

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: December 3, 2012

TO: Supervisor Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors
Kerry Mitchell, Director, Department of Human Resources

FROM: Héctor Colón, Director, Department of Health & Human Services
Prepared by: Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: **From the Director, Department of Health and Human Services, Requesting Authorization to Create One Position of ED1 - Environment of Care Administrator, One Position of Fiscal Specialist and Two Positions of Assistant Program Administrator, Abolish One Position of Operations Coordinator, Two Positions of Clerical Assistant 1 and Abolish Upon Vacancy Two Positions of Integrated Services Coordinator – NR at the Behavioral Health Division**

Issue

The Director, Department of Health and Human Services (DHHS) and the Administrator, Behavioral Health Division (BHD), are requesting authorization to create one position of ED1 - Environment of Care Administrator, one position of Fiscal Specialist and two positions of Assistant Program Administrator, abolish one position of Operations Coordinator, two positions of Clerical Assistant 1 and abolish upon vacancy two positions of Integrated Services Coordinator – NR.

Requesting Authorization

Create

1 ED1 - Environment of Care Administrator
1 Fiscal Specialist
2 Assistant Program Administrator

Abolish

1 Operations Coordinator
2 Clerical Assistant 1
2 upon vacancy - Integrated Services Coordinator - NR

BHD has been working on multiple initiatives over the past year including Joint Commission Accreditation, a new Electronic Medical Record, Mental Health Redesign and the Co-occurring initiative. As BHD positions became vacant over the past year, management took the opportunity to review job requirements and determine the proper talent to fill those needs with the new initiatives in mind. With minimal financial impact, these position changes will allow for better fit of skills and needs. In BHD Operations, BHD determined that the

environment of care requires a higher level of leadership. In Fiscal, the new Electronic Medical records system requires less clerical time but more advanced technical knowledge. In Adult Community Services, they are embarking on an initiative to become a co-occurring integrated system of care and leadership for that transition is vital to its success. BHD is now coming to the Board to request these position actions.

Background

In 2012 and continuing in 2013, BHD is embarking on an ambitious agenda of initiatives. To ensure that BHD is successful, some staffing adjustments are necessary. Below is a detailed description of the changes being proposed.

BHD Facility Oversight

The Mental Health Complex is a large 591,000 square foot building which houses a diverse set of services including long term care, day treatment, children's services and administrative offices. The Environment of Care (EOC) is a critical part of BHD and is included on site surveys and in the Joint Commission accreditation process. Due to recent staffing changes, an opportunity to reorganize the operations area for DHHS and BHD was presented. Due to the unique EOC guidelines related to hospitals, BHD is recommending the creation of a dedicated Environment of Care Administrator. This position will lead BHD's operations and maintenance staff to ensure that the EOC meets all regulatory and accreditation standards, create a positive, welcoming, safe and secure environment, oversee the maintenance, environmental services and emergency management areas and be in charge of any renovation or construction activities. This position will work closely with the Milwaukee County Department of Public Works as well in internal leadership but will bring a level of hospital expertise to BHD and the County. This creation is partially off-set by the abolishment of a vacant Operations Coordinator position.

Fiscal Services – Electronic Medical Record

In 2012 BHD started the implementation process of a new Electronic Medical Record. As part of that process, BHD has made significant billing and process changes which resulted in a reduction in the need for data entry and an increased need for analysis and creative problem resolution. The BHD Fiscal Services area will use the EMR to continue to perform the duties that were previously completed by their staff but will also be providing additional bill run functions, pharmacy billing and Nursing Home billing. These new duties create a need for better understanding of various regulations, authorization and coding. In addition, due to better data provided by the EMR, BHD hopes to provide enhanced analysis of claims including exploring reasons for claim denials which will result in an increased ability to improve billing and better manage and appeal claim denials and rejections. Finally, when the EMR is fully operational, BHD will provide billing functions for carve out Medicaid services for a wide array of BHD contract agencies. This will require the ability to work across agencies to operationalize and monitor the billing function. As a result BHD is recommending the creation on one Fiscal Specialist positions to assist with the enhanced fiscal functions related to the EMR. This creation is off-set by the abolishment of two Clerical Assistant 1 positions.

