

MENTAL HEALTH BOARD CABINET ELECTION PROCESS

- 1) Nominations for Chairperson are requested by the current and presiding Chair.
- 2) Nominees must accept or reject the nomination.
- 3) If no other nominations are made, a roll-call vote is taken.
- 4) The Chairperson announces the results.

If other nominations are made, an anonymous ballot vote is taken. Voting ballots are distributed to Board Members by the Board Liaison to record their vote. Voting ballots are collected. The Chairperson should announce the total voting members present and the number of votes it will take to elect (first round of votes only). The Chairperson reads each ballot out loud while the Board Secretary, with staff's assistance, tallies the votes. The vote count is given to the Chairperson by the Secretary. The Chairperson announces the results.

- 5) Once the Chairperson is elected, he/she immediately assumes their role and conducts the balance of the meeting.
- 6) Nominations for Vice-Chairperson are requested by the newly elected Chairperson.
- 7) Nominees must accept or reject the nomination.
- 8) If no other nominations are made, a roll-call vote is taken.
- 9) The Chairperson announces the results.

If other nominations are made, an anonymous ballot vote is taken. Voting ballots are distributed to Board Members by the Board Liaison to record their vote. Voting ballots are collected. The Chairperson reads each ballot out loud while the Board Secretary, with staff's assistance, tallies the votes. The vote count is given to the Chairperson by the Secretary. The Chairperson announces the results.

- 10) Nominations for Secretary are requested by the Chairperson.
- 11) Nominees must accept or reject the nomination.
- 12) If no other nominations are made, a roll-call vote is taken.
- 13) The Chairperson announces the results.

If other nominations are made, an anonymous ballot vote is taken. Voting ballots are distributed to Board Members by the Board Liaison to record their vote. Voting ballots are collected. The Chairperson reads each ballot out loud while the Board Secretary, with staff's assistance, tallies the votes. The vote count is given to the Chairperson by the Secretary. The Chairperson announces the results.

**MENTAL HEALTH BOARD ELECTION BALLOT
FEBRUARY 22, 2024**

SEAT: CHAIRPERSON

(Write Name of Board Member Nominee Here)

**MENTAL HEALTH BOARD ELECTION BALLOT
FEBRUARY 22, 2024**

SEAT: VICE-CHAIRPERSON

(Write Name of Board Member Nominee Here)

**MENTAL HEALTH BOARD ELECTION BALLOT
FEBRUARY 22, 2024**

SEAT: SECRETARY

(Write Name of Board Member Nominee Here)

Chairperson: Dr. Maria Perez
Vice-Chairperson: Mary Neubauer
Secretary: Kathie Eilers
Research Analyst: Kate Flynn Post, (414) 391-7845
Board Liaison: Jodi Mapp, (414) 257-5202

MILWAUKEE COUNTY MENTAL HEALTH BOARD

Thursday, December 14, 2023 - 8:00 A.M.
Marcia P. Coggs Human Services Building
1220 West Vliet Street, Room 104

MINUTES

PRESENT: Kathy Bottoni, Richard Canter, Shirley Drake, Kathie Eilers, Rachel Forman, *Kenneth Ginlack, Mary Neubauer, *Maria Perez, LaNelle Ramey, and Amy Ridley Meyers
EXCUSED: Dennise Lavrenz, Jon Lehmann, and Earlise Ward

*Chairwoman Perez and Board Member Ginlack were not present at the time the roll was called but joined the meeting shortly thereafter.

SCHEDULED ITEMS:

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| 1. | <p>Welcome.</p> <p>Vice-Chairwoman Neubauer welcomed everyone to the Milwaukee County Mental Health Board’s December 14, 2023, meeting.</p> |
| 2. | <p>Approval of the Minutes from the October 26, 2023, Milwaukee County Mental Health Board Meeting.</p> <p>Vice-Chairwoman Neubauer directed the Board’s attention to Page 3, Item 6. In the second paragraph, the third line from the top, the word “seven” should be changed to “twenty-seven.” The correction was so noted.</p> <p>MOTION BY: <i>(Eilers) Approve the October 26, 2023, Meeting Minutes AS CORRECTED. 8-0</i></p> <p>MOTION 2ND BY: <i>(Bottoni)</i></p> <p>AYES: Bottoni, Canter, Drake, Eilers, Forman, Neubauer, Ramey, and Ridley-Meyers - 8</p> <p>NOES: 0</p> <p>EXCUSED: Ginlack and Perez - 2</p> |

SCHEDULED ITEMS (CONTINUED):

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| 3. | <p>Approval of the Minutes from the September 28, 2023, Milwaukee County Mental Health Board Public Hearing.</p> <p>MOTION BY: (Ramey) Approve the September 28, 2023, Meeting Minutes. 8-0 MOTION 2ND BY: (Ridley-Meyers) AYES: Bottoni, Canter, Drake, Eilers, Forman, Neubauer, Ramey, and Ridley-Meyers - 8 NOES: 0 EXCUSED: Ginlack and Perez - 2</p> |
| 4. | <p>Milwaukee County’s Statement of Economic Interest Board Member Filing Requirement.</p> <p>Adam Gilmore, Executive Director, Milwaukee County Ethics Board</p> <p>Statements of Economic Interest (SEI) are a form of financial disclosures meant to promote transparency in county government. It acts as a snapshot of an individual and their spouse’s financial interests and obligations. The information includes your significant fiduciary interests, creditors, real property holdings, gifts honoraria received in the last year, and other items.</p> <p>Milwaukee County’s Ethics Code is contained in Chapter 9 of the Milwaukee County Code of General Ordinances, Sections 903, 904, and 914, which contain the general requirements for filing the document. One of those requirements states all persons required to file an SEI do so within 30 days of the end of the calendar year, hence the Ethics Board annual SEI drive. The SEI filing process has been upgraded to a fully digitized process and submissions are done through the MyCounty customer portal, which is not supported by Internet Explorer. The affidavit requirement has been removed.</p> <p>Mr. Gilmore informed Board Members they would be receiving instructions and information on the filing process at the end of December.</p> <p>This Item was informational.</p> |
| 5. | <p>Finance Committee Professional Services Contracts Recommendation.</p> <ul style="list-style-type: none">• Contract(s) and Contract Amendment(s)<ul style="list-style-type: none">➤ 2-Story Creative, LTD <p>Professional Services Contracts focus on community-based programming, supports functions critical to client care, and are necessary to maintain community and crisis services licensure.</p> <p>Questions and comments ensued.</p> |

SCHEDULED ITEMS (CONTINUED):

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| | <p>MOTION BY: <i>(Eilers) Approve the Professional Services Contracts Delineated in the Corresponding Report. 9-0</i></p> <p>MOTION 2ND BY: <i>(Canter)</i></p> <p>AYES: Bottoni, Canter, Drake, Eilers, Forman, Ginlack, Neubauer, Ramey, and Ridley Meyers - 9</p> <p>NOES: 0</p> <p>EXCUSED: Perez - 1</p> |
| 6. | <p>Finance Committee Purchase-of-Service Agreements Recommendation.</p> <ul style="list-style-type: none">• Agreement Amendment(s)• 2024 Agreement(s) <p>Purchase-of-Service Agreements are for the provision of adult and child mental health services and substance use disorder services.</p> <p>Questions and comments ensued.</p> <p>MOTION BY: <i>(Ramey) Approve the Purchase-of-Service Agreements Delineated in the Corresponding Report. 9-0</i></p> <p>MOTION 2ND BY: <i>(Ridley-Meyers)</i></p> <p>AYES: Bottoni, Canter, Drake, Eilers, Forman, Ginlack, Neubauer, Ramey, and Ridley Meyers - 9</p> <p>NOES: 0</p> <p>EXCUSED: Perez - 1</p> |
| 7. | <p>Finance Committee Fee-for-Service Agreements Recommendation.</p> <ul style="list-style-type: none">• Agreement Amendment(s)• 2024 Agreement(s) <p>Fee-for-Service Agreements are for the Provision of Adult and Child Mental Health Services and Substance Use Disorder Services and provide a broad range of support services for adults and children with serious emotional disturbances and their families.</p> <p>Board Member Drake requested separate action be taken on the three (3) Wisconsin Community Services, Inc., agreements.</p> <p>MOTION BY: <i>(Eilers) Approve the Three (3) Wisconsin Community Services, Inc., Agreements Delineated in the Corresponding Report. 8-0-1</i></p> <p>MOTION 2ND BY: <i>(Ridley-Meyers)</i></p> <p>AYES: Bottoni, Canter, Eilers, Forman, Ginlack, Neubauer, Ramey, and Ridley Meyers – 8</p> <p>NOES: 0</p> <p>EXCUSED: Perez - 1</p> <p>ABSTENTIONS: Drake - 1</p> |

SCHEDULED ITEMS (CONTINUED):

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| | <p>MOTION BY: <i>(Forman) Approve the Balance of Fee-for-Service Agreements Delineated in the Corresponding Report. 9-0</i></p> <p>MOTION 2ND BY: <i>(Bottoni)</i></p> <p>AYES: Bottoni, Canter, Drake, Eilers, Forman, Ginlack, Neubauer, Ramey, and Ridley Meyers - 9</p> <p>NOES: 0</p> <p>EXCUSED: Perez - 1</p> <p>ABSTENTIONS: 0</p> |
| 8. | <p>Finance Committee State of Wisconsin/County 2024 Contracts for Social Services and Community Programs Recommendation.</p> <p>MOTION BY: <i>(Ridley-Meyers) Approve the State of Wisconsin 2024 Contracts for Social Services and Community Programs as Delineated in the Corresponding Report. 9-0</i></p> <p>MOTION 2ND BY: <i>(Ramey)</i></p> <p>AYES: Drake, Eilers, Forman, Ginlack, Lavrenz, Lutzow, Neubauer, Ramey, and Ridley Meyers – 9</p> <p>NOES: 0</p> <p>EXCUSED: Perez - 1</p> |
| 9. | <p>Finance Committee Recommendation to Authorize a Noncompetitive Process in the Procurement of Service and the Execution of the Previously Approved Purchase-of-Service Agreement with Hope House to Complete the Requested Fiscal Agent Responsibilities.</p> <p>MOTION BY: <i>(Eilers) Approve Authorization of the Noncompetitive Process for the Procurement of Service and the Execution of the Previously Approved Purchase-of-Service Agreement with Hope House to Complete the Requested Fiscal Agent Responsibilities. 9-0</i></p> <p>MOTION 2ND BY: <i>(Ramey)</i></p> <p>AYES: Drake, Eilers, Forman, Ginlack, Lavrenz, Lutzow, Neubauer, Ramey, and Ridley Meyers – 9</p> <p>NOES: 0</p> <p>EXCUSED: Perez - 1</p> |
| 10. | <p>Finance Committee Employment Agreement Recommendation.</p> <p>MOTION BY: <i>(Ridley-Meyers) Approve the Employment Agreement Delineated in the Corresponding Report. 9-0</i></p> <p>MOTION 2ND BY: <i>(Eilers)</i></p> <p>AYES: Drake, Eilers, Forman, Ginlack, Lavrenz, Lutzow, Neubauer, Ramey, and Ridley Meyers – 9</p> <p>NOES: 0</p> <p>EXCUSED: Perez - 1</p> |

SCHEDULED ITEMS (CONTINUED):

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| <p>11.</p> | <p>Board Retreat Update.</p> <p>Chairwoman Perez stated the retreat was fruitful. The Board worked on team development. There was good discussion surrounding the Board’s member survey. The Governance Committee will follow-up on the survey at their next meeting.</p> <p>Discussion ensued. Board Members provided their perspective on the retreat. Recommendations made include conducting the retreat annually and extending the length of time of the retreat.</p> <p>This Item was informational.</p> |
| <p>12.</p> | <p>Granite Hills Capacity Concerns.</p> <p>Chairwoman Perez indicated there was discussion at the retreat on this Item.</p> <p>Board Member Canter elaborated by stating the conversation had at the retreat surrounded admissions to institutional services. It then evolved to the role of Granite Hills and their efforts to increase capacity. This has also been discussed in both the Governance and Finance Committees. Board Member Canter went on to recommend taking a step back to evaluate what is and is not working and what can be done to improve it.</p> <p>Discussion ensued.</p> <p>Follow-up will be done behind the scenes with the Behavioral Health Services Administrator.</p> <p>This Item was informational.</p> |
| <p>13.</p> | <p>Governance Committee Update.</p> <p>Board Member Ginlack, Chairman of the Governance Committee, provided an overview of the meeting. The Board’s retreat has been discussed at length during this meeting. Other highlights from the November 8, 2023, meeting include Vice-Chairwoman Neubauer committing to establishing a process to recognize both employees and contract agency staff for their exceptional performance and the Board’s role in electing officers.</p> <p>This Item was informational.</p> |
| <p>14.</p> | <p>Quality Committee Update.</p> <p>Board Member Neubauer, Chairwoman of the Quality Committee, was not in attendance at the Quality Committee’s December 4, 2023, meeting. Highlights were shared from Board Member Drake. She stated there is a lot of data involved in quality and expressed her appreciation related to how helpful it is for the Committee to receive information in the manner in which it is presented by staff. Community Access to Recovery Services staff provided updates. Board Member Drake drew the Board’s attention to the Granite Hills presentation. She stated they</p> |

SCHEDULED ITEMS (CONTINUED):

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| | <p>were reluctant to provide demographic data for customers received as it relates to gender and race. A request for the information was made and hopefully, it can be provided at the next Quality meeting and going forward.</p> <p>Questions and comments ensued.</p> <p>Chairwoman Perez indicated the Board’s Research Analyst would look further into this matter.</p> <p>This Item was informational.</p> |
| 15. | <p>Finance Committee Quarterly Update.</p> <p>Matt Fortman, Fiscal Administrator, Department of Health and Human Services Brian McBride, Director, Children’s Community Mental Health and Wraparound Milwaukee, Behavioral Health Services (BHS)</p> <p>Board Member Eilers, Chairwoman of the Finance Committee, provided updates from the Committee’s December 7, 2023, meeting. She stated the Committee had specific interest in the deficit for this year, Wraparound costs and the need to discontinue the associated the Health Management Organization (HMO), and the reserve balances.</p> <p>Mr. Fortman elaborated further on Wraparound by stating with discontinuing the HMO, the intention is to have as little impact on clients and actual services as possible. Work will be done to transition youth to other levels of care, including Comprehensive Community Services. The Division of Milwaukee Child Protective Services (DMCPS) will likely take over responsibility for out-of-home placements, which had been managed under the HMO.</p> <p>Mr. McBride clarified in the end, the population of kids being serviced now will continue to be serviced under “Wraparound.” The fiscal sustainability of the HMO will no longer be there, so BHS is trying to shift sustainable funding for the continued level of service going forward.</p> <p>Questions and comments ensued.</p> <p>Board Member Ginlack recommended messages and communications on important system changes such as this be more proactive in the future than reactive.</p> <p>Board Member Drake requested the fact sheet referenced be shared with the Board along with the communication going out to the provider network informing them of the change.</p> <p>This Item was informational.</p> |
| 16. | <p>Community Engagement Ad Hoc Committee Update.</p> <p>Board Member Lavrenz, Chairwoman of the Community Engagement Committee, was not in attendance to provide updates from the Committee’s November 27, 2023, meeting. Committee Members shared updates. Vice-Chairwoman Neubauer indicated there was great discussion</p> |

SCHEDULED ITEMS (CONTINUED):

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| | <p>regarding the future state of the Community Stakeholder Advisory Council. Brenda Wesley officially resigned as Chair. At the meeting, Chairwoman Lavrenz spoke a lot about the Combined Community Services Board (CCSB), its mental health/substance use representation, and existing vacancies. She proposed sunsetting the Stakeholder Advisory Council in its current state and combining it with CCSB. The Behavioral Health Services Administrator referenced statutes specifically separating the two entities and therefore precluding the two from being combined. A vote was taken to move forward and seek guidance.</p> <p>Further information was provided indicating a request for clarification on behalf of the Committee would be submitted to the Office of Corporation Counsel.</p> <p>This Item was informational.</p> |
| 17. | <p>February 2024 Mental Health Board Election of Officers Update.</p> <p>Chairwoman Perez stated this Item is on the agenda to remind everyone about the annual election of officers. Considering the election will occur at the February meeting, it was thought Board Members could benefit from information related to the process and procedure, therefore, it was included in the meeting packets. Board Members were reminded the same information will be included in their February meeting packets.</p> <p>This Item was informational.</p> |
| 18. | <p>Mental Health Board, Committee, and Ad Hoc Committee 2024 Final Meeting Schedules.</p> <p>Board Members were informed the meeting schedule presented to them today is the finalized version for 2024. Calendar invitations have been forwarded. All standing and ad hoc committee 2024 schedules and committee rosters were also included. Board Members' attention was specifically drawn to the location of Board meetings. At the request of Board Members, all full Board meetings will be held in-person.</p> <p>This Item was informational.</p> |
| 19. | <p>Office of Strategy, Budget, and Performance Quarterly Update on the State of Milwaukee County's Interests and Matters Related to Behavioral Health Services (BHS).</p> <p>Joseph Lamers, Director, Office of Strategy, Budget, and Performance</p> <p>Mr. Lamers stated the 2024 Budget is significant for Milwaukee County. It is the first budget recognizing the new revenues allowed for the County under state statutes related to the sales tax. The sales tax revenue is going to pay down the County's unfunded pension liability and pension obligation bonds. Having a dedicated sales tax for these pension costs has the effect of freeing up property tax revenues, which provides an offset to the County's historical structural deficit. This fiscal outlook is dramatically improved.</p> |

SCHEDULED ITEMS (CONTINUED):

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| | <p>In terms of the BHS budget, it has increased in tax levy and in total. The increases seen were due to the adjustment of cross charges and funding salary increases for employees and rate increases for providers. In the area of compensation and benefits, general employees will receive a 2% wage increase in January 2024. In addition, general employee pension contributions are decreased from 6.1% in 2023 to 4.3% in 2024. There are no increases or changes to health care premiums.</p> <p>Planning is in progress to transition the County’s pension system. New employees will join the State of Wisconsin Retirement System, but current employees will remain in Milwaukee County’s Employee Retirement System. The transition starts in 2025.</p> <p>Mr. Lamers went to explain other major changes in the County’s Budget.</p> <p>Questions and comments ensued.</p> <p>This Item was informational.</p> |
| 20. | <p>Adjournment.</p> <p>Chairwoman Perez ordered the meeting adjourned.</p> |
| <p>This meeting was recorded. The aforementioned items were not necessarily considered in agenda order. The official copy of these minutes and subject reports, along with the audio recording of this meeting, are available on Milwaukee County’s Legislative Information Center website, which can be accessed by clicking the link below.</p> <p>Length of meeting: 8:06 a.m. to 9:47 a.m.</p> <p>Adjourned,</p> <p><i>Jodi Mapp</i></p> <p>Jodi Mapp Board Liaison Milwaukee County Mental Health Board</p> | |
| <p>The next meeting for the Milwaukee County Mental Health Board will be a Public Hearing on Thursday, January 25, 2024, @ 4:30 p.m.</p> <p>To View All Associated Meeting Materials, Visit the Milwaukee County Legislative Information Center at: Milwaukee County - Calendar (legistar.com)</p> <p>Visit the Milwaukee County Mental Health Board Web Page at: https://county.milwaukee.gov/EN/DHHS/About/Governance</p> | |

SCHEDULED ITEMS (CONTINUED):

The December 14, 2023, meeting minutes of the Milwaukee County Mental Health Board are hereby submitted for approval at the next scheduled regular meeting of the Milwaukee County Mental Health Board.

A handwritten signature in black ink on a light-colored background. The signature is written in a cursive style and reads "Kathie Eilers".

Kathie Eilers, Secretary
Milwaukee County Mental Health Board

COUNTY OF MILWAUKEE
Behavioral Health Services Administration
Inter-Office Communication

DATE: December 18, 2023

TO: Maria Perez, Chairperson – Milwaukee County Mental Health Board

FROM: Shakita LaGrant-McClain, Director, Department of Health and Human Services
Approved by Michael Lappen, Administrator, Behavioral Health Services

SUBJECT: **Report from the Director, Department of Health and Human Services, Requesting Authorization to enter into a 2023 - 2024 Professional Services Contract**

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for the Behavioral Health Services (BHS) to enter into new agreements and amend existing professional services agreements.

Background

Approval of the recommended contract allocations will allow BHS to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

Professional Services Contracts

UW- Milwaukee Center for Urban Population Health - \$155,108

UWM provides program evaluation of the State of Wisconsin Temporary Assistance for Needy Families (TANF) Alcohol and Other Drug Abuse (AODA) grant. UWM will evaluate the process (what was done and how it was accomplished), and the outcomes (i.e. results) of the Milwaukee County TANF/AODA system of care. \$155,108 is being requested for 2024. This increase brings the total multi-year contract amount to \$257,215.

Evaluation Research Services- \$203,400

This vendor provides grant writing and grant management coordination for both the adult and children services of BHD. Using a lifecycle management approach to grant management, processes and infrastructure are developed and implemented to manage grant proposals from the beginning, or 'pre-award', stage of project implementation, or 'post award', through the termination, or 'closeout', of an award. An increase of \$203,400 is being requested for 2024. The new total multi-year contract amount will be \$987,00.

Trempealeau County Health Care Center- \$323,750

Trempealeau County Health Care Center is a skilled nursing facility that provides services to individuals placed by Milwaukee County at the Trempealeau County Health Care Center. BHS is requesting an additional \$50,000 for 2023 and \$273,750 for 2024 for a new total multi-year contract amount of \$841,774.

Fiscal Summary

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

*Represents an agreement with at least partial grant funding

| Vendor/Agency Name | Current Amount | Requested Increase | Total Contract |
|---|-----------------------|---------------------------|-----------------------|
| UWM - Center for Urban Population Health* | \$142,107 | \$115,108 | \$257,215 |
| Evaluation Research Services | \$783,600 | \$203,400 | \$987,000 |
| Trempealeau County Health Care Center | \$518,024 | \$323,750 | \$841,774 |
| Total | \$1,443,731 | \$642,258 | \$2,085,989 |

Shakita LaGrant-McClain

Shakita LaGrant-McClain, Director
Department of Health and Human Services

Cc: Kathie Eilers, Finance Chairperson

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

DATE: January 24, 2024

TO: Maria Perez, Chairperson – Milwaukee County Mental Health Board

FROM: Shakita LaGrant-McClain, Director, Department of Health and Human Services
Approved by Michael Lappen, Administrator, Behavioral Health Services

SUBJECT: **Report from the Director, Department of Health and Human Services,
Requesting Authorization to enter into 2024 Professional Services Contracts**

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services is requesting authorization for the Behavioral Health Services (BHS) to enter into new agreements or amend existing professional services agreements.

Background

Approval of the recommended contract allocations will allow BHS to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

Professional Services Contracts

United Tax Services, LLC - \$95,000

CONTRACT AMENDMENT: adding funds for PSA contract effective dates 9/15/2020 to 12/31/2024.

United Tax Services, LLC provides Fiscal Agent Services and performs financial payments on behalf of BHS to process and administer invoices for services provided. This vendor primarily provides payroll services for the MHB Fiscal Analyst position and oversees payments to compensate external Request of Proposal (RFP) panelists for time spent reviewing RFP materials. Amendment 3 increases the contract by \$95,000 and extends the expiration date to 12/31/2024 resulting a new 2020 - 2024 total contract amount of \$264,500.

Wisconsin Community Services, Inc. (WCS) – \$16,500*

Requesting to add \$16,500 to the existing WCS contract for the Peer Support Academy. To further support the Peer Support Academy, WCS will utilize these additional grant funds to provide a “Train the Trainer” training for the completion of Wellness, Recovery Action Plans (WRAP) and Impower, a technology platform that will support the endeavor. This additional funding is being allocated from the Community Mental Health Services Block Grant (CMHSBG) Supplemental

Year 3 grant BHS received from the state of Wisconsin. The grant funding will end on 3/14/24, and therefore, WCS will need to spend the additional \$16,500 prior to that date. The existing contract (BHS PSC149 122023) is for \$100,000. This would bring the total contract amount to \$116,500.

Fiscal Summary

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

| Vendor/Agency Name | Current Contract Amount | Contract Change Requested Amount | 2023 Allocation | Proposed 2024 Allocation | Variance |
|------------------------------|-------------------------|----------------------------------|---------------------|--------------------------|---------------------|
| United Tax Services, LLC | \$169,500.00 | \$95,000.00 | \$169,500.00 | \$264,500.00 | \$95,000.00 |
| Wisconsin Community Services | \$100,000.00 | \$16,500.00 | \$100,000.00 | \$116,500.00 | \$16,500.00 |
| Total | \$269,500.00 | \$111,500.00 | \$269,500.00 | \$381,000.00 | \$111,500.00 |

*Represents an agreement with at least partial grant funding

Shakita LaGrant-McClain

Shakita LaGrant-McClain, Director
Department of Health and Human Services

Cc: Kathie Eilers, Finance Chairperson

REVISED

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

DATE: January 24, 2024

TO: Maria Perez, Chairperson – Milwaukee County Mental Health Board

FROM: Shakita LaGrant-McClain, Director, Department of Health and Human Services
Approved by Michael Lappen, Administrator, Behavioral Health Services

SUBJECT: **Report from the Director, Department of Health and Human Services, Requesting Authorization to Execute 2024 Purchase-of-Service Agreements**

Issue

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

Background

Approval of the recommended contract allocations will allow BHS to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

Purchase of Service Contracts**2024 Contracts for Adult Services**

***Represents an agreement with at least partial grant funding**

Mental Health America of Wisconsin (MHA) - \$60,000

CONTRACT AMENDMENT: adding funds to POS contract (Contract # BHS-POS317-072024) effective dates 1/1/2024 to 12/31/2024.

Requesting to add \$60,000 to the MHA contract to provide community and family resource liaison services. The purpose of the contract with MHA will be to provide coordination, education, and access to community-based resources. MHA will provide a Part-time Coordinator and a Part-time Certified Peer Specialist who will work together to provide education and resources to family members and community partners. The \$60,000 expense related to this initiative is funded through BHS reserve funds. The existing MHA purchase of service contract is for \$44,000 and this additional funding would bring the total contract amount to \$104,000.

Vivent Health – \$34,750*

CONTRACT AMENDMENT: adding funds to a 3-year POS contract (Contract # BHS-POS310-022023) effective dates 1/1/2023 to 12/31/2025.

Requesting to add \$34,750 to the existing Vivent Prevention and Harm Reduction Supply Distribution Services contract. The purpose of this additional funding is for Vivent Health to purchase additional harm reduction supplies needed for BHS to distribute to the community at large, targeted populations as identified, and in the harm reduction vending machines located throughout Milwaukee County. Vivent Health will utilize 10% of the funds for indirect costs for providing this service. This additional funding is coming from the State Opioid Response (SOR3) grant funding. The 2023 contract (BHS POS310 022023) was for \$238,990. Please note that at the December 14, 2023, MHB meeting, the Board did also approve an additional allocation of \$101,339 to be added to the Vivent Health 2024 contract for Mobile MAT supply needs. When both amounts are added to the existing 2023 contract, this will bring the total contract amount to \$375,079.

2024 Contract for Youth Services

La Causa, Inc. - \$365,405.10*

BHS/Wraparound applied for the Children’s Mental Health Initiative (CMHI) Grant from SAMHSA on March 20, 2023. CMHI was awarded the Grant on September 14, 2023, with the start date of October 1, 2023. The approved grant proposal included La Causa as the identified vendor for launching a 5-person Coordinated Services Team that serves high-needs youth who are dually enrolled in CCS and CLTS. La Causa, through a letter of commitment included in the approved grant proposal, agrees to hire and house this team. Therefore, the contract to La Causa is being Single Sourced for the above stated reason. The startup costs are fully funded through the CMHI grant.

This request will result in a total 2024 POS Contract of \$365,405.10.

*Represents an agreement with at least partial grant funding

The amount of spending requested in this report is summarized in the table below:

| Vendor/Agency Name | Currently Approved Allocation | Contract Change Requested Amount | 2023 Allocation | Proposed 2024 Allocation | Variance |
|--|-------------------------------|----------------------------------|---------------------|--------------------------|---------------------|
| Mental Health America of Wisconsin (MHA) | \$44,000.00 | \$60,000.00 | \$44,000.00 | \$104,000.00 | \$60,000.00 |
| Vivent Health | \$340,329.00 | \$34,750.00 | \$238,990.00 | \$375,079.00 | \$136,089.00 |
| La Causa, Inc. | \$0.00 | \$365,405.10 | \$0.00 | \$365,405.10 | \$365,405.10 |
| Total | \$384,329.00 | \$460,155.10 | \$282,990.00 | \$844,484.10 | \$561,494.10 |

Shakita LaGrant-McClain

Shakita LaGrant-McClain, Director
Department of Health and Human Services

Cc: Kathie Eilers, Finance Chairperson

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

DATE: January 24, 2024

TO: Maria Perez, Chairperson – Milwaukee County Mental Health Board

FROM: Shakita LaGrant-McClain, Director, Department of Health and Human Services
Approved by Michael Lappen, Administrator, Behavioral Health Services

SUBJECT: **Report from the Director, Department of Health and Human Services, Requesting Authorization to Execute a 2024 Fee-for-Service Agreement**

Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health (substance use disorder) with a value of at least \$100,000. No contract or contract adjustment shall take effect until approved by the Milwaukee County Mental Health Board. Per the statute, the Director of the Department of Health and Human Services (DHHS) is requesting authorization for the BHS Children’s Community Mental Health Services & Wraparound Milwaukee, and the Community Access to Recovery Services (CARS) Networks to execute mental health and substance use contracts.

Background

Approval of the recommended contract allocation will allow BHS to provide a broad range of rehabilitation and support services to adults with mental health and/or substance use disorders and children with serious emotional disturbances.

2024 Contract for Adult Services

St. Charles Youth and Family Services - \$500,000

Through the RFP process, BHS is requesting to add \$500,000 to the FFS contract with St. Charles to add the agency as a CCS Adult Care Coordination agency. There are currently ten CCS Adult Care Coordination agencies that are serving over 1600 adult Milwaukee County residents. St. Charles has been a CCS Youth Care Coordination provider since May 6, 2020, and will again provide these services for adults with the assignment of this contract. The Comprehensive Community Services (CCS) program is intended to provide psychosocial rehabilitation services to individuals who are determined to require more than outpatient counseling, but less than the services provided by a Community Support Program (CSP). CCS offers a wide range of psychosocial rehabilitative services and supportive activities that assist consumers with mental health and/or substance abuse conditions achieve their highest possible level of independent functioning, stability, and independence to promote long-term recovery. Services are both designed and offered to support consumers across the lifespan (minors, adults,

and elders). The existing St. Charles contract is for \$299,208.80 and this additional funding would bring the total contract amount to \$799,208.80.

Fiscal Summary

The amount of spending requested in this report is summarized in the table below:

| Vendor/Agency Name | Currently Approved Allocation | Contract Change Requested Amount | 2023 Allocation | Proposed 2024 Allocation | Variance |
|-------------------------------------|-------------------------------|----------------------------------|-----------------|--------------------------|--------------|
| St. Charles Youth & Family Services | \$299,208.80 | \$500,000.00 | \$458,000.00 | \$799,208.80 | \$341,208.80 |
| Total | \$299,208.80 | \$500,000.00 | \$458,000.00 | \$799,208.80 | \$341,208.80 |

Shakita LaGrant-McClain

Shakita LaGrant-McClain, Director
Department of Health and Human Services

Cc: Kathie Eilers, Finance Chairperson

COUNTY OF MILWAUKEE
Inter-Office Communication

Date: February 22, 2024

To: Maria Perez, Chairperson – Milwaukee County Mental Health Board

From: Shakita LaGrant-McClain, Director, Department of Health and Human Services

Subject: Report from the Director, Department of Health and Human Services, requesting authorization to enter into an agreement for grant funding.

File Type: Action Report

REQUEST #1 - DMCPS

Milwaukee County Behavioral Health Services is the recipient of a grant award from the Wisconsin Department of Children and Families. With these funds, BHS will provide direct substance use disorder treatment and prevention services to Milwaukee County residents.

REPORT

These funds are effective 1/1/2024 – 12/31/2024. 60% of this grant is allocated to direct service provision and 40% allocated to prevention services. Direct service provision includes Clinical Treatment, Recovery Support Coordination, and Ancillary Services. The total amount of the award is \$816,600. Prevention work is done through a contract with Community Advocates. This award does not require matching funds.

RECOMMENDATION

It is recommended that the Milwaukee County Mental Health Board authorize the Director, Department of Health and Human Services, to accept the \$816,600 in WI Dept. of Children and Family funding. Direct service provision will be provided through existing Fee for Service contracts. The prevention allocation to Community Advocates will be requested at a future Board meeting.

REQUEST #2 - IDUT

Milwaukee County Behavioral Health Services is the recipient of a grant award from the State of Wisconsin Department of Health Services (Division of Care and Treatment Services) for Injection Drug Use Treatment (IDUT). With these funds, BHS will provide direct substance

use disorder treatment services to Milwaukee County residents.

REPORT

The IDUT grant provides treatment services to Milwaukee County residents who inject drugs. These clients are identified during the Access Points screening process and will have access to a variety of treatment services including Recovery Support Coordination, Residential Treatment Services, Recovery (Bridge) Housing, Medication Assisted Treatment, and Outpatient Plus.

These funds are effective 1/1/2024 – 12/31/2024. The total amount of the award is \$502,567. This award does not require matching funds.

RECOMMENDATION

It is recommended that the Milwaukee County Mental Health Board authorize the Director, Department of Health and Human Services, to accept the \$502,567 in State of Wisconsin Department of Health Services funding. Direct service provision will be provided through existing Fee for Service contracts.

REQUEST #3 - SAPTBG

Milwaukee County Behavioral Health Services is the recipient of a grant award titled Substance Abuse Prevention and Treatment Block Grant Supplemental Awards – Extended Coronavirus Response and Relief Supplemental Appropriations Act. These funds are awarded by the State of Wisconsin Department of Health Services (Division of Care and Treatment Services). With these funds, BHS will respond to needs, barriers, and gaps related to behavioral health resulting from the COVID-19 pandemic.

REPORT

At least 20% of this grant must be grant must be allocated to primary prevention programs and activities. Primary prevention program are for people who do not require treatment for a substance abuse disorder. This grant will fund Owen's Place, which is a primary prevention strategy of "Alternatives", which is a strategy that provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities, and to discourage the use of alcohol through these activities. Owen's Place is a community drop-in center for youth with two locations, one on

the north side and one on the south side.

At least 10% of this grant must be allocated to substance use disorder treatment programs and services for people who identify as female. 62% of this grant has been allocated to treatment services to Milwaukee County residents with any substance use disorder. Of this allocation, at least 10% of the total grant will be allocated to people who identify as female.

This is the fourth year of SAPTBG supplemental funds. These funds are effective for a period 3/15/2024-3/14/2025. The total award amount is \$942,021. This award does not require matching funds.

RECOMMENDATION

It is recommended that the Milwaukee County Mental Health Board authorize the Director, Department of Health and Human Services, to accept the \$942,021 in SAPTBG - Supplemental funding from the State of Wisconsin Department of . Approval for St. Charles to operate Owen's place will be requested at a future meeting. Direct service provision will be provided through existing Fee for Service contracts.

PREPARED BY:

Matt Fortman, Fiscal Administrator

APPROVED BY:

Shakita LaGrant-McClain

Shakita LaGrant-McClain, Director, Department of Health & Human Services

cc: Kathleen Eilers, Finance Chairperson



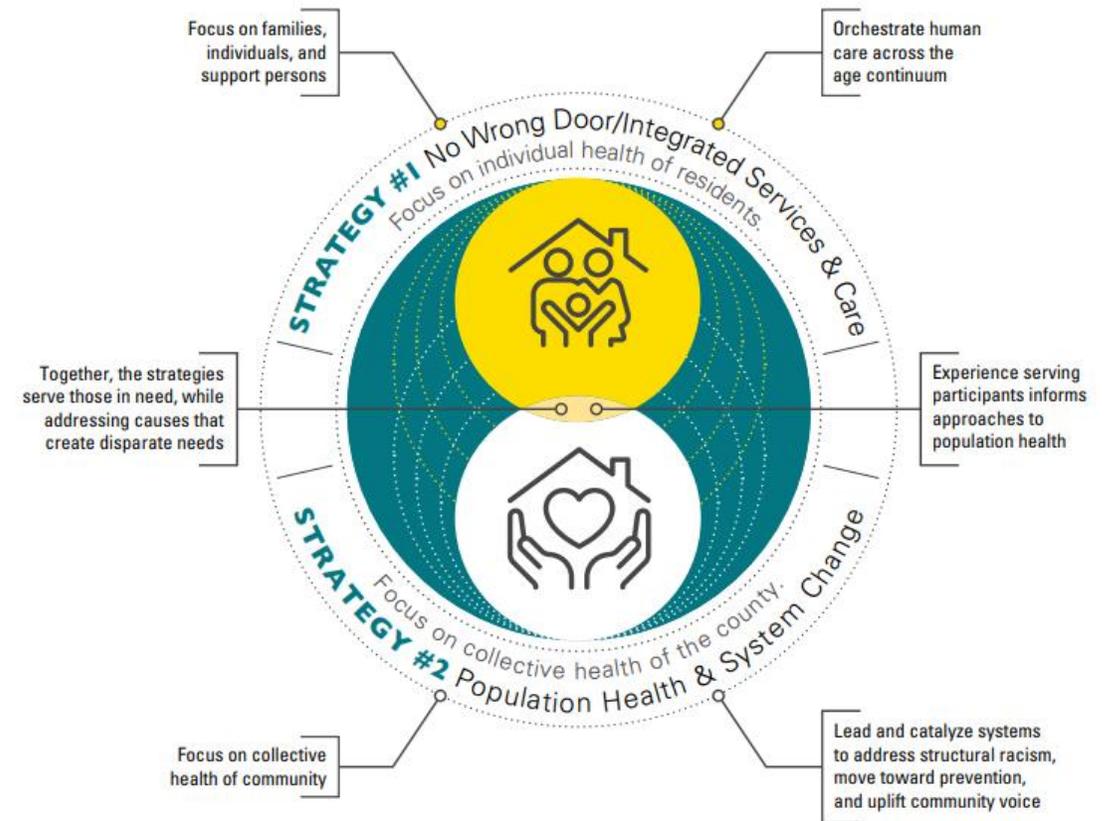
MILWAUKEE COUNTY
**DEPARTMENT OF
HEALTH & HUMAN
SERVICES**

Prevention Strategies Outcome Report

Overview of 'No Wrong Door' Model

Objectives:

1. to provide accessible and person-centered care to individuals across their lifespan, regardless of race, gender, age, or socio-economic status.



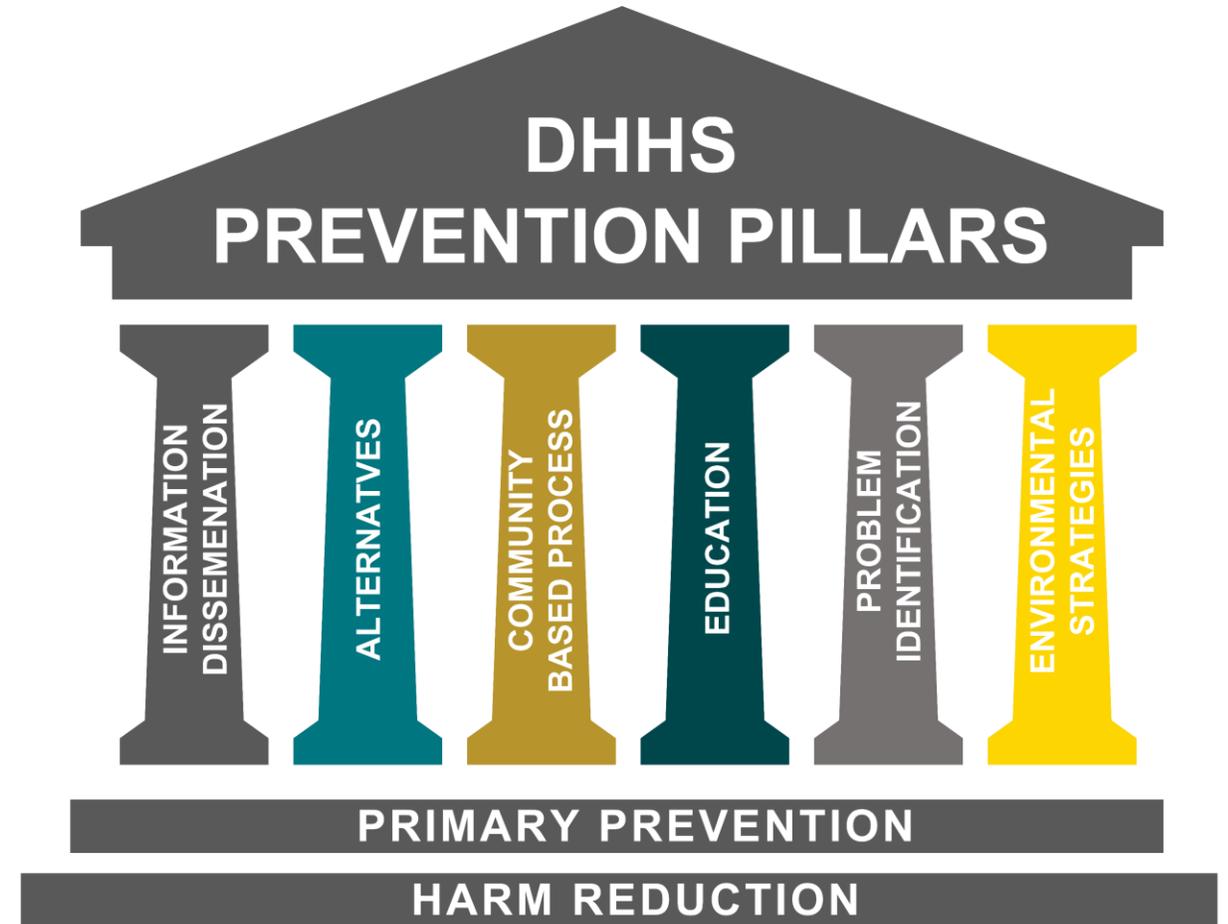
2. to improve health outcomes, particularly focusing on achieving racial equity and becoming the healthiest county in Wisconsin

MISSION

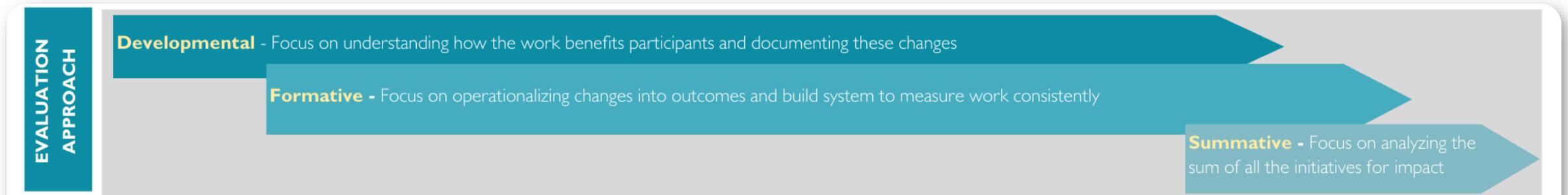
The Prevention Collective convenes preventionists across Milwaukee County Services to align harm reduction and prevention strategies for individuals living with substance use disorders.

Together, Milwaukee County staff deploy community-centered, evidence-based, primary prevention strategies.

Through collective impact and strategic prevention modalities, we'll reduce addiction and overdoses and increase harm reduction, prevention, and treatment strategies.

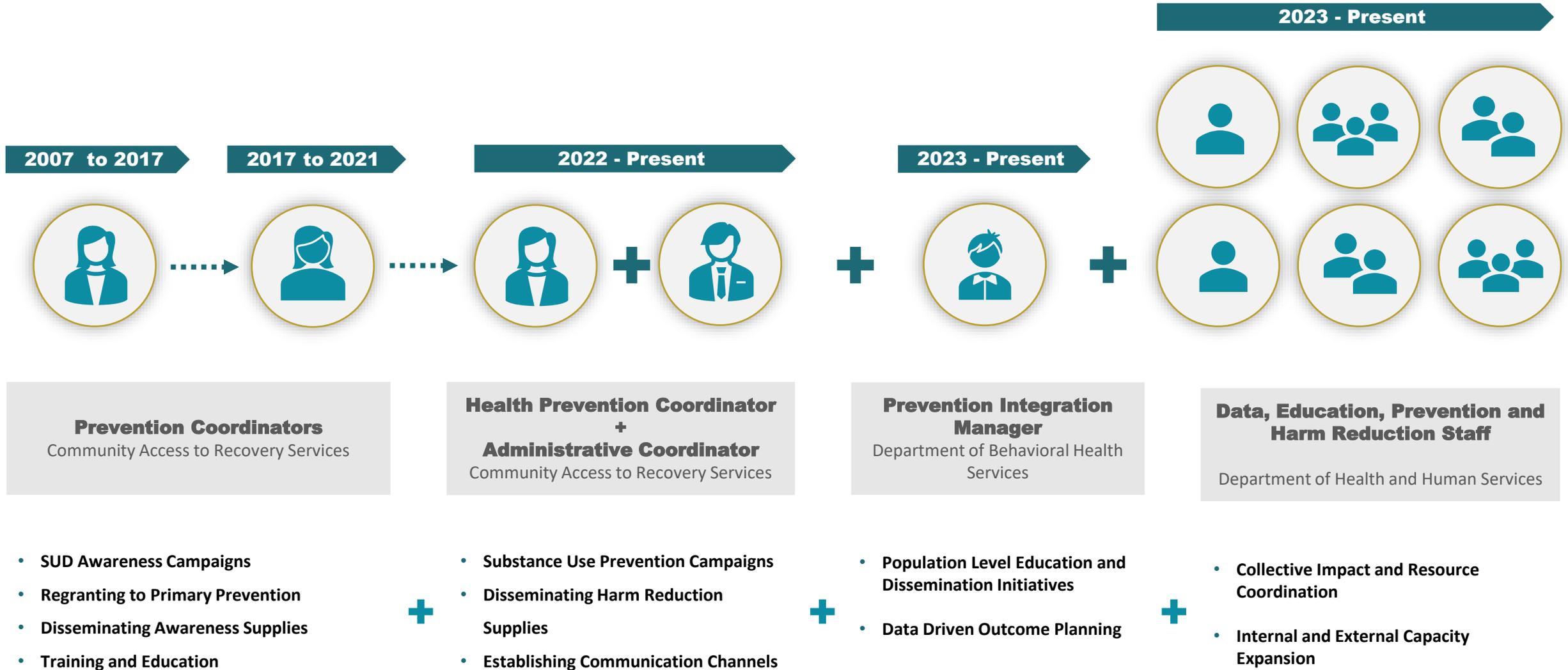


EVALUATING COLLECTIVE PREVENTION IMPACT



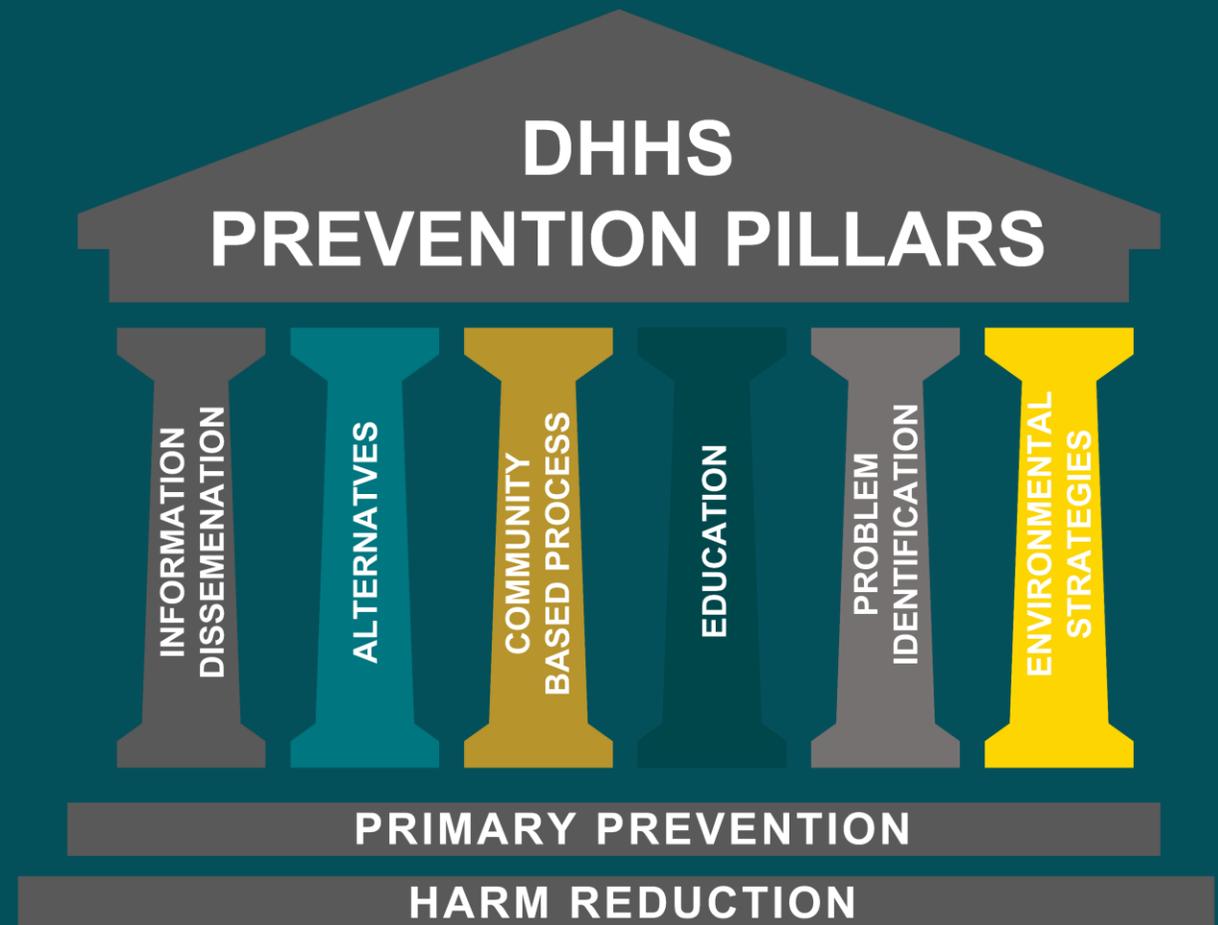
Adapted from the work of: Preskill, H., Parkhurst, M., & Splansky Juster, J. (n.d.). Supplement: Sample questions, outcomes, and indicators - FSG.
https://www.fsg.org/wp-content/uploads/2021/08/Evaluating_Collective_Impact_Sample_Questions_3.pdf

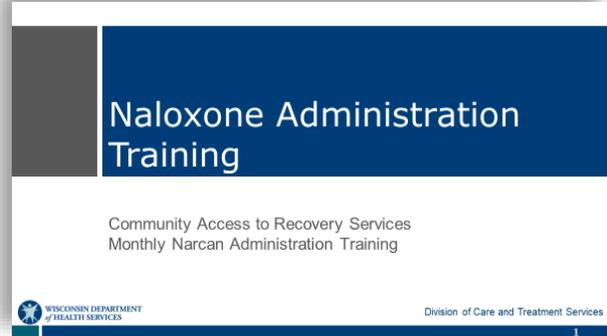
PREVENTION AND HARM REDUCTION CAPACITY TIMELINE



GOALS AND ACTIVITIES IN EACH PREVENTION PILLAR

[2022 - 2023





NARCAN ADMINISTRATION TRAINING

- 95 attendees
- 12 trainings
- More than 30 organizations participated



MENTAL HEALTH FIRST AID TRAINING

- 169 attendees
- 12 trainings



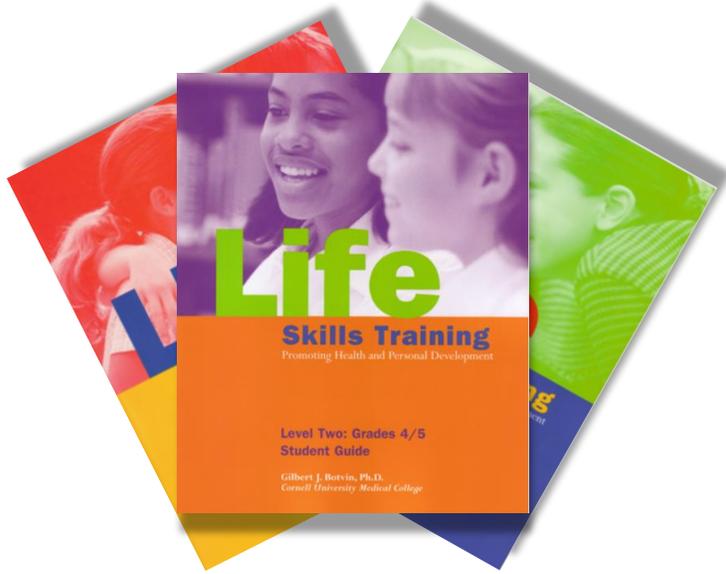
TTJ GROUP

- 11 average participants
- 25 unduplicated organizations
- 10 trainings



RBJ COMMUNITY CONSULTING

- 69 unique attendees
- 5 coaching sessions
- 7 trainings



BOTVIN CURRICULUM

- 70 Curriculum Manuals Purchased
- 19 Human Service Staff Trained
- 9 Additional Youth and Adult Programs Facilitating Evidence-Based Curricula

ALTERNATIVE ACTIVITIES

Substance Abuse Block Grants (2022)



GOAL:

Implement evidence-based prevention programs that reach teens and young adults to improve their life skills and ability to make choices.

RESULTS:

57% 12 – 14 years old

30% 15-17 15-17

52% Female

46% Male

2% Gender Unidentified

PROGRAMS IMPLEMENTED:

Too Good For Drugs

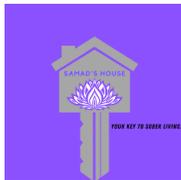
Allstars

Botvin Lifeskills

Thinking Under The Influence

ALTERNATIVE ACTIVITIES

Better Ways to Cope 2022 - 2023



GOAL:

Engage additional organizations in implementing primary prevention activities.

ACTIVITIES:

- 1 Music Video for youth
- 1 Cartoon video for youth
- 10 Bus shelter Ads
- 2 Billboards
- 4 Churches Engaged
- 300 learning experiences
- 1,650 individuals participated in at least one learning experience
- 1,410 Self Care kits distributed
- 2,000 BWTC T-Shirts
- 880 people trained to administer Narcan
- 1 Music Album
- 4 Campaign Videos
- 3000 Brochures disseminated



ACTIVITIES:

- Placed a vending machine in 11 buildings across seven zip codes and three municipalities.
- Gave each agency posters and postcards that provided step-by-step instructions for administering each supply.
- This harm reduction administration training has been taken by 99 employees, including program, executive, security, volunteer, and hospitality staff, to ensure they could administer each item and help others do the same.
- Designed the Harm Reduction MKE .ORG webpage. It features demonstration videos, and a harm reduction training. Anyone can log on to learn how to use the supplies at any time.
- Created a map of all the vending machines and Access Points. You put your address in to see how close you are to the nearest Harm Reduction Vending Machine.
- Encouraged agencies to use the downloadable awareness cards while attending community events and hosting their own.

All of these efforts have led to the dissemination of:

- 1237 Gun Locks:
- 531 Medication Deactivation Bags
- 1626 Medication Lock Bags
- 2496 Fentanyl Test Strips
- 2168 Narcan boxes



GOAL

The RISE Drug Free MKE coalition raises awareness on substance (mis)use, and, through inclusive education, elevates our entire community, from our youth to our elders, out of the harms caused by substance (mis)use.

2022 Impact

- 18,889 people reached on social media
- 882 students participated in Botvin LifeSkills sponsored by the coalition
- 173 people took mental health awareness and substance use prevention trainings via the coalition
- 940 people participated in healthy, substance-free activities sponsored by the coalition
- Coalition members and partners conducted an assessment throughout Milwaukee County of shops that sell alcohol or tobacco/nicotine so we can better understand how these products are being marketed and sold, especially to our youth

MEASUREMENT LEVELS

Performance



At the performance level, we assist in optimizing service design and program planning to maximize its impact on participants and beneficiaries. Our efforts to benefit clients and participants contribute to the broader community.

Community



Making an impact requires the collective contributions of many. We will assist in establishing community-level goals and Key Impact Indicators (KIIs) for each objective to aid in monitoring and supporting program strategy and implementation.

HOW WE EVALUATE



ENGAGE

Involve leaders, subject matter experts and technology for feasibility



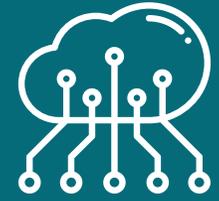
LEVERAGE

Facilitate informed decision-making, streamline reporting, and highlight results with performance research



SPECIFY

Empower you to precisely gauge performance and contributions within your key impact areas



COMPILE

Create adaptable data collection tools and integrations to gather, centralize, and standardize all pertinent data



ASSESS

Evaluate impact data and continuously monitor progress toward organizational objectives, comparing them against benchmark

S.C.A.L.E.



DATE: January 24, 2024

TO: Dr. Maria Perez, Chairperson, Milwaukee County Mental Health Board

FROM: Shakita LaGrant McClain, Director, Department of Health and Human Services
Prepared by Amy Lorenz, MSSW, LCSW, Deputy Administrator-Operations,
Behavioral Health Services (BHS)

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

Issue

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

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

Discussion

I. Funding Allocations

In compliance with the Statute, the table below identifies the 2022 net revenues received by program area for both Inpatient and Community Access to Recovery Services (CARS). Total patient revenue decreased by \$3.6 million over 2021 and is 56% of total revenue due to the closure of the Milwaukee County-operated psychiatric hospital and psychiatric emergency room in September 2022. For Inpatient, patient revenue decreased from 21% to 17% of funding, while tax levy decreased from 61% to 56%. For Community Services, patient revenue remained steady at 69% of funding.

In 2022, BHS used \$42.6 million of the budgeted \$53.1 million tax levy with the remainder flowing to reserves or future fiscal year commitments and encumbrances. In terms of the split between Inpatient and CARS, 74% or \$31.5 million of the tax levy allocation supported Inpatient and Emergency Room Services. CARS received 26% or \$11 million of the BHS's total tax levy allocation, however, with the array of funding sources for Community Services, the tax levy amounts to only 6% of the CARS' funding mix.



1220 W. Vliet Street Milwaukee, WI 53205
(414) 257-6888 Fax: (414) 257-8018 TRS: 7-1-1
county.milwaukee.gov

**Milwaukee County Behavioral Health Services
Funding Allocations by Program - 2022 Actuals**

| 2022 BHD Funding Allocation | | | | | | |
|-----------------------------|--------------------|----------------------|-------------------|------------------|-------------------|--------------------|
| | Patient Revenues | State/Federal Grants | BCA | Other | Tax Levy | Total |
| Inpatient Hospital | 9,302,504 | 6,931,350 | 7,700,026 | 242,391 | 31,564,038 | 55,740,309 |
| Community Services | 119,536,709 | 26,683,600 | 14,636,550 | 1,495,213 | 11,041,983 | 173,394,055 |
| Total BHD | 128,839,213 | 33,614,950 | 22,336,576 | 1,737,604 | 42,606,021 | 229,134,364 |
| <i>% of total funding</i> | 56% | 15% | 10% | 1% | 19% | |

| 2022 Inpatient Funding Allocation | | | | | | |
|-----------------------------------|------------------|----------------------|------------------|----------------|-------------------|-------------------|
| | Patient Revenues | State/Federal Grants | BCA | Other | Tax Levy | Total |
| Acute Adult | 5,627,897 | 4,379,382 | - | - | 16,089,081 | 26,096,360 |
| CAIS | 1,954,349 | - | - | - | 4,975,379 | 6,929,728 |
| Psychiatry/Fiscal/Other | - | 78,532 | - | 242,391 | 1,984,325 | 2,305,248 |
| Psych Crisis (ER/Obs only) | 1,720,258 | 2,473,436 | 7,700,026 | - | 8,515,253 | 20,406,973 |
| Total Inpatient | 9,302,504 | 6,931,350 | 7,700,026 | 242,391 | 31,564,038 | 55,740,309 |
| <i>% of Inpatient Funding</i> | 17% | 12% | 14% | 1% | 56% | |

| 2022 Community Services Funding | | | | | | |
|---------------------------------|--------------------|----------------------|-------------------|------------------|-------------------|--------------------|
| | Patient Revenues | State/Federal Grants | BCA | Other | Tax Levy | Total |
| MH | 60,395,750 | 9,462,919 | 14,636,550 | 837,203 | 6,870,939 | 92,203,361 |
| AODA | - | 12,483,334 | - | 457,361 | 2,622,576 | 15,563,171 |
| Wraparound | 59,140,959 | 4,737,347 | - | 200,649 | 1,548,468 | 65,627,423 |
| Total Community Services | 119,536,709 | 26,683,600 | 14,636,550 | 1,495,213 | 11,041,983 | 173,394,055 |
| <i>% of Community Funding</i> | 69% | 15% | 8% | 1% | 6% | |



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county.milwaukee.gov

II. Program and Service Improvements & Efficiencies

BHS has been working diligently to provide outstanding care to its clients while simultaneously making an increased and continual investment in behavioral health services and support in the community. Strongly aligned with County Executive Crowley's vision that Milwaukee County is the healthiest community in Wisconsin, BHS focuses on reducing barriers to mental health and substance use disorder services with a strong focus on racial equity, culturally competent, and upstream services.

Grant and Other Awards

Temporary Assistance for Needy Families (TANF) Substance Use Disorder Treatment.

Beginning January 1, 2023, the State of Wisconsin awarded Milwaukee County the TANF grant for an additional 5-year project period. The first year of this funding was for the amount of \$4,394,595. This grant supports individuals living in Milwaukee County that have children under the age of 18 and are in need of substance use disorder (SUD) treatment and recovery support services. Treatment includes residential, day treatment, and outpatient programs. Recovery support services can include bridge housing, peer support, Recovery Support Coordination (RSC; case management), and transportation. With these funds, a few new initiatives were also introduced, including a housing specialist, supporting Celebrating Families! at Meta House, an outreach specialist, transportation options such as Uber and Lyft, and clinical consultation available to the recovery support coordinators and Family Drug Treatment Court staff/participants. These funds also support Individual Placement and Support (IPS), ancillary services, such as yoga, and trainings for the SUD provider network.

Funding to Cover Room and Board Costs for Medicaid Members with an Opioid Use Disorder in Residential Substance Use Disorder Treatment Programs.

The State of Wisconsin awarded Milwaukee County a one-year grant in 2023 for the amount of \$331,035 to fund the room and board portion of the stay at a residential treatment facility for a consumer that is identified with an Opioid Use Disorder, or at risk for an Opioid Use Disorder and is Medicaid eligible for the treatment portion of their stay in substance use disorder (SUD) Residential Treatment.

Workforce Development Technical Assistance Forum

The State of Wisconsin awarded Milwaukee County a one-year grant in 2023 for the amount of \$100,000 to the Workforce Training and Development Team to develop Diversity, Equity, and Inclusion (DEI) training that would be optional for all Department of Health and Human Services (DHHS) employees, as well as all DHHS contracted agencies/employees.

Opioid Settlement Funds

In September 2023, BHS was awarded an additional \$4,737,606 from the Opioid Settlement Funds awarded to Milwaukee County as supplemental awards to three out of four existing awards. Harm Reduction Supplies for community-based vending machines (\$518,170); Increasing residential SUD treatment (\$750,000); and DHHS Prevention Integration community re-granting (\$3,469,606).



Building Safer Communities Act

The State of Wisconsin awarded Milwaukee County a one-year grant with the project date of 5/1/2023 – 4/30/2024 for the amount of \$435,786. The purpose of these funds was for expansion and support of the existing Milwaukee County Youth Crisis Stabilization Facilities (YCSF).

Congressionally Directed Spending – Mobile Medication Assisted Treatment (MMAT)

Through a Congressional Directed Spending initiative, SAMHSA awarded Milwaukee County, a one-year grant with a grant period of 9/30/2023 – 9/29/2024. This award funds efforts to offer MAT services in a mobile capacity throughout the community via two projects: one with the Milwaukee County Office of Emergency Management (OEM) and the other with Community Medical Services (CMS). This grant amount is \$2,000,000.

Children’s Mental Health Initiative (CMHI)

SAMHSA has awarded Milwaukee County a 4-year grant for the expansion and sustainability of the comprehensive community mental health services for children with serious emotional disturbances to address the disparity of services within the current system of care (SOC) for children. The project prioritizes: implementation, expansion, and integration of mental health (MH) and essential support services to address and meet the needs of the target population of youth, 12–19 years of age, with complex diagnosis and who are co-enrolled in Wisconsin’s Children’s Long-Term Support (CLTS) Program and the Comprehensive Community Services (CCS) Program. This first year of the grant is from 9/30/2023 and continues through 9/29/2024 for the amount of \$999,957. The four-year project period is from 9/30/2023 until 9/29/2027 for a total project amount of \$3,999,186.

Funding Renewal Applications and Awards

Injection Drug Use Treatment (IDUT) grant from the State of Wisconsin for the calendar year 2023 for the amount of \$532,221. This grant funds direct treatment services for individuals with an opioid use disorder.

Wisconsin Department of Children and Families grants Milwaukee County for the calendar year 2023, funding for AODA (Alcohol and Other Drug Assistance Services) the amount of \$816,600. Of this amount, \$500,000 is designated to direct treatment costs and \$316,600 for prevention costs.

Substance Abuse Prevention and Treatment Block Grant – Supplemental (SAPTBG). Renewed for a third year with the budget period 3/15/2023 – 3/14/2024. This grant required 20% of spending designated to prevention and this was met with the Better Ways to Cope Campaign. This grant requires 10% of spending is designated to women’s treatment and this was met with the Sister’s program at the Benedict Center. The grant also funded Substance Use Disorder direct treatment services, Owen’s Place Southside location, and harm reduction supplies. This grant is from the State of Wisconsin for the amount of \$1,264,131.

Community Mental Health Services Block Grant – Supplemental (CMHSBG). Renewed for a third year with the budget period 3/15/2023-3/14/2024. This grant funded a full-time Suicide Prevention Coordinator



and NAMI's Ending the Silence program for one school year. It also funded numerous supplies to assist Milwaukee County contracted community workers to enable them to work safely and efficiently and trainings including furthering of Milwaukee County's DEI initiatives. This grant is from the State of Wisconsin for the amount of \$685,914.

Milwaukee County Adult Drug Treatment Court (ADTC) is a SAMHSA grant that began the fifth and final year on 5/31/2023 and continues until 5/30/2024. This last year of funding is for the amount of \$399,998.

Assisted Outpatient Treatment Program (AOT) is a SAMHSA grant that began the fourth and final year of funding on 7/31/2023 and continues until 7/30/2024. This grant funds the CARS Assertive Community Treatment (ACT) Community Support Program (CSP) that is operated by BHS. This last year of funding is for the amount of \$999,863.

National Child Traumatic Stress Initiative (NCTSI-Trauma) is a SAMHSA grant that began the third year of funding in 2023 of a 5-year award. The focus population of this grant is youth, ages 12-17, who are witnesses and victims of violence, homicides, and other traumatic events. In partnership with Children's Wisconsin and Project Ujima, Wraparound Milwaukee is working to build the capacity of child serving systems in Milwaukee County in becoming more trauma informed through ongoing staff development in evidence-based practices (EBP); increasing staff awareness and programming capacity, delivering trauma-specific, gender responsive treatment approaches for young women and men; and partnering with the emergency department (ED) of a local health system to build capacity to respond to acts of violence in a consistent and timely manner. This third year period is 9/30/2023 through 9/29/2024 for the amount of \$399,989.

Transforming Lives Through Supported Employment (SEP) is a SAMHSA grant that began the fifth and final year of funding on 9/30/2023 and continues until 9/29/2024. The project assists with implementing and sustaining an evidence-based practice Supported Employment program, and mutually compatible Supported Education, and Supported Housing for transition-aged youth. Through this grant, Wraparound has been able to partner with Milwaukee County Housing Services and Disability Services Division to offer cross-positions and process and procedures to increase access to critical resources for young adults. This last year of funding is for the amount of \$796,823.

State Opioid Response (SOR) Year 2 is a grant from the State of Wisconsin. The budget period is 9/30/2023 until 9/29/2024 for the amount of \$1,503,450. The majority of this grant funds Substance Use Disorder direct treatment services. Additionally, it also funds harm reduction supplies.

First Episode Psychosis (FEP) is a grant from the State of Wisconsin which assists in funding the Coordinated Opportunities for Recovery & Empowerment (CORE) Program. This program began an eighth year of funding on 10/1/2023 and continues until 9/30/2024 for the amount of \$600,000.

Opioid Settlement Funds

Milwaukee County has been a successful litigant against the makers and distributors of opioids, which has resulted in a \$78 million settlement thus far. In late 2022, all Milwaukee County departments were invited to participate in an application process for available funds, with awards being made in early 2023. BHS applied for and was granted funds for four projects:

- 1) **MAT Behind the Walls:** This project allowed for the continuation of a pilot project that was started in 2019 with a grant from the Bureau of Justice Assistance (BJA). Recognizing that many people are incarcerated as a result of their addiction, and that incarceration is a period of forced remission, offering treatment while individuals are incarcerated has many benefits. Additionally, individuals are up to 40 times more likely to have a fatal overdose within the first week after release from incarceration. The MAT Behind the Walls project has been able to offer evidence-based Medication Assisted Treatment (Vivitrol, Suboxone, and methadone) to individuals who are living with an opioid use disorder. The program has grown exponentially by word of mouth, and 94 individuals were served successfully in the program in 2023.
- 2) **Harm Reduction Vending Machines:** With funds granted by the State Opioid Response (SOR), BHS CARS was able to purchase 25 Harm Reduction Vending Machines (HRVM). The opioid settlement funds have been able to augment this project by ensuring that supplies can be made available to the community free of charge. In 2023, the first 11 HRVM were disseminated strategically throughout Milwaukee County. The life-saving and preventative supplies are being accessed and utilized by people living with opioid use disorder and the people who care for them.
- 3) **Substance Use Disorder (SUD) Residential Treatment Capacity Building:** Recognizing that there are still substantial wait lists for residential treatment in Milwaukee County, funds have been allocated to promote capacity expansion of residential treatment in Milwaukee. An Expression of Interest will be published in early 2024 offering up to four awards to support capacity expansion.
- 4) **Community Regranting:** This project included the successful hiring of a Prevention Integration Manager to ensure that all DHHS prevention efforts are evidence-based and strategically aligned. This project will also include regranting of opioid settlement funds to community organizations focusing on prevention, harm reduction, treatment, and recovery-based services. Upwards of \$1.4 million will be made available as part of this regranting effort, which will launch in 2024.

In addition to the projects being implemented by Milwaukee County Behavioral Health Services, there was also an opportunity for BHS leadership to participate in an Opioid Solutions Leadership Network sponsored by the National Association of Counties (NACo). Thirty communities across the country were selected to participate in this peer learning exchange, all of whom have received opioid settlement funds. Guidance about best and evidence-based considerations for use of the funds has been shared. Milwaukee County had the opportunity to be one of two hosts for the Opioid Solutions Leadership Network, with a three-day visit occurring in August 2023. The opportunity to highlight both the challenges and the successes in our community was well-received and culminated in honoring those who are living with



opioid use disorder and those we have lost to opioids on August 31, 2023 – International Overdose Awareness Day.

Access Points

In 2023 the CARS Access Points continued down the path toward innovation and redesign. The drivers and guiding influences behind this redesign effort include the desire be more closely aligned with DHHS “No Wrong Door” and BHS strategic goals, to align with state statute as outlined in DHS 34 (Emergency Mental Health Service Programs), to align to evidenced-based practices including Motivational Interviewing and Zero Suicide, and to standardize assessment tools that screen for Social Determinants of Health (SDOH). A Request for Proposal process was completed with an updated statement of work/program description that reflected implementation of the redesign, which will commence in 2024. There are now a total of four CARS Access Points: CARS Intake Team, Sirona Recovery, WestCare, and Wisconsin Community Services.

CARS Criminal Justice Liaison

The CARS Criminal Justice Liaison works in close collaboration with Milwaukee County District Attorneys (DA) and Wisconsin State Public Defenders (PD) to identify justice-involved individuals who have a severe and persistent mental illness (SPMI). The primary goal is to facilitate community-based treatment as opposed to incarceration. The different diversion opportunities offered by the criminal justice system include Early Intervention (EI), Deferred Prosecution Agreements (DPA) and Mental Health Treatment Court (MHTC). In 2023, 302 individuals were specifically identified by the DA or the CARS Criminal Justice Liaison as being possible candidates for diversion opportunities. In addition to those individuals, there were additional referrals submitted by the DA and PD to the CARS Criminal Justice Liaison for consultation, to provide outpatient resources for individuals not eligible for diversion, CARS assessments for potential service linkages, and collaboration.

Assisted Outpatient Treatment (AOT)

BHS started its Assisted Outpatient Treatment (AOT) program in December 2020. The goals of this program are to provide a comprehensive array of services for a targeted population of individuals who have historically been resistant to treatment and are on a recent civil court order for treatment. The treatment that individuals are court-ordered to participate in is provided by the BHS – CARS Assertive Community Treatment (ACT) team. ACT is a nationally recognized evidence-based practice for individuals who are living with a serious and persistent mental illness. Since its inception, the AOT program has enrolled 59 unduplicated individuals. In that time, there have been 28 graduates who followed their court ordered conditions and were determined to not be in need of an extension of their court order. A large majority (89%) of the AOT graduates have continued to work with the ACT program after their court order has ended, speaking to the successful engagement strategies and value of the services delivered to participants.

In January 2023, the AOT program and CARS ACT team moved to a new location at the Marcia P. Coggs Human Services building, which is easily accessed by the consumers and only one block from the Mental Health Emergency Center (MHEC). It is also in close proximity to the courthouse, Milwaukee County Housing Services, and many other social services that are utilized by the AOT participants. In the new



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location, the ACT team has been able to commence offering a Life Skills group, a project that had been on hold during the course of the pandemic.

The ACT Team has continued to have an emphasis on achieving fidelity to the ACT model. In July 2023, the ACT Team participated in its third ACT fidelity review, achieving a score of 3.90 which is considered a moderate rating. The TMACT report identified many strengths of the ACT Team, including that it functions as a truly interdisciplinary team, utilization of the evidence-based model of Enhanced-Illness Management, and Recovery (E-IMR) with program participants, the use of matching stages of change to interventions, and a commitment to focusing on strengths when working with program participants.

The ACT team was surveyed for their Community Support Program (CSP) certification (DHS 63) in June 2023 by the state of Wisconsin Division of Quality Assurance (DQA) and was given a two-year certification. Being certified as a CSP affords the opportunity to bill Medicaid for the services offered by the ACT team and is an essential component for the sustainability of this vital program.

Comprehensive Community Services (CCS)

Throughout 2023, the Comprehensive Community Services (CCS) program continued to experience a growth pattern. This has included both the number of individuals served annually, but also the provider network. With a successful Request for Proposal process implemented, the Adult CCS program is in the process of adding one new Care Coordination agency and upwards of 25 new ancillary providers. A hallmark of the Milwaukee County CCS program is the wide array of services offered that offer ample opportunity for unique paths toward recovery. While traditional mental health and substance use services such as psychotherapy and medication management are offered, the emphasis on other equally important services such as employment, alternative therapies, nutrition, yoga, and physical health services is what often draws people to the program and keeps them meaningfully engaged.

In 2023, under the direction of the CCS Administrator, the Adult and Youth CCS teams were able to further their integration. The entire team, including personnel from both the youth and adult teams, meet on a regular basis together and have three integrated projects underway that are centered on documentation, cultural competency, and training. Furthermore, as changes in the BHS electronic health record are being planned, there will be an opportunity to streamline processes across the network. Finally, system-wide ancillary provider meetings are being held, which is now resulting in many of the ancillary providers preparing to provide services across the lifespan.

There has also been significant progress made in 2023 to integrate the CCS and Children's Long-Term Support (CLTS) support waiver programs. BHS applied for and was awarded a grant through the Substance Abuse Mental Health Services Administration (SAMHSA) to develop a specialty CCS team that will serve individuals who are dually diagnosed with a mental health and another disability (physical or cognitive). Additionally, an Expression of Interest has resulted in plans to move forward with the development of one specialty Care Coordination team that will serve the CCS/CLTS dual enrollees.

The CCS team has continued to grow throughout 2023 so that the quality of services can be ensured. This included the hiring of an additional Administrative Coordinator. It has also included the dedication of one full time team member to provide quality oversight and support to the ancillary network. The technical

support to all network providers has continued as well, with deep dive quality audits being completed for each agency to offer feedback about both successes and opportunities for growth and improvement.

Prevention and Harm Reduction

CARS has a long-standing commitment to the implementation of evidence-based prevention and harm reduction strategies to prevent or minimize the harmful effects of substance use for individuals living in Milwaukee County.

In 2023, the CARS prevention team had a number of noteworthy successes. With the use of opioid settlement funds, a new Prevention Integration Manager position was created to help align the prevention strategies of all DHHS entities. The position was filled via internal promotion in May 2023, with a new Health Prevention Coordinator being hired to fill the vacancy created by that promotion shortly thereafter. With so much important work to be done, the additional staff resources have been very helpful to extend the oversight of the BHS prevention efforts.

The Better Ways to Cope (BWTC) campaign originally launched in 2022 and has continued with its next iteration in 2023. The campaign is a community-centered substance misuse and harm reduction effort that is designed to increase access to information and resources for reducing overdose deaths, preventing substance use disorders, and increasing healthy coping choices. In 2023, CARS has been able to regrant \$460,000 to six organizations to do this important prevention work. This work encompasses a wide range of creative and engaging activities, often reaching sectors of the community that may not be reached through traditional services. This campaign will conclude in March 2024.

The opioid settlement has also afforded the opportunity to significantly expand harm reduction efforts. In July 2023, 11 harm reduction vending machines were deployed throughout Milwaukee County. The community at large was offered the opportunity to apply to host machines, and decisions about where to place the machines were made by interviewing host agency candidates and overlaying placement with fatal and non-fatal overdose data. The machines include nasal Narcan, Fentanyl test strips, Deterra deactivation pouches, medication lock bags, and gun locks, all of which are offered to anyone who needs the supplies free of charge. A contract is in place with Vivent Health to maintain the integrity of the vending machine project and ensure that machines are operational and adequately filled at all times. The launch of the vending machines has been notably successful, with several host agencies already reporting specific instances of lives saved with the materials provided in them. Plans are underway to disseminate another eight machines in 2024.

Substance Use Disorder (SUD) Services

Over the last several years and since the implementation of the 1115 waiver that resulted in Medicaid paying for SUD Residential Treatment, the CARS Substance Use Disorder team has continued to identify opportunities to reallocate existing funding resources in meaningful ways, recognizing that there are many interventions in addition to clinical treatment that can promote recovery. This has made room for a greater emphasis on addressing Social Determinants of Health, since all treatment is now covered by Medicaid and most individuals served by our system have Medicaid coverage. To this end, the SUD ancillary network has grown in 2023 to include providers who can offer yoga, mindfulness, nutrition, and



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additional housing supports such as security deposit, rent, and household needs. The network was also able to expand to include a new bridge housing provider and expand the capacity of existing bridge housing providers.

The bulk of the CARS SUD treatment and ancillary services rely on grant funding. CARS continues to manage a variety of funding streams to contribute to the functioning of the SUD system of care, including TANF, Injection Drug Use Treatment, Adult Drug Treatment Court, Division of Milwaukee Child Protective Services, and the State Opioid Response Unmet Needs grant. Utilizing a braided system of funding, BHS CARS is able to leverage the various fund sources to meet the needs of over 1,500 unique individuals throughout the year.

The CARS SUD team has been in a process of building their team and increasing focus on both quality oversight and technical support for providers throughout 2023. This has included updates to the programmatic scopes of work, creation of process documents to be of assistance to network providers, cross-training of staff so all team members can capably assist with any part of the network management, and providing additional staff supports to key provider partners when the need has been identified.

CARS continues to work closely with SUD Residential Treatment providers for placement of uninsured individuals. CARS also funds the room and board costs related to treatment, as this is not covered by Medicaid. While the providers manage their own waitlists for individuals seeking treatment, they are all reporting that they continue to have more demand for services than they can capably serve at any given time. With an opportunity afforded with opioid settlement funds, plans are underway to release an Expression of Interest for agencies that may be interested in increasing the local availability of SUD Residential Treatment.

Mobile Crisis Integration

Milwaukee Mobile Crisis provides behavioral health response and intervention services on an outreach basis to Milwaukee County residents telephonically as well as in-person, face-to-face in the community. The Milwaukee County Crisis Line (414-257-7222) is typically the initial access point for mobile crisis services which are provided by mental health professionals (Registered Nurses, Behavioral Health Emergency Service Clinicians, Psychologists, and Psychiatrists). A mobile crisis response is directed at achieving the following outcomes: assessment of individuals experiencing behavioral health concerns, stabilization through reduction of risk factors and stressors, assisting law enforcement with evaluation of criteria for emergency detention under s. 51.15, consultation with community mental health providers, providing behavioral health education, linkage to community and hospital-based providers and resources, as well as follow-up contacts.

Historically, Milwaukee County has operated two separate mobile services, one for adults (Crisis Mobile Team - CMT) and one for youth and families (Children's Mobile Crisis – CMC). In quarter one of 2023, these two teams merged into one comprehensive team serving individuals across the lifespan and rebranded as Milwaukee Mobile Crisis. Team members co-located within the same call center, integrated operational workflows, and consolidated documentation of services into one electronic health record. Redesign of the mobile service delivery model supports a “No Wrong Door” approach to serving all



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residents in need and creates operational efficiencies. By dissolving program silos and increasing collaboration amongst crisis clinicians with diverse backgrounds and clinical experience, integration efforts have streamlined crisis intervention services for individuals and their loved ones of all ages. Integration of the mobile services aimed to increase the mobile crisis workforce, thereby improving access to services and decreasing response times. In 2023, Milwaukee Mobile Crisis provided a total of 6,294 initial mobile responses (1,133 of those were for youth aged 17 and under) and 4,212 follow-up contacts (1,099 were for youth).

Crisis Resource Centers

Efforts at the CRC continue to be focused on delivery of support and care for residents and also a continued emphasis on contract performance measures and improvements in service delivery. In the interest of efficiency, CRCs continue to improve with a focus on tracking the source of each referral, their needs, and rate of acceptance. Of equal importance, a NIATX project is in process that will look at discharged client's status to determine the positive impact of services as illustrated by their rate of emergency department visits within 30 days of discharge. Other quality improvement efforts include BHS reviewing cases with a longer length of stay (30 days or more) to identify clinical rationale for the delay in discharge and to work toward clinically indicated next steps.

Other 2023 developments are those related to CRC FFS billing. This includes how the CRC manager/coordinator now requests ongoing authorizations for all BHS funded clients with units lapsing at one time (i.e., submitting a batch of requests at once, which is most efficient for approval purposes). This is to be completed prior to lapse and promptly notifies Utilization Review team of pending authorizations for review/approval. In addition, the CRC enters and submits all billing by the end of the week for timely entry of services into the Provider Connect system.

Workforce Training and Development

Prior to 2023, BHS had an Educational Services department that provided training for all staff with a particular focus on supporting the needs of the inpatient hospital. After the closure of the hospital, the funds for this department were reallocated to support the creation of the Workforce Training and Development (WTD) team. This new team includes six staff members and provides trainings to all DHHS employees and will continue to grow and better serve our community-based partners. In 2023, WTD introduced a new DHHS New Employee Orientation, offered a series of DEI trainings, and designed and/or updated multiple trainings to meet regulatory requirements. WTD also manages the learning management system (LMS), HealthStream, which has been used for many years at BHS to deliver online trainings to employees and contracted providers while also being able to track training attendance and completeness. The team also developed a webpage to further support all staff training needs.

WTD also oversees the "Professional Training Programs (PTP)," which aims to develop and maintain internship opportunities for undergraduate, graduate, and post-graduate students. In the past year, the PTP grew from serving BHS with six internship opportunities to serving all of DHHS with 17 internship



positions. PTP partners with multiple universities and colleges to support students in their educational career while providing exposure to the broad array of services that are provided. The internships offer both paid and unpaid opportunities. The webpage, which launched in September 2023, provides detailed information regarding who we serve, how and when to apply, and testimonials from past interns. [Internships and Practicums \(milwaukee.gov\)](https://www.milwaukee.gov/Internships-and-Practicums)

Milwaukee County Mental Health Clinic

In 2023, the Milwaukee County Mental Health Clinic (MCMHC) saw continued and expanded service delivery to youth and families. During that time, the clinical team expanded to include a licensed clinician, a psychology post-doc, as well as a QTT intern. This expanded service delivery in the area of assessment and provision of outpatient psychotherapy services has provided the psychiatrists ready access to a multidisciplinary team for prompt assessment and referral for those most in need. This growth is supported by a 32% increase in the number of unique youth clients served (601 in 2022 and 798 in 2023), and a 135% increase in the number of unique youth client visits (1,901 in 2022 and 4,472 in 2023).

As a result, the MCMHC DHS 35 clinic continues to establish itself as a community-based, outpatient clinic providing not only, medication management, but also psychotherapy services to serve youth and young adults enrolled in Wraparound Milwaukee or Comprehensive Community Services (CCS). While these services are beneficial to those in Wraparound and CCS, the need in Milwaukee County far exceeds those enrolled in those programs. To that end, the MCMHC is expediting efforts to ensure services are available for youth needing a lower level of clinical intervention.

2023 also saw the MCMHC bolster services by working with Milwaukee County's Suicide Prevention Coordinator to review and as needed, revise the clinical team's assessment of suicide among those they serve. In doing so, at each point of clinical contact at the MCMHC youth are assessed for risk of suicide, with appropriate and best practice interventions provided by the team. This is in keeping with BHS's "Zero Suicide" initiative.

Children's Community Mental Health Services and Wraparound Milwaukee

Children's Community Mental Health Services & Wraparound Milwaukee (hereby referred to as Wraparound Milwaukee) is a system of care designed to help build strong and healthy communities by enhancing children and families' ability to meet life's challenges and to foster resiliency and hope for a better future. A portion of Wraparound Milwaukee is a specialized HMO created to serve the children and families of Milwaukee County with complex needs who meet the designated enrollment criteria. Additionally, through the provision of Comprehensive Community Services (CCS) for youth and young adults, Wraparound Milwaukee receives funding via this Medicaid benefit. Due to its recognized practice model and flexible funding structure, Wraparound Milwaukee became an umbrella for the programs listed below. Wraparound Milwaukee HMO programming receives funding from Medicaid through a capitation rate for all eligible youth. In addition, funding is received through Medicaid for crisis services on a fee-for-service basis. Wraparound Milwaukee pools those dollars with monies from Milwaukee County Children, Youth and Family Services – Youth Justice area (CYFS) in the form of as case rate payment for the youth they enroll, as well as from the Division of Milwaukee Child Protective Services (DMCPS) for the youth they enroll.



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Wraparound Milwaukee has worked progressively over the years to transform their delivery of service and to continuously improve and expand all supports for children and their families. This occurs through consistent engagement with our system partners, such as schools, child protective services, disability, and youth justice services, as well as partnerships with the greater community. Wraparound Milwaukee actively seeks outreach activities to increase awareness, and there are not waiting lists for programming. Wraparound Milwaukee continued to make concrete progress on the previously developed strategic plan, which contains six key initiatives centered around more strongly partnering with families and communities to join collective expertise and resilience to strengthen individuals, homes, and neighborhoods. Wraparound Milwaukee and CYFS – Disabilities Area continue to share the Resource & Referral Line to support a coordinated response for youth and families seeking help from Milwaukee County. This extended to a fully integrated intake team as of January 1, 2022 with Options Counselors being trained and actively screening for all voluntary children’s programs offered under the Milwaukee County Department of Health and Human Services (DHHS) umbrella.

Wraparound Milwaukee Enrollees Served
2017-2023

| Wraparound Milwaukee Enrollees Served | 2019 | 2020 | 2021 | 2022 | 2023 | % Change 2017-2018 | % Change 2018-2019 | % Change 2019-2020 | % Change 2020-2021 | % Change 2021-2022 | % Change 2022-2023 |
|--|-------------|-------------|-------------|-------------|-------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Wraparound | 875 | 693 | 532 | 465 | 379 | -9.1% | -7.21% | -20.8% | - | - | -18.49% |
| REACH | 860 | 846 | 816 | 736 | 593 | 1% | 7.23% | -1.6% | -3.54% | -9.80% | -19.42% |
| Comprehensive Community Services (CCS) * | 385 | 608 | 715 | 846 | 886 | 163% | 387% | 57.9% | 17.4% | 18.32% | 4.72% |
| Grand Total | 2120 | 2147 | 2063 | 2047 | 1858 | -2.0% | 16.2% | 1.2% | -3.9% | -.77% | -9.23% |
| Children’s Mobile Crisis (CMC), # of youth SERVED ** | 1765 | 1519 | 1417 | 1311 | N/A | -18.4% | -8.64 | -139% | -6.7% | -7.4% | N/A |
| Children’s Mobile Crisis (CMC), # youth SEEN ** | 1084 | 853 | 744 | 522 | N/A | -18% | -12.22 | -21.3% | -12.7% | -29.8% | N/A |

*CCS Count includes CORE:

- ✓ FEP (First Episode Psychosis) from 2018 and CHR-P (Clinical High Risk for Psychosis) youth from 2020

**CMC data is segmented by the number of youths SERVED & the number of youth SEEN. SERVED data include all contacts including phone. SEEN data includes face-to-face contacts only.



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Overall, Children’s Community Mental Health Services & Wraparound Milwaukee are seeing similar levels of enrollment in 2023, as compared to the past few years. It is important to note that programs continue to exhibit distinct trends. HMO-funded programs – Wraparound and REACH – saw an overall decline that were similar amongst the two programs. As predicted, enrollment numbers continue to grow in Comprehensive Community Services (CCS). It is anticipated that CCS enrollment numbers will continue to grow 2024, as the program functions as a life-time benefit, as opposed to Wraparound/REACH which are designed to be a more acute, short-term intervention. It is interesting to note that through the implementation of the integrated intake process, there has been a noticeable increase in the number of youth and young adults dually enrolled in CCS and the Children’s Long-Term Support (CLTS) Waiver, a program facilitated by CYFS-Disabilities.

Children’s Community Services & Wraparound Milwaukee continues to have a presence at Owen’s Place, a community drop-in center for youth. Grab-and-Go events were held once a month, March 2023 thru October 2023, to support the community; over 900 individuals were served as part of this outreach. Family Intervention Support Services (FISS), a contracted program through the Division of Milwaukee Child Protective Services (DMCPS) executed in partnership with St. Charles Youth and Family Services, continued to support families to avoid unnecessary court intervention. In 2023, FISS completed a total of 303 assessments, which is an increase from the 219 assessments completed in 2022. After an assessment, families receive support from FISS staff to help them meet their needs through FISS case management, programming within the Wraparound umbrella, or other community-based services. FISS did sunset at the end of 2023 as the funding from DMCPS shifted to different programming.

Recommendation

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

Shakita LaGrant-McClain

Shakita LaGrant McClain, Director
Milwaukee County Department of Health and Human Services

Attachment: Data Dashboard slide show

cc: Secretary Designee Kirsten Johnson, Wisconsin Department of Health Services (DHS)
Milwaukee County Executive, David Crowley
Mary Jo Meyers, Chief of Staff, County Executive Crowley
Milwaukee County Board of Supervisors
Milwaukee County Mental Health Board



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Attachment

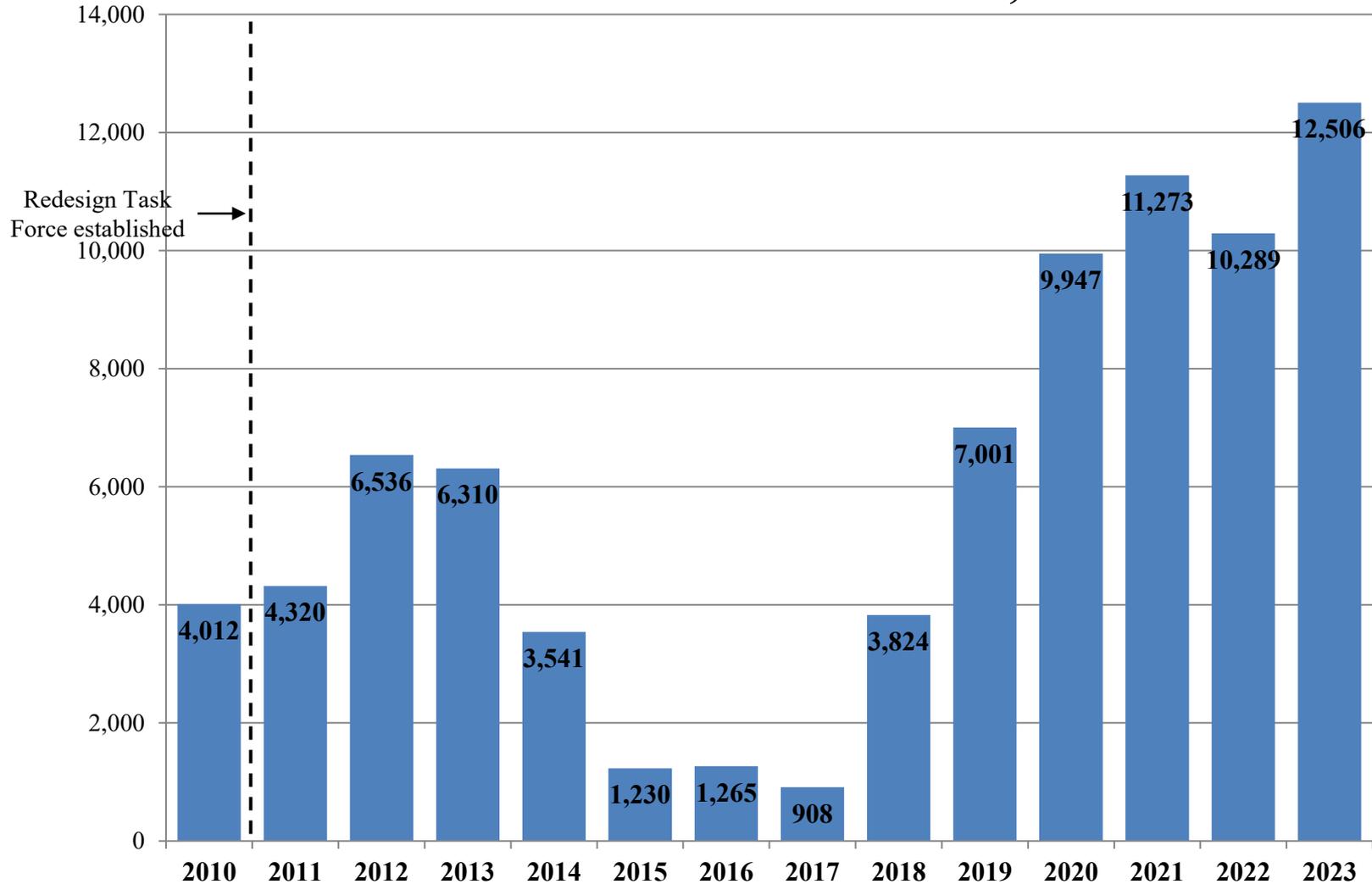
Data Dashboard

Milwaukee County Behavioral Health Services

Revised January 5, 2024

*Please note that the slides related to Psychiatric Crisis Services and the Observation and Inpatient Units were removed as these facilities closed in September of 2022

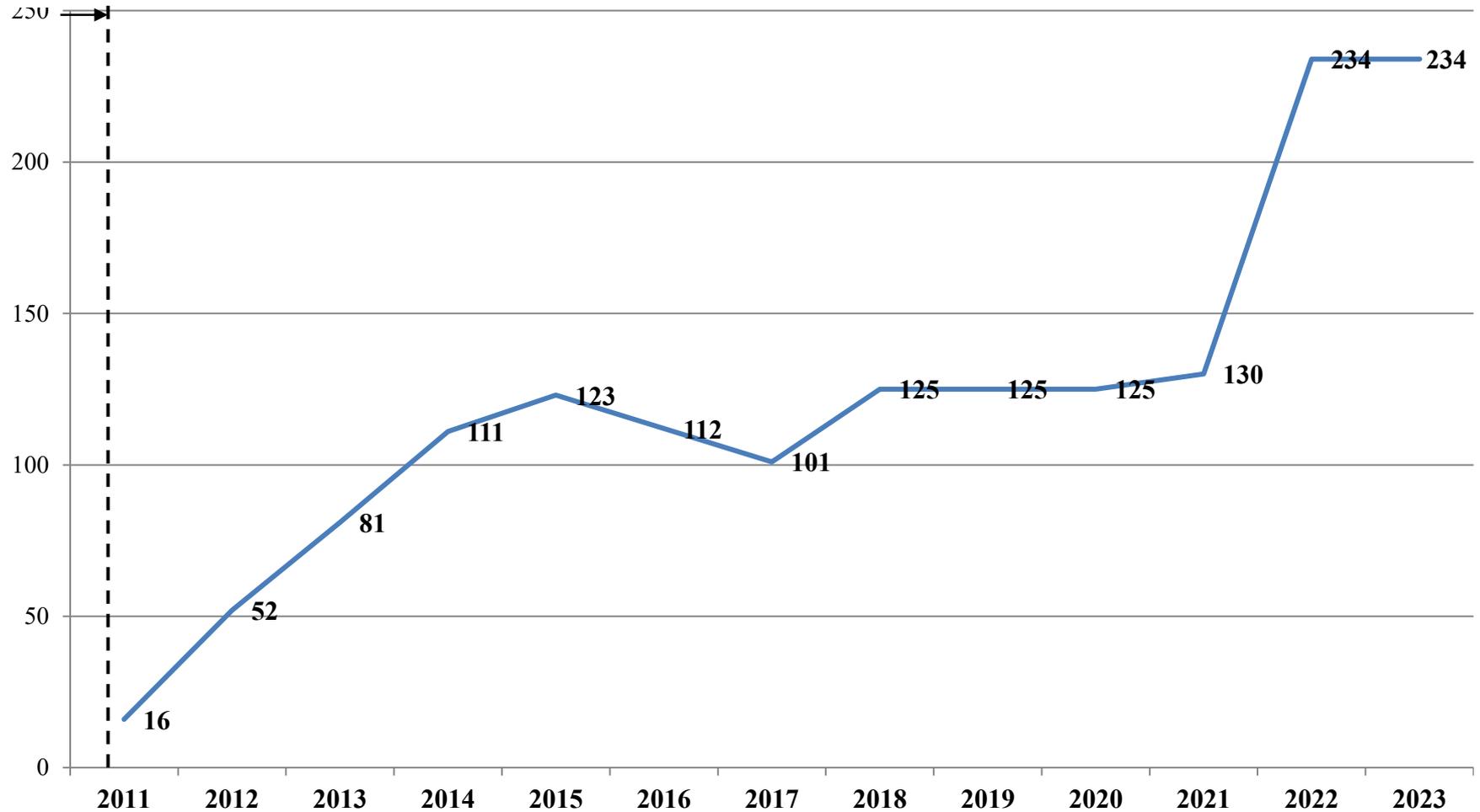
BHS Access Clinic Client Sessions, 2010-23



The Access Clinics (Access Clinic – South, Access Clinic – East, & Access Clinic - Progressive) are walk-in centers providing mental health assessment and referral for individuals without insurance. Foot note session count

Certified Peer Specialists in Milwaukee County, 2011-23

Redesign Task Force established



Certified Peer Specialists in Milwaukee County counts were obtained from [https://www.wicps.org/cps-by-counties/CPS Directory - Wisconsin Peer Specialists \(wicps.org\)](https://www.wicps.org/cps-by-counties/CPS%20Directory%20-%20Wisconsin%20Peer%20Specialists%20(wicps.org))

2023 Client Experience Survey Results

4.44

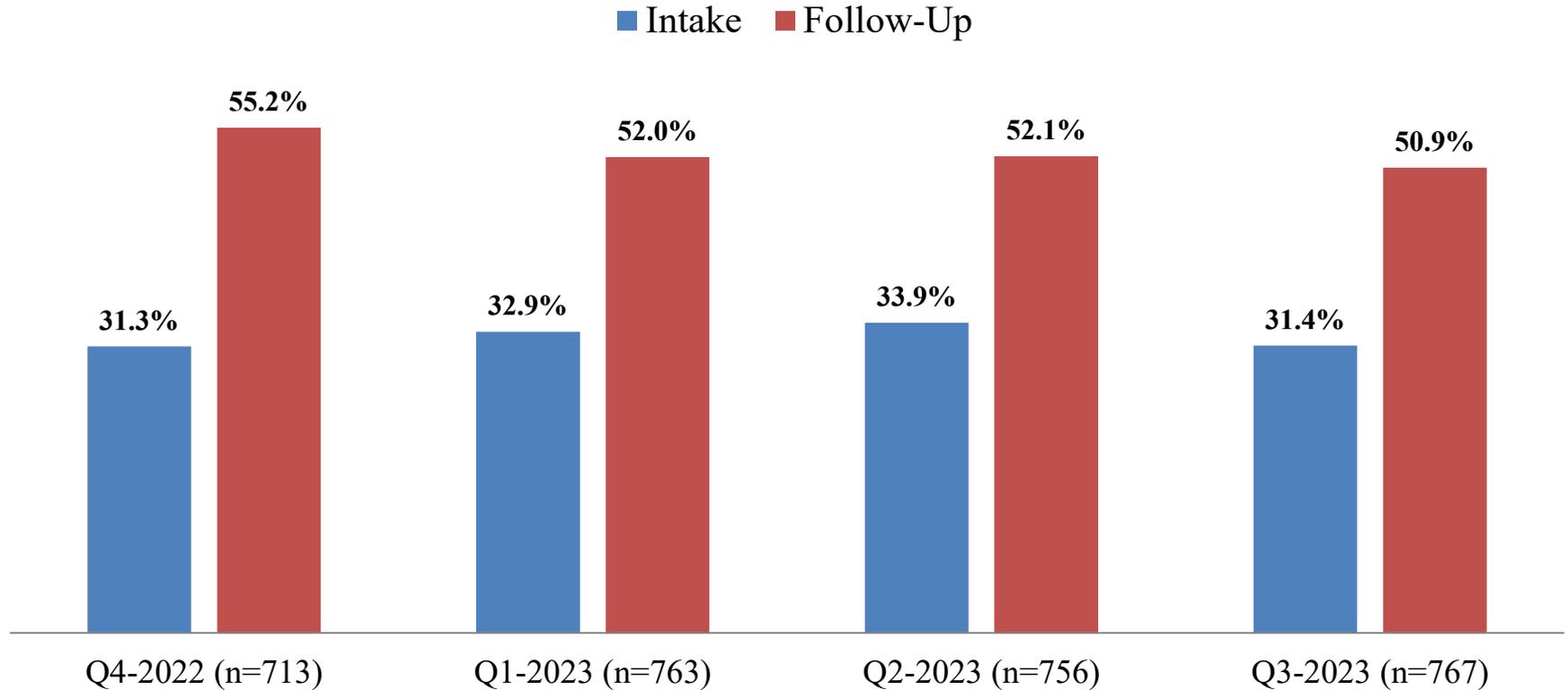
**Average Survey Score
(on a 5 point Likert scale)**

n=3377

Total Clients Surveyed

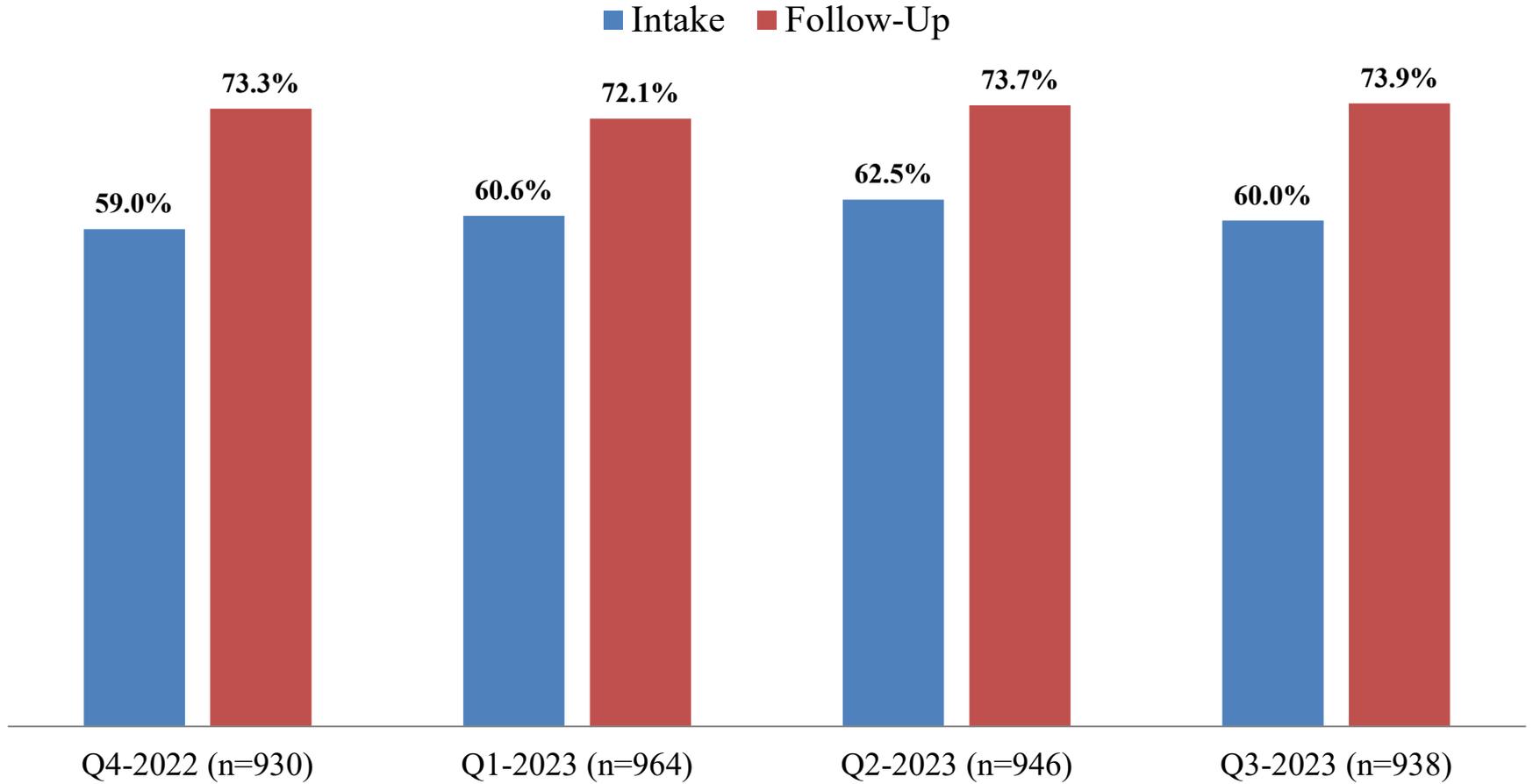


Community Services: “Good” or “Very Good” Quality of Life (QOL) Intake & 6-Month Follow-Up, 2023

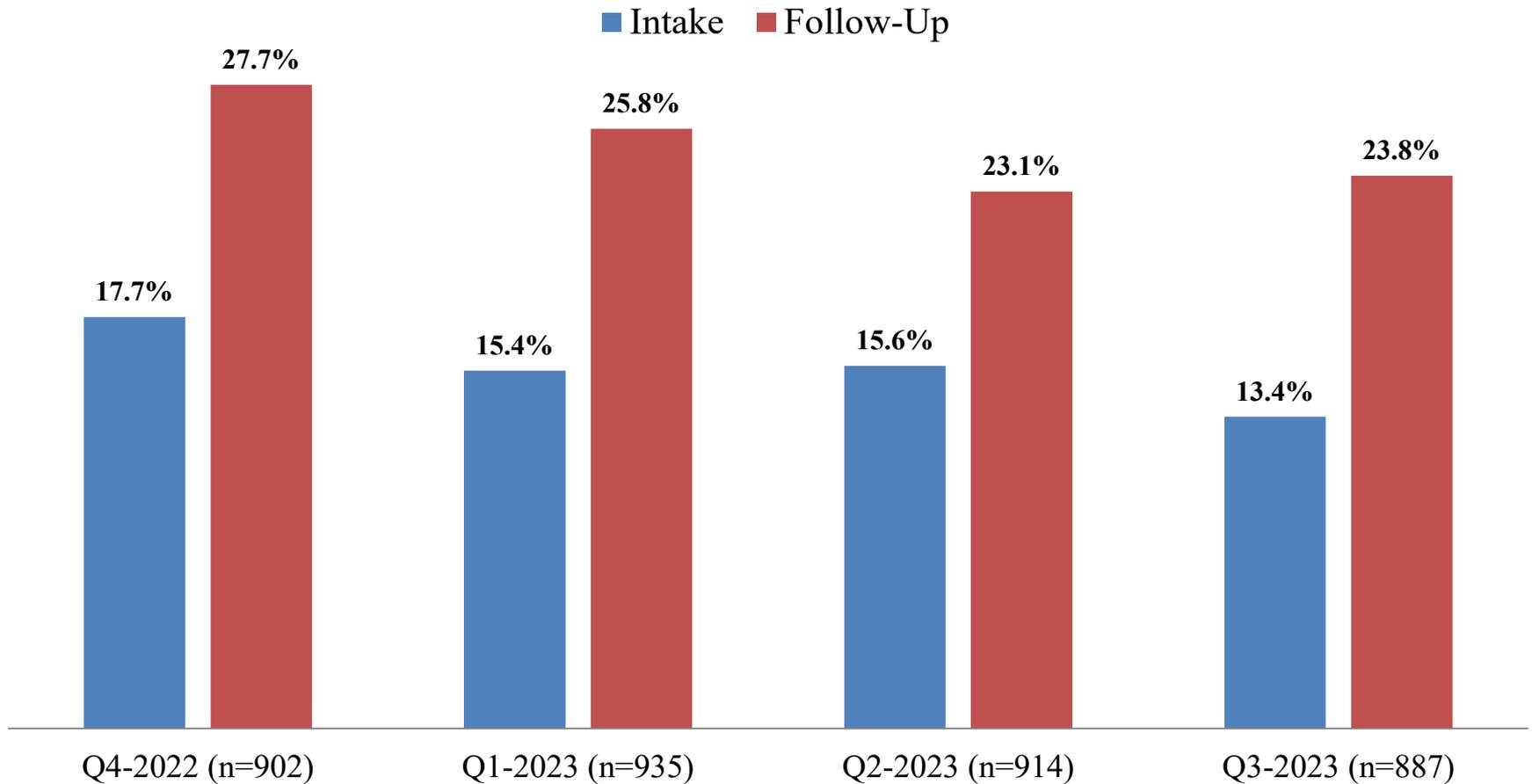


Starting in quarter 1 of 2021, CARS revised the methodology for reporting Quality of Life, Employment Status, and Living Arrangement status. These revisions enabled CARS’s outcomes to be more consistent with State of Wisconsin and Federal reporting requirements, as well as allowed CARS to use these metrics as benchmarks for performance. However, these changes in methodology meant that the data was no longer consistent with reports from previous years. Therefore, these historical data have been removed from the current version of this report. Future iterations of this report will include four quarters of data from the previous year. Please note that because of a 30-day lag in outcome data submission requirements, the four quarters will run from the fourth quarter of the year prior to the previous year to the third quarter of the previous year.

Community Services: Private Residence Intake & 6-Month Follow-Up, 2023



Community Services – Employment Intake & 6-Month Follow-Up, 2023



Employed Status includes “Full Time Employment”, “Part Time Employment”, and “Supported Competitive Employment”.

COUNTY OF MILWAUKEE
Inter-Office Communication

Date: January 24, 2024

To: Maria Perez, Chairperson – Milwaukee County Mental Health Board

From: Shakita LaGrant-McClain, Director, Department of Health and Human Services;
Approved by Michael Lappen, Administrator, Behavioral Health Services

**Subject: Report from the Director, Department of Health and Human Services, regarding
Community and Family Resource Liaison**

File Type: Informational Report

BACKGROUND

In June 2023, Mental Health Board Member Kathleen Eilers, MSN, Board Secretary, sponsored an amendment to fund a Community and Family Resource Liaison as part of the proposed BHS budget for 2024. This amendment request was made as a direct response to community stakeholder feedback received at public hearings of the Mental Health Board, where parents and family members provided personal testimony describing challenges accessing behavioral health resources to support their loved ones. It was then recommended and approved for BHS administration to arrange a centralized resource for parents and family members to help identify all support options that are available from BHS and the BHS partner network. Funds are included in the 2024 BHS budget for BHS to fund a Community and Family Resource Liaison to ensure that effective resources are offered to families and connection to BHS services. This role will facilitate connections to services for community members and families and ensure that families with limited resources are able to seek and receive the help that they require to support their loved ones. The \$60,000 expense related to this initiative is funded through BHS reserve funds.

REPORT

BHS will contract with Mental Health America of Wisconsin (MHA) to provide these services and will utilize both a Coordinator and a Certified Peer Specialist (CPS). The Coordinator will be the point person for all intake calls with family members about their loved one, provide community education, and build bridges between family and community partners. The CPS will interface with both the consumer and family upon request to help people navigate the system and get connected to community-based services. The vision will be to not only educate families and the community but also link consumers to services when hospitalization is not appropriate.

The purpose of the contract with MHA will be to provide coordination, education, and access to community-based resources. MHA will provide a Part-time Coordinator and a Part-time Peer Specialist who will work together to provide education and resources to family members and community partners:

- **The Coordinator** will be the initial point of contact for families and community members, providing an overview of how the system works and educating them on how they can support their loved ones. The Coordinator will also serve as a liaison for family members with healthcare and court systems to improve communication and community relations.
- **The Peer Specialist** will provide peer support to the consumer upon request to help connect them and the family to community-based resources, with the hope of increasing stabilization and decreasing hospitalizations and other costly acute services. To ensure sustainability, the Peer Specialist role can be subsidized through other payer sources (when applicable), i.e., CCS, as MHA is a CCS provider.

RECOMMENDATION

This report is informational, and no action is required, as the approval for this contract will be addressed by the Mental Health Board in the purchase of service contract report approvals.

PREPARED BY:

Amy Lorenz, Deputy Administrator-Operations

APPROVED BY:

Shakita LaGrant-McClain

Shakita LaGrant-McClain, Director, Department of Health & Human Services

Chairperson: Ken Ginlack

Research Analyst: Kate Flynn Post, (414) 391-7845

Committee Coordinator: Dairionne Washington, (414) 257-7606

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
GOVERNANCE COMMITTEE**

Wednesday, January 10, 2024 – 1:30 P.M.
Microsoft Teams Meeting

MINUTES

PRESENT: Ken Ginlack, Rachel Forman, Mary Neubauer, and Kathy Bottoni

EXCUSED: Maria Perez

SCHEDULED ITEMS:

1. Welcome.

Chairman Ginlack welcomed everyone to the January 10, 2024, Mental Health Board Governance Committee's remote/virtual meeting.

2. Minutes from the November 8, 2023, Committee Meeting.

The minutes were reviewed, acknowledged, and accepted by the Committee.

This Item was informational.

3. Board Survey Results Follow-Up Discussion from the December 14, 2023, Board Meeting.

Chairman Ginlack stated the survey was comprised of a total of 36 questions. Five questions, in particular, stood out to him due to the varying responses. Those questions were 4, 9, 13, 14, and 17. The Committee agreed the disparity in responses could be partially due to the way questions were interpreted by Board Members. Chairman Ginlack also asked Committee Members to identify questions they would like to discuss further. The Committee was informed the survey questions were pulled directly from State Statutes. The survey is a self-assessment and should assist with gauging how the Board is doing with its responsibilities. As the items in the survey are being addressed, it will be important to determine if more information is required, additional policies are needed, supportive training should be directed, or action should be requested of the full Board.

Question #4 related to the Board's ability to reallocate funds, which State Statutes say is within the Board's responsibility. Discussion unfolded as to what it means to reallocate funds and how the Board accomplishes this duty in its normal course of business. The Board receives financial reports regularly reflecting how the budget is allocated.

Question #9 related to the importance of institutional services. Again, Committee Members defined the word "institutional" differently. Some felt it meant in-patient stay as others felt it was meant in the sense of long-term and rehabilitative care. Committee Members alluded to the

SCHEDULED ITEMS (CONTINUED):

Granite Hills contract and requested a review be scheduled at a future meeting. The importance of taking a proactive stance was expressed. Granite Hills conversations occurred at the last Board meeting. Further discussion was slated to take place with the Behavioral Health Services (BHS) Administrator to obtain more insight. In conclusion, institutional services will continue to be part of the mental health program design.

Question #13 related to early intervention. The Coordinated Opportunities for Recovery and Empowerment (CORE) program offered through Wraparound and First Episode Psychosis programming were given as examples. A recommendation was made for the Board to be presented with more information about youth services.

Question #14 related to diverting individuals experiencing mental illness from the criminal justice system. There is a mental health specialty court, however, there isn't an equivalent national model. There is also a struggle for resources. BHS' financial support comes in the form of liaison positions. Chief Judge Ashley has done presentations on the various specialty courts including mental health court. Chairman Ginlack stated he would reach out to Chief Judge Ashley for a potential presentation to the Mental Health Board.

Question #17 related to cost savings achieved in the provision of mental health services. The Quality Committee receives a dashboard reflecting cost data compared to outcomes. The redesign is modeled to address issues early on, so they don't become more frequent and more costly resulting in clients ending up in higher cost situations. The Fiscal Administrator could also speak to the Board on the topic of cost savings.

Chairman Ginlack wrapped up discussions by stating the retreat was a success. Follow-up done on the survey by this Committee will draw out needs the Board can address as a whole.

This Item was informational.

4. Board Member Expectations Updates.

- Attendance Policy
- On-Screen Requirements

Edits were made to the document. More robust language was added to the Meetings and Events section under #2 regarding the attendance policy. When it comes to attendance, it is essential to have all Board Members attend every meeting to meet quorum requirements. It becomes problematic to condone Board Members missing a certain number of meetings. Committee Members were reminded only the nominating authority has the power to remove individuals from the Board for cause. The language was reviewed. This document is provided to new Board Members as part of their orientation.

As it relates to on-screen requirements, a discussion was had surrounding hybrid meetings and the ability to vote virtually. In-person voting rules were suspended temporarily by the State during the pandemic to allow organizations to continue to conduct business. It is not known whether it

SCHEDULED ITEMS (CONTINUED):

| | |
|---|---|
| | <p>still applies. That ability would then inform the decision to pursue hybrid meeting options. The Board's Research Analyst will reach out to Corporation Counsel for input.</p> <p>After further discussion, the Committee decided to lay this Item over to the March meeting pending feedback from Corporation Counsel.</p> |
| 5. | <p>Review of Board Member Terms and Vacancies.</p> <p>There was a lengthy discussion surrounding the election of officers at the February Board meeting. A recommendation was made to look at adding a second vice-chair to the Board's cabinet to organically assist with a succession plan, which can be discussed at a future meeting.</p> <p>The document associated with this item is used for tracking terms and vacancies to support the continual fulfillment of seats. Board staff will be working closely with the County Executive's Office to ensure seamless transitions. Committee Member Neubauer recommended the nominating authorities be informed to tap MC3 for potential candidates.</p> <p>This Item was informational.</p> |
| 6. | <p>Adjournment.</p> <p>Chairman Ginlack ordered the meeting adjourned.</p> |
| <p>This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Legislative Information Center.</p> <p>Length of meeting: 1:31 p.m. to 2:49 p.m.</p> <p>Adjourned,</p> <p><i>Jodi Mapp</i> Jodi Mapp Board Liaison Milwaukee County Mental Health Board</p> | |
| <p>The next meeting of the Milwaukee County Mental Health Board Governance Committee will be on March 13, 2024</p> <p>To View All Associated Meeting Materials, Visit the Milwaukee County Legislative Information Center at: Milwaukee County - Calendar (legistar.com)</p> <p>Visit the Milwaukee County Mental Health Board Web Page at: https://county.milwaukee.gov/EN/DHHS/About/Governance</p> | |

Governance Committee Item 2

Chairperson: Ken Ginlack

Research Analyