming
- Minnesota
- Rhode Island

The visits were designed to allow delegates to see and learn about the program.

MENTAL HEALTH INVESTMENTS

In 2013 we included investments to further our mental health redesign efforts in 2014. More than \$4.8 million was approved to expand community-based mental health services. That money will be leveraged by millions of additional state and federal dollars that will be used to help increase the number of treatment options available in the community. The 2014 investments and improvements include:

- Expanding BHD's partnership with the Milwaukee Police Department to increase the reach of the Crisis Mobile Team. Funds will be used to add one clinician to work directly with officers who serve as first responders to emergency detention calls. The goal is to reduce the number of involuntary emergency detentions by offering individuals alternative treatment options.
- A new peer run drop-in center will open in 2014. The center will operate primarily in the evenings and on weekends and will increase the existing peer services contracts.
- Additional quality assurance staff will help ensure better care and safety at BHD. One of the new staff members will focus solely on improving quality assurance in our Crisis Services areas.
- BHD will continue to implement the Community Recovery Services (CRS) program, which is a co-participation benefit for individuals with a severe and persistent mental illness. The program promotes independence by connecting clients to necessary recovery services like supported employment and housing.

- We will continue to expand case management programs including additional targeted case management (TCM) slots.

- The 2014 budget maintains funding for Families Moving Forward, which focuses on mental health issues in the African American community.

- There is a substantial investment in a new partnership with the UCC/16th Street Clinic to focus on the Latino community.

- Additional resources are being used to help individuals moving out of Rehab-Centers Central, including 20 additional Community Support Program (CSP) slots, more group home beds and other additional supports such as adult family homes and other needed services.

- The evidence-based Assertive Community Treatment (ACT)/Integrated Dual Disorder Treatment (IDDT) models will be added to four existing CSP programs to improve and expand services for clients.

- All CSP providers will receive a cost of living adjustment (COLA) for the first time since 2000. BHD also plans to continue to review and consider COLA increases for other service areas in future years.

- A South-side Access Clinic will open in July 2014 to help meet increased demand and also to address community needs by having a second location for services that individuals can more easily access.

- BHD will apply for funds to implement Comprehensive Community Services (CCS), which is a Medicaid psychosocial rehabilitation benefit.

- In partnership with the Division of Housing, BHD plans to offer a new housing pilot program specifically aimed at AODA clients, to provide a safe living environment coupled with Targeted Case Management (TCM) services for individuals who are in the early stages of recovery from a substance use disorder.

- BHD, in coordination with the Department on Aging and the Disabilities Services Division, will work to create a pilot program to address the County's responsibility under Chapter 55 of the Wisconsin Statutes in the Milwaukee community. The goal is to create a 24/7 crisis intervention team to assess the behavioral health,

medical and cognitive needs of elderly individuals in Milwaukee County.

- The Housing Division's Pathways to Permanent Housing program is funded on an annual basis and provides transitional housing including intensive care management and the presence of a robust level of peer specialist resources and expertise. The 2014 budget includes \$276,250 transferred from BHD to Housing and an additional \$70,000 in increased tax levy is invested in the program.

- The Housing Division plans to implement a new initiative to create 20 permanent supportive housing scattered site units to serve BHD consumers. The Housing Division will work with existing landlords to secure these units and the service model will include peer specialists to supplement the work of case managers.

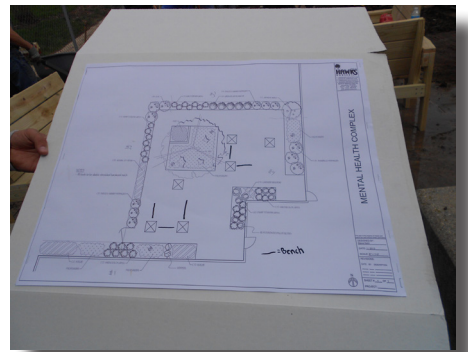
- BHD will establish a Community Consultation Team specifically for individuals dually diagnosed with both a developmental disability and mental health issue. This includes the creation/transfer of five positions throughout 2014.

- BHD and DSD will develop a Crisis Resource Center that will be available to individuals with intellectual and developmental disabilities and a co-occurring mental illness. The primary goal of this program is to provide intensive support to assist an individual in acquiring the necessary skills to maintain or return to community living following behavioral or symptoms changes leading to crisis destabilization.

COURTYARD RENOVATION



Individuals living at BHD and staff were given a new opportunity to enjoy the spring and summer weather thanks to a partnership between BHD, a Wauwatosa Boy Scout troop and Hawks Nursery. Members of Troop #21 and other volunteers renovated a patient courtyard and helped create a healing garden. The project included designing the new courtyard layout, planting new trees, plants and flowers, and installing new hand-made benches.



HOUSING DIVISION

The Housing Division strives to provide Milwaukee County residents in need with a safety net, decent and safe affordable housing, and a connection to opportunities improving the quality of life using available funding sources in the most equitable and efficient manner.

SUPPORTIVE HOUSING

Five Year Progress

Supportive Housing units offer affordable rent to individuals with mental illness who want to live independently in an environment conducive to their recovery. The Housing Division along with the Milwaukee City/County Commission on Supportive Housing released a five-year progress report in November 2013. The report showed significant progress in the development of safe, secure housing for individuals with mental illness. A 10-year plan that is part of a report issued in 2007 calls for 1260 supportive housing units in Milwaukee County. As of September 2013, there were 421 units occupied throughout the County, 37 units under construction and 60 new units proposed.

Bradley Crossing

Milwaukee County made history in March 2013 when a large-scale supportive housing building opened outside the city of Milwaukee for just the second time. The new Bradley Crossing supportive housing development in Brown Deer is the result of a partnership between General Capital, Jewish Family Services and Movin' Out with support from the Milwaukee County



Housing Division. The building features 60 units, including 30 that are set aside for residents with disabilities. Staff from Jewish Family Services provides on-site case management for residents and outpatient mental health services. The Bradley Crossing project is in line with the goals of the County's Mental Health Redesign. The Housing Division's Community Development Block Grant (CDBG), Section 8 and HOME programs helped fund the project.

Pathways to Permanent Housing

Milwaukee County's new transitional housing program, Pathways to Permanent Housing, opened in June 2013. Pathways offers housing options for those who are at risk of being homeless and individuals who would like to transition to less restrictive settings.

HOUSING FOR YOUNG ADULTS

The Housing Division partnered with Journey House and Milwaukee County Wraparound on the creation of new supportive housing units for individuals that are aging out of foster care and are enrolled in Wraparound's Older Youth and Emerging Adult Heroes Program (O-YEAH). Eight units have been funded and will be placed into service in the spring of 2014. The Division will continue to focus on this population in 2014 and this pilot project will begin to address a shortage of housing for young adults.

Community Intervention Specialist

Through the Community Linkages Committee of the Mental Health Redesign, the Housing Division created a new Community Intervention Specialist position in 2013. This position will assist private hospitals, Milwaukee County Jail, House of Corrections, and homeless shelters to ensure proper discharge planning into appropriate housing. The Division is confident that staff will be able to reduce recidivism in the correctional system, reduce the use of inpatient services at the Milwaukee County Behavioral Health Division, and allow individuals to be placed into permanent housing upon discharge instead of relying on the shelter system.

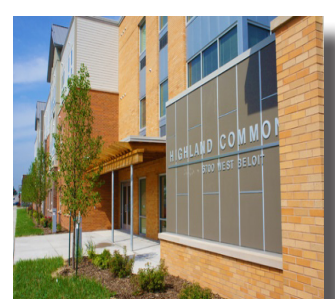
Keys To Independence - Scattered-Site Supportive Housing

Through the new Keys To Independence initiative, 40 additional scattered-site supportive housing units were funded in 2013. These units will give consumers additional housing options in units located throughout Milwaukee County. Through Guest House of Milwaukee, additional case management and peer support services will be offered to participants of the program and the Housing Division will also provide rental subsidies to ensure affordability of units.

Door To Neighborhood Choice

For the first time, Milwaukee County has dedicated HOME funds towards Tenant Based Rental Assistance (TBRA) through the Door to Neighborhood Choice Program (DNC). DNC provides security deposit assistance to participants in Milwaukee County's Housing Choice Voucher Program to enable individuals and families to afford to live in neighborhoods of their choice throughout Milwaukee County.

Including Bradley Crossing, there are a total of 12 supportive housing buildings located throughout Milwaukee County.



DELINQUENCY & COURT SERVICES DIVISION

The Milwaukee County Delinquency and Court Services Division (DCSD) is focused on community protection, youth accountability and youth competency development aimed at reducing recidivism among youth in Milwaukee County through improving operational efficiencies, engaging in evidence-based practices, expanding community alternatives to safely reduce reliance on the use of secure confinement, and building community partnerships to provide better outcomes for youth and families served in Milwaukee County.



JUVENILE JUSTICE REFORM & REINVESTMENT INITIATIVE

A major initiative within DCSD in 2013 was the implementation of a federal grant awarded in 2012 by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. The Juvenile Justice Reform and Reinvestment Initiative (JJRRI) involves adopting a set of evidence-based and cost-measurement tools for assessing services provided to juvenile justice youth and using the results to inform service improvement with the ultimate goal of achieving better outcomes for youth. In May 2013, DCSD hosted a kick-off event with its community-based providers and system partners to learn about the initiative from the national technical assistance team, including the Office of Juvenile Justice and Delinquency Prevention, Georgetown University Center for Juvenile Justice Reform, Vanderbilt University's Peabody Research Institute, and the Urban Institute. Following this event, DCSD and Wraparound Milwaukee conducted site visits and gathered data needed to complete the evidence-based tool, known as the Standardized Program Evaluation Protocol, for services provided to youth in the juvenile justice system. Scoring and program improvement activities will be the focus in 2014.

JUVENILE DETENTION ALTERNATIVES INITIATIVE

DCSD continues to work with the Annie E. Casey Foundation to implement new juvenile justice reforms and is one of three sites in Wisconsin to participate in the Juvenile Detention Alternatives Initiative (JDAI). The overarching goal of this initiative is to safely reduce reliance on the use of secure confinement for youth. The work of JDAI is supported by a Community Advisory Board that was formed in 2013 comprising representatives from the Milwaukee County Board, Milwaukee County Executive's office, judiciary, District Attorney's office, Public Defender's office, Milwaukee Police Department, Department of Corrections, Milwaukee Public Schools, community- and faith-based agencies, youth representatives, and others.

As part of the JDAI initiative, and with the approval of the judiciary, DCSD developed and implemented two new detention alternative programs in 2013, including the use of Global Positioning Systems (GPS), as an enhancement to existing monitoring programs for youth pending court, and a weekend report center for youth who violate the conditions of their probation. These two initiatives were supported in 2013 with grant funding for JDAI activities from the Wisconsin Department of Justice.

- **The GPS enhancement** allows for close tracking of youths' whereabouts and compliance with monitoring program requirements. As a result of the availability of GPS, youth at risk of detention because of violations in the monitoring program can avoid the issuance of a warrant and detention placement if they maintain compliance. Judges may also order

youth pending court directly on GPS with monitoring as an alternative to detention.

- **The weekend report center**, called the Saturday Alternative Sanction (SAS) program, provides a community-based alternative to sanctions placement for youth who violate the conditions of their probation. The program is intended to provide a timely response and hold youth accountable relative to their violations, while engaging them in positive and constructive programming. The program was implemented in July 2013 following the issuance of a Request for Proposals and selection of a community-based vendor. The program lasts six to eight weeks and includes three groups that youth can participate in to address their specific probation violations: Aggression Replacement Training, Thinking For Change, and Alcohol & Other Drug Abuse (AODA). This program also provides an opportunity for community service hours and includes a component in which the family is engaged to aid in the change process for the youth. Transportation to and from the program is provided for the youth, along with meals and other incentives. Thirty-two youth have participated in the program since its inception.

JUSTICE & MENTAL HEALTH COLLABORATION GRANT

Since 2010, DCSD, Wraparound Milwaukee, and the Wisconsin Department of Corrections have partnered on a Justice and Mental Health Collaboration grant from the Bureau of Justice Assistance to provide comprehensive reentry services for youth with mental health problems returning from juvenile corrections. A total of 45 youth were served since program inception. Grant funding ended in September 2013; however, the partners are committed to continuing the project through pooling resources to provide reach-in care coordination services while youth are transitioning from the juvenile correctional institution and Wraparound services in the community to promote successful reentry.

MILWAUKEE COUNTY ACCOUNTABILITY PROGRAM

Milwaukee County's short-term detention program, known as the Milwaukee County Accountability Program (MCAP), has served to divert youth from the Department of Juvenile Corrections, keeping youth closer to home and improving the youth's behaviors and thought patterns. MCAP has served 27 youth since its inception in October 2012 and saw its first graduates in December 2013. Youth in this program receive education while in detention, Juvenile Cognitive Intervention Programming, family counseling, AODA education and counseling, restorative justice, and targeted monitoring including GPS.

YOUTH MENTORING COLLABORATION

In June 2013, DCSD entered into a Memorandum of Understanding with Milwaukee Police Department (MPD) to partner in a pilot project to match youth in the juvenile justice system with mentors from the faith-based community. Milwaukee Public Schools (MPS) has committed to providing volunteer and mentor training to new mentors for this pilot. In addition, DCSD has committed resources through its Early Intervention Program grant to contract with a community-based provider, Adolescence Mentoring Educational Network (A.M.E.N.), to provide administrative support, training, recruitment, and consultation services for this project.

OPERATIONAL EFFICIENCIES

In 2013, DCSD successfully reorganized Human Service Worker duties through eliminating division of tasks between intake and ongoing probation units. As of April 2013, Human Service Workers keep assigned cases from initial delinquency referral through the end of the dispositional order. This change enhances continuity of worker/family assignments by eliminating case transfers. Continuity of case assignments also serves to promote the streamlined completion of the Youth Assessment and Screening Instrument (YASI) risk and needs assessment.

Additionally in 2013, DCSD assigned Juvenile Correction Officer Supervisors to screen youth brought to detention for placement in place of designated Custody Intake Specialist staff. This intake function operates 24 hours per day, seven days per week. Juvenile Correction Officer Supervisors assuming this task improved operational efficiency and the reliance on overtime expenditures to perform these statutory duties.

TRAINING & EDUCATION

DCSD continues to invest in training of its staff and community partners to promote understanding and skill development in providing effective services to youth and families. Training opportunities provided to DCSD staff in 2013 included the following topics:

- YASI risk and needs assessment tool
- Motivational interviewing
- Commercial sexual exploitation of at-risk youth
- Trauma-informed care (made available through Wraparound Milwaukee).

With grant funding from the Wisconsin Department of Justice, DCSD also made training from the National Runaway Safeline on the prevention of youth running away and the commercial sexual exploitation of at-risk youth widely available throughout the year. The training was available to the Bureau of Milwaukee Child Welfare (BMCW) and its contracted staff, contracted group home and shelter staff, and Wraparound Milwaukee providers. These trainings were provided as part of a broader effort to prevent youth in the child welfare system from entering secure detention and to improve identification and service delivery to youth in both the juvenile justice and child welfare systems. These projects included improving communication and information sharing between BMCW and DCSD when a youth was involved with both systems, diversion efforts for youth who would otherwise be placed in detention, working with system partners to address youth who run away from their homes or court ordered placements, and assisting a community agency with equipment needed for the new residential treatment center for females victims of human trafficking.

DISABILITIES SERVICES DIVISION

The Disabilities Services Division (DSD) is dedicated to enhancing the quality of life for individuals with physical, sensory and intellectual disabilities.

DIVISION ACHIEVEMENTS

Behavioral Health Division (BHD) Hilltop Closure Project

DSD has provided overall project management to the BHD Hilltop closure initiative. The implementation process resulted in significant progress toward the goal of relocating individuals by November 2014. During 2013, substantial progress was made to facilitate the enrollment process and options counseling. To date, 29 of the remaining 49 individuals at Hilltop have been enrolled in one of the Family Care options, while 17 individuals have left Hilltop and those beds have been closed. DSD staff have worked closely with guardians to facilitate the enrollment process.

HOUSING SURVEY

A Housing Preferences survey project for persons with intellectual and/or physical disabilities was completed in partnership with Movin' Out, Inc. entitled "If I had My Own Home..." The survey provided consumer responses to address several areas of housing concerns and issues. A steering committee was formed to guide this process. The results will be considered by the steering committee and final recommendations will be brought forward to the Division in partnership with the DHHS Housing Division and the Combined Community Services Board (CCSB) for future planning purposes.

System Gap Analysis

The Division completed a system gap analysis with the Public Policy Forum and the Human Services Research Institute (HSRI) during 2013. The project was a significant review of the gaps in services for persons with intellectual disabilities. An advisory committee was formed and met several times, a key stakeholder interview/survey process and an extensive data analysis was completed. The final report should be available early in 2014 after a review by major stakeholders.

Cost Savings

DSD initiated a Cost Saving Committee as suggested by DHHS Director Colón and formed an internal work group of DSD staff. The work group set a goal of improving business efficiency by beginning a "Going Paperless Project." The project set out to reduce the number of paper-generated reports being distributed to DSD staff and replacing the information with an electronic alternative. During 2013, the project successfully reduced the use of paper by an annualized 72,276 pages. This effort saved on paper costs and printer/toner/repair expenses and resulted in a more efficient method to distribute important data used for day-to-day operations.

Marketing Materials

The Disabilities Services Division developed new marketing materials for the Division which included the Disability Resource Center, the Birth to Three program and the Children's Long Term Support programs. The materials feature the new DSD logo and color scheme.



CHILDREN'S PROGRAMS



Improved Communication & Enhanced Relationships

In 2013 DSD developed a Provider Network as a strategy to improve branding of Milwaukee County Children's Programs to increase identification of Birth to 3, Children's Long Term Support and Family Support Programs as Milwaukee County Services available to children and families.

The division also developed 2014 Fee-for-Service Contracts to ensure provider certification within the Milwaukee County Children's Long Term Support

Provider Network and state third party claims process.

DSD created a partnership with Gorman Homes through the DHHS Housing Division to facilitate access to accessible-housing for children with disabilities and their families. Ten families received new accessible and affordable homes in 2013.



BIRTH TO 3

- 3070 referrals for Early Intervention Services have been received and processed
- 1286 new Individual Family Service Plans (individualizing Early Intervention Services) were developed
- Completion of Corrective Action Plan and Correction of Findings of Non-Compliance along Indicators 1, 7, 8A, and 8C. Progress was achieved at 100% compliance
- Seamlessly transitioned families, preventing service interruption, from Next Door Foundation within 2 weeks of receiving their request to discontinue as a Birth to 3 Contractor with Milwaukee County
- Fully implemented 2013 Performance Based Contracting and began ongoing analysis of data to ensure that the resources in the program are aligned with the mission to support parents and children in their natural environments

CHILDREN'S LONG TERM SUPPORT WAIVERS

- Program Manager Appointment to the State Department of Health Services Children's Long Term Care Council
- 443 families served with an Autism Waiver Benefit
- 210 families served by the Non-Autism Waiver program
- 76 New enrollments (total new enrollments in both programs)
- Initiation of CLTS Provider Network

FAMILY SUPPORT

- Provided Family Support funding to 602 families to assist their children with disability related needs
- Initiated funding guidelines in response to state changes in administration of Family Support dollars, focusing on goals and outcomes that demonstrate assessment of a child and family's short term and long term needs

DISABILITY RESOURCE CENTER (DRC)

The DRC completed its first full year of services after reaching an entitlement benefit for persons with intellectual and physical disabilities and received **3052 requests for long-term care services** while **enrolling 1749 customers in publicly funded long-term care** between January 1 and November 30, 2013. This represents an increase in volume over 2012.

DRC Call center staff received **24,990** incoming phone calls between January 1 and November 30, 2013.

Disability Benefits Specialists served **2112 customers** between January 1 and November 30 2013. The total monetary impact to our customers during this time period is **\$936,799**. This is the estimate of the value of benefits our DBS customers received as a result of our DBS intervention and assistance.



COURT RELATED SERVICES

WATTS Review Unit

- DSD had 100% compliance with timely submittal of 525 Watts Reviews to the court system.

Adults At Risk (APS)/Guardianship Unit

- 90 individuals with disabilities who have a guardianship/protective placement order were successfully relocated to the community with appropriate supports.
- APS staff members investigated 322 cases of abuse, neglect and financial exploitation.
- APS staff connected 86 individuals with disabilities to publicly funded long term care services and other community resources.

INTERIM DISABILITY ASSISTANCE PROGRAM (IDAP)

The Interim Disability Assistance Program (IDAP) provides benefits to eligible individuals who are waiting for approval of their Supplemental Security Income (SSI) application. In 2013 IDAP assisted approximately 1,100 individuals and provided \$222,630 in payments.

COUNTY INDIGENT BURIALS PROGRAM

Approximately 290 individual burials were supported by the County Burials program in 2013. This program also realized significant efficiencies in the fiscal policy area developed last year.

EMERGENCY MEDICAL SERVICES

Emergency Medical Services (EMS) is an essential part of Milwaukee County's health care community. EMS is a nationally respected group that has been recognized for high survival rates of cardiac patients, among other achievements. The division administers critical emergency medicine in pre-hospital settings. EMS is also responsible for administering the operation and maintenance of county-wide emergency medical services through agreements with county municipalities.

40TH ANNIVERSARY

The EMS Division celebrated 40 years of service in 2013. The paramedic training program began in 1973. West Allis Fire was the first department to send firefighters to the paramedic training center. Over the last 40 years, more than 775 individuals have acted as paramedics in the program. Today, more than 425 paramedics are working in nine fire departments on 38 units throughout Milwaukee County.

MEDICAL DIRECTOR

After more than twenty years as the medical director for the Milwaukee County Emergency Medical Systems (MC EMS), Dr. Ronald G. Pirrallo stepped down in 2013.

During his tenure as medical director, the EMS system experienced many changes. The number of paramedics and ambulances in the MC EMS more than doubled, treatment protocols expanded the scope of



Dr. M. Riccardo Colella presents Dr. Pirrallo with a plaque commemorating his 20 years of service.

practice for the paramedics, the system also undertook numerous technology changes, and as a result of numerous research projects, evidence-based practice elevated the level of critical emergency care provided to those who call 911.



County Executive Chris Abele presents Dr. Pirrallo with an Executive Proclamation.

Dr. M. Riccardo Colella superseded Dr. Pirrallo. Dr. Colella is only the third medical director for MC EMS in the 40 year history of the program.

NATIONAL EMS EDUCATION CENTER ACCREDITATION

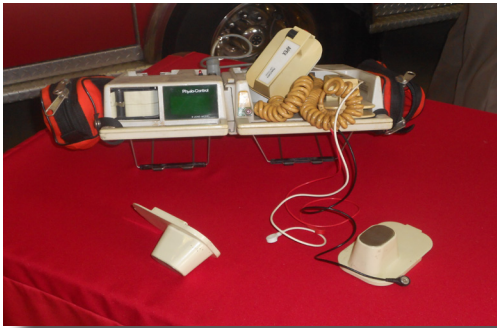
The EMS Education Center received a site visit from the Committee on Accreditation of Education Programs for Emergency Medical Services Professionals (CoAEMSP). This site visit followed a lengthy self-study application to seek accreditation for the EMS Education Center. National Registry of EMTs and the state of Wisconsin EMS offices require accreditation in order for graduates of EMS schools to be allowed to obtain national certifications and state EMT licenses.

NEW CARDIAC MONITORS

Milwaukee County Fire Departments received new ZOLL Medical X Series heart monitors in 2013.

The new monitors give EMS technicians several advantages including:

- Wireless Internet abilities allow EMS units to transmit information to hospitals easier and in a timely manner, which has shown to improve patient outcomes
- Ability to obtain and share real-time critical data elements
- Ability to quickly take serial ECGs, which is important when monitoring heart attack patients
- Improved patient assessment data collection



One of the first cardiac monitors used in Milwaukee County



New Zoll Medical X-Series cardiac monitor

Milwaukee County EMS purchased 45 of the new monitors as part of the 2013 budget.

HEART ATTACK OUTCOMES

The Milwaukee County Emergency EMS Quality Manager is actively involved in the American Heart Association's Mission: Lifeline initiative. The program is designed to improve the care provided to heart attack patients. Recognizing that time equals muscle survival, pre-hospital (EMS) and hospital providers are collaborating to reduce the amount of time it takes to open clogged heart vessels that cause some heart attacks. The success of the initiative relies on paramedics' ability to acquire and interpret a heart tracing called a 12-lead ECG which can help diagnose a heart attack. The paramedic then transmits that ECG to the hospital so staff there can begin preparation for direct admission. That process shortens the time it takes to reestablish blood flow to the heart. Current national standards for chest pain centers ask to have the blood flow reestablished within 90 minutes of hospital admission. Mission: Lifeline's goal is to reestablish blood flow in a cardiac characterization lab within 90 minutes of *paramedics arriving at the scene*. For heart attack patients seen in 2013, the current tracking done by MC EMS shows an improvement in blood flow reestablishment in 69.4% of the cases.

RESEARCH PROJECTS

Milwaukee County EMS plays a key role in several local, state, national and international research studies, including two that are listed among the most important EMS articles of the year. The National Association of EMS Physicians listed two MC EMS projects among the top 10 most important studies of the year. MC EMS works in collaboration with the Medical College of Wisconsin (MCW) to conduct a number of research studies used to determine the best and most effective medical care practices for patients in out-of-hospital settings.

In 2013, MC EMS continued to work with MCW to be part of a ten-city international Resuscitation Outcome Consortium (ROC) research cooperative. In 2013, MC EMS completed a research protocol researching the impact of obtaining on-scene results of a blood sample indicating the severity of injury for trauma patients. In addition, MC EMS continued research protocols, studying the effectiveness of two cardiac resuscitation medications and two methods of administering cardiopulmonary resuscitation.

QUALITY IMPROVEMENT

CPR Feedback Initiative

The goal of the CPR Feedback Initiative is to provide actionable feedback to providers performing CPR during resuscitative efforts for patients in cardiac arrest. The new ECG monitor technology enables the system to present graphic results to the providers showing how well the goals of compression depth, rate and continuity are met. In the first three weeks of the initiative, 60 feedback forms were delivered to the responding basic and paramedic crews depicting the quality of CPR for their resuscitation attempts.

Code Stroke & Code STEMI Alerts

Code Stroke and Code STEMI alerts were implemented in November 2013 to give receiving hospitals earlier notification of incoming patients with ST Elevation Myocardial Infarction (STEMI or heart attack) and strokes. This is especially helpful for hospitals when activating in-house or on-call cardiac and stroke response teams. In the first month of the initiative, 20 STEMI alerts and 63 Stroke alerts were issued to receiving hospitals. Early results show an additional five minutes notification for heart attacks in the first month of the initiative. Feedback from hospitals has been very positive.

HEALTH INFORMATION MANAGEMENT

Electronic Patient Care Records

Two additional MC EMS System Providers transitioned from paper to electronic medical records in the field (at the patient's side) during 2013 - Milwaukee County Airport Fire Department and the BMO Harris Bradley Center. Both providers are using ImageTrend software, which is currently used by 10 other EMS providers in our Milwaukee County EMS system.

Data Integrity Audits

The Health Information Management (HIM) section performs quarterly audits on patient care record documentation practices by our EMS providers in an effort to identify performance trends and to improve deficiencies. The audit topics for 2013 include:

1. Selecting the correct Primary Impression
2. Identifying the Cause of Injury for trauma patients
3. Completing Time of CPR data field

The overall audit results were shared with each municipal fire department for employee education. Follow-up audits were conducted post education and all showed marked improvements.

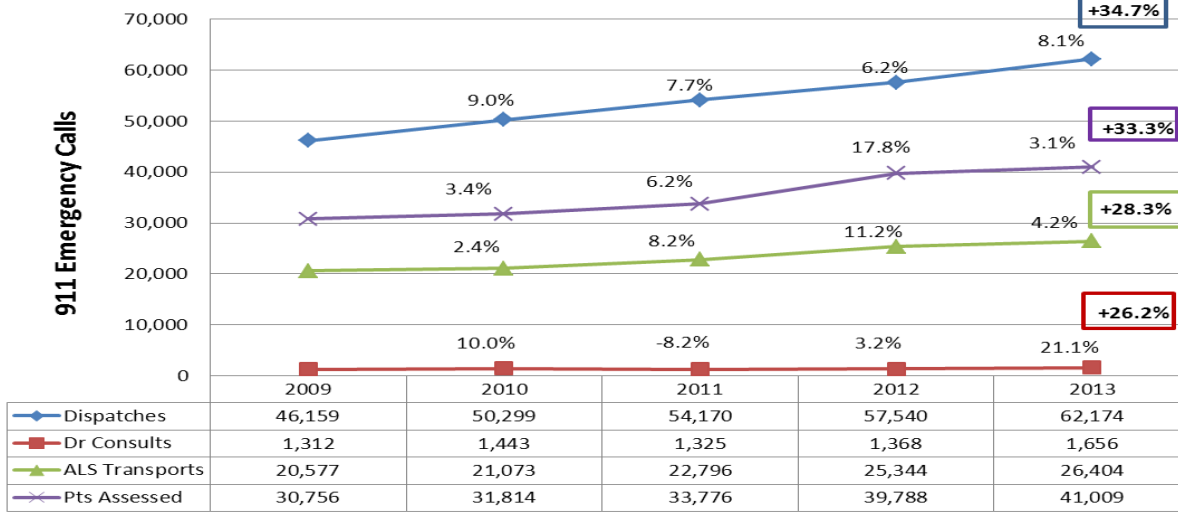
Review NEMSISv3 (National Emergency Medical Services Information System) Database Structure

A major upgrade to the national EMS data collection dataset has been released with planned implementation within the State of Wisconsin by December 2014. The NEMSIS dataset is required by all EMS systems across the country for their patient data submission to their respective State database which then submits to the national site. New data elements were identified and will be added to the MC EMS database in 2014 to meet data collection compliance.

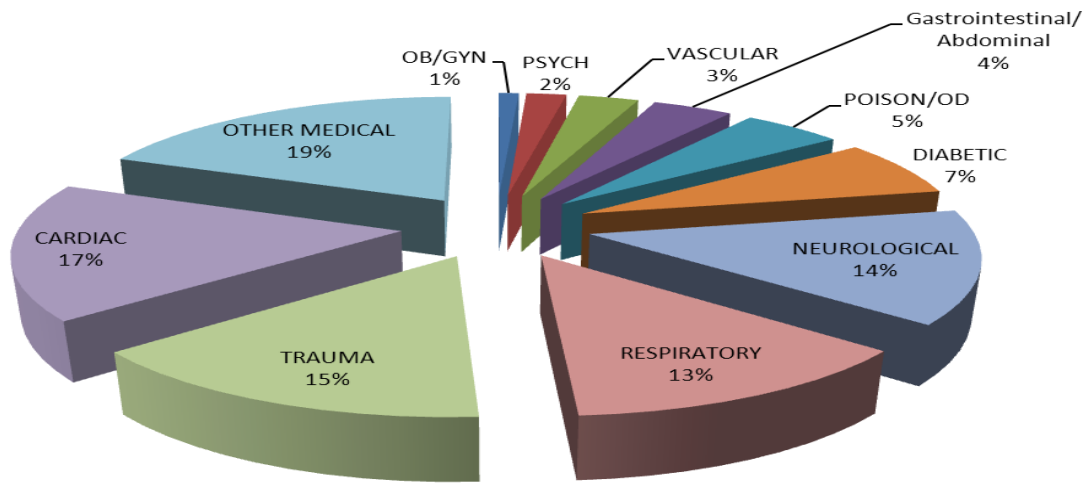
Call Volume

Data through the 3rd Quarter shows an increase in overall call volume for 2013. EMTs and paramedics saw a total of 84,257 patients.

MC EMS Paramedic Activity: 5-Year Trends



Patient Conditions



TWO PARAMEDIC CLASSES GRADUATE

Two new paramedic classes joined the Milwaukee County EMS System in 2013. Paramedic students from the Greendale, Greenfield, Franklin, North Shore West Allis and South Milwaukee fire departments made up the 54th Paramedic class. Once licensed, graduates provide advanced life support care to the citizens of Milwaukee County. The 55th paramedic class includes graduates from the Milwaukee and West Allis Fire Departments.



MANAGEMENT SERVICES

The Management Services Division provides budgeting, accounting, contracting, human resources and other business and operational support functions to all divisions of the department.

CONTRACT ADMINISTRATION

The Contract Administration section coordinates and monitors contract-related activities for all divisions of the Department of Health and Human Services, and serves as fiscal liaison between the Department and human service purchase and professional services contractors.

Wisconsin Home Energy Assistance Program (WHEAP)

The Contract Administration team is responsible for administering funds under the Wisconsin Home Energy Assistance Program (WHEAP). This program helps low-income individuals and families in Milwaukee County pay their home heating and electric bills during the heating season and provides crisis assistance to avoid service disconnections or to reinstate services during the entire year. In the 2012-2013 fiscal year, **\$30,000,978** in home energy assistance benefits were paid out to **55,000** eligible Milwaukee County households. More than a quarter of the State's \$111 Million program assists Milwaukee County households. In addition, more than 8,400 households received energy crisis assistance that totaled **\$2,485,543** for the year.

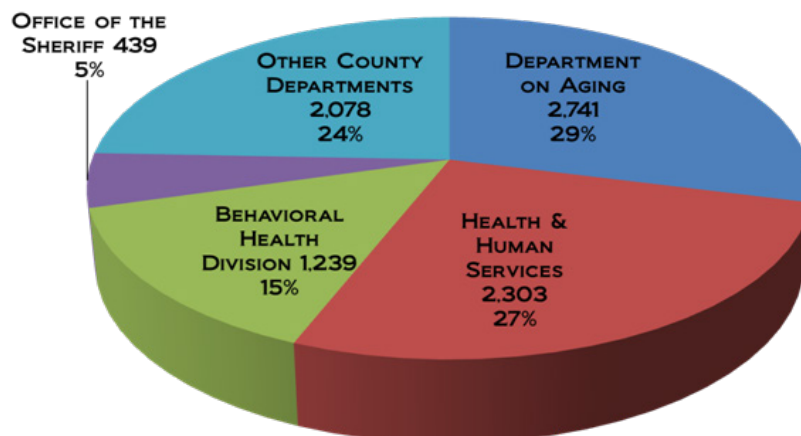


IMPACT 2-1-1

Contract Administration also administers funding for the IMPACT Community Information Line (2-1-1) service - a centralized access point for people in need during times of personal crisis or community disaster through WHEAP, AODA and other DHHS programs. This program is a 24-hour contact and referral service that provides access to a comprehensive database containing more than 5,500 community programs for residents seeking social services in Milwaukee County.

In the 2013, IMPACT 2-1-1 served a total of 202,008 customers, which included 56,867 online database search sessions and 145,141 telephone calls for an average of 16,834 clients served per month. This is an increase of 11.3% compared to 2012 (181,567 contacts). Of these, 1,688 involved language interpretation / translation or for hearing impaired customers either through voice-relay or TDD services.

IMPACT 2-1-1 Referrals



FISCAL ADMINISTRATION

Members of the DHHS fiscal staff work with all divisions throughout the year to help them find ways to improve systems and boost revenues. Members of the fiscal team were integral in several major projects that resulted in sustainable revenue increases in 2013.

FISCAL SERVICES & BUDGET

Medicaid State Plan Amendments

The DHHS Fiscal Department completed and received State approval for Wisconsin Medicaid State Plan amendments for improved cost report payments. The amendment is expected to result in increased payments of approximately \$1.3 million per year. During 2014, BHD should expect approximately \$355,000 in payments representing cost report data for the last 4 months of 2012. Beginning with 2015, BHD should expect to receive approximately \$1.3 million per year for the previous 12-month period.

Electronic Medical Records & Billing

In 2013, the Behavioral Health Division (BHD) successfully implemented AVATAR, a new electronic medical record and billing software, in the Psychiatric Crisis Service Admissions Department and in the Accounts Receivable Department. All Crisis and Inpatient Service billing is now completed in AVATAR. The implementation was a significant endeavor of the department and included complex configuration and development. During 2014 the Fiscal Department will continue to refine the use of the system, developing audit functions, more complete training manuals and reporting functions. Additionally the department will be significantly involved in the implementation of AVATAR in the Community Services Branch in 2014.

Health Care Law Changes

- Fiscal staff negotiated with the State of Wisconsin to include BHD in the disproportionate share funding that will be available to Wisconsin hospitals as part of the Affordable Care Act implementation and the simultaneous decrease of Medicaid funding. BHD expects to receive approximately \$750,000 during 2014 and anticipates additional payment during 2015.
- The fiscal team also helped facilitate a collaboration with Winged Victory and the BHD Social Work Department to promote a seamless transition process for BHD clients moving from Medicare to the Affordable Care Act Exchange agencies.
- Staff worked with the BHD Social Work Department to promote HMO enrollment for BHD's SSI Medicaid population. Enrollment in a Medicaid HMO allows for coverage of legally mandated services for the Medicaid IMD excluded population.

Quality Assurance

The fiscal team completed in-depth analysis of contract and quality assurance functions within DHHS. Following the analysis, they presented information to management and made recommendations to improve outcomes given current workload demands and staffing. During the first quarter of 2014, additional analysis will be completed with strategic initiatives expected to be incorporated in the 2015 Budget.

MEDICAL RECORDS

The Fiscal Department played a key role in making several improvements and upgrades to BHD's medical records system. Those changes include:

- Supported the implementation of AVATAR into the Psychiatric Crisis Service. Audited reports and provided feedback to ensure that through the process BHD met all required documentation standards for licensing and accreditation, and that data was complete and accurate for billing.
- Collaborated with Acute Inpatient Services to implement AVATAR in 2013. This work included translating all paper systems to electronic systems affecting all documentation, census, and billing data collection processes.
- Implemented scanning processes, allowing BHD to officially declare that we have a paperless record system for Acute Inpatient and several of the Crisis Programs.
- Updated BHD's HIPAA Policy and Procedures, Privacy Practice Notice, and Business Associate Agreement to be in compliance with the new "HIPAA Omnibus Rule."
- Worked with Utilization Review to improve the completion of Certificate of Need forms which are a requirement for inpatient Medicaid billing for patients under 21 years of age.

AWARDS & HONORS

Several members of the DHHS staff received honors and awards throughout the year. Below are some of those recognitions.

Public Policy Forum Award

Wraparound Director Bruce Kamradt was selected by the Public Policy Forum as the 2013 winner of the Norman Gill Award for Excellence in Public Service. The award also recognized the success of the Wraparound Milwaukee program.



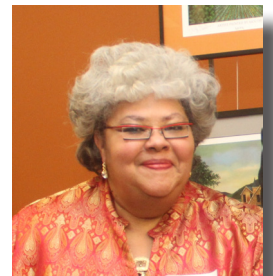
Champion in Women's Health Award

The Wisconsin Women's Health Foundation presented Community Services Branch Director Susan Gadacz with a Champion in Women's Health Award. Ms. Gadacz was honored for dedicating her life to addressing the alcohol and other drug prevention, treatment and recovery service needs of women and children. It was under her leadership that Wisconsin became the first state in the nation to publish Women's Alcohol and Other Drug Abuse Treatment Standards.



Faces of Hope Award

Disabilities Services Director Geri Lyday was chosen as one of 2013's Faces of Hope Honorees by the Wisconsin African American Women's Center. Honorees were acknowledged at the 17th Annual Hat Luncheon. The Wisconsin African American Women's Center's objective is "to build a successful community one day at a time through professional development, economic empowerment and education."



Public Sector Leadership Award

DHHS Director Héctor Colón was the 2013 recipient of the Hispanic Professionals of Greater Milwaukee Public Sector Leadership Award. Mr. Colón was being recognized for his commitment and support to the Milwaukee County community and the region.



HUD Awards

The Milwaukee County Housing Division received two awards during the 2013 statewide HUD conference. The first was an award for the Johnston Center supportive housing development that the Division helped create. The second was recognition for the improvements made in the HOME program. Milwaukee County was one of only two organizations to receive multiple awards. The Housing Division was also recognized for having more information available online than any other CDBG grantee.




Research Projects Recognized

The National Association of Emergency Medical Services (EMS) Physicians listed two research projects done in Milwaukee County in the top 10 most important EMS articles of the year. Milwaukee County EMS works in collaboration with the Medical College of Wisconsin to conduct a number of research studies used to determine the best and most effective medical care for patients in out-of-hospital settings. Two other presentations that made this year's top 10 list were completed with participation from MC EMS.



Milwaukee County
Department of Health &
Human Services
1220 W. Vliet Street
Milwaukee, WI 53205

The seal of Milwaukee County is faintly visible in the background. It features a central shield with a building and a ship, surrounded by the text "MILWAUKEE COUNTY" and "INCORPORATED 1835".