Adult Community Services Co-Occurring Initiative

In the BHD Community Services Branch (CSB), upwards of 65 to 80% of all clients served present with both mental health and substance abuse disorders simultaneously. As such, it is essential that integration becomes a standard of practice, which is why BHD has been working toward a co-occurring mental health and substance abuse disorders system of care.

In an effort to deliver services using an integrated care model, CSB plans to launch an extensive reorganization during 2013. Building on the systems framework established in Milwaukee Co-occurring Competency Cadre or MC3, services will be redesigned and staff realigned with a dedicated focus on a co-occurring integrated system of care philosophy. The goal is to have the dedicated branches for mental health (SAIL) and substance abuse (Wiser Choice) become one. Recognizing that there are currently two distinct systems with unique methods of entry, the staff of the CSB will be working to develop a system that is seamless for those entering it. There will be an emphasis placed on combined assessment and placement tools for co-occurring mental health and substance use disorders and the use of the Mental Health and AODA Functional Screen as a standard tool administered to all for Medicaid program eligibility. The ultimate goal will be for individuals seeking care to access services through a single point of entry for mental health and/or substance use disorders.

In addition to this philosophical and practical change, CSB will strive to expand the array of services available to best meet the needs of individuals with mental health and/or substance use disorders in our community. This will include an increased emphasis on both prevention and recovery support services, including the use of Peer Specialists as providers and employment. There are significant opportunities for expansion that will be explored throughout the course of 2013.

In planning for these changes, BHD feels it is essential to have the right leadership in place to achieve the many identified goals. CSB has been working on a revised organizational chart, with a strong emphasis on customer care. This includes a recognition that CSB has a multitude of customers; first and foremost the individuals receiving services and their families, but also the providers, funders and community stakeholders who interface with the system every day.

Therefore, CSB is requesting that two Assistant Program Coordinators – BHD be created to reflect the increased need in leadership to guide the department through this transformative process. One of the positions will be dedicated to the needs of the provider network to ensure that they are able to deliver quality, timely services to those in need, including payment and management of the staff who provide assistance to providers in the form of contracting and program evaluation and analysis. The other position will manage the access entry points for service recipients seeking to enroll in services, including management of the staff working to fulfill these functions. Both positions will be responsible for the management and oversight of the provider network and ensuring the provision of quality services and efficient use of programmatic and fiscal resources. These two positions are off-set by the abolishment upon vacancy of two Integrated Services Coordinator – NR positions.

Recommendation


To assist BHD in fully implementing multiple initiatives including Joint Commission Accreditation, a new Electronic Medical Record, Mental Health Redesign and the Co-occurring initiative, it is recommended that the County Board of Supervisors allow the Director, Department of Health and Human Services, or his designee, to make the following positions actions beginning on February 3, 2013:

Position Description	Pay Range	FTE	2013 Impact	2014 Impact
CREATIONS				
ED1 - Environment of Care Services Administrator	901E	1.0	\$ 115,042	\$ 124,628
Fiscal Specialist	05P	1.0	\$ 55,295	\$ 59,903
Assistant Program Administrator - BHD	33M	2.0	\$ 206,644	\$ 223,864
ABOLISHMENTS				
Operations Coordinator	30M	-1.0	\$ (92,228)	\$ (99,913)
Clerical Assistant 1	3P	-2.0	\$ (99,760)	\$ (108,073)
Integrated Service Coordinator NR	31M	-2.0	\$ (190,931)	\$ (206,842)
			\$ (5,938)	\$ (6,432)

Fiscal Impact

The recommended position actions contained in this report result in a surplus in 2013 and 2014, based on the projected salaries and 2013 Recommended Budget fringe rates. Therefore no additional tax levy is needed.

Respectfully Submitted:



Héctor Colón, Director
Department of Health & Human Services

cc: County Executive Chris Abele

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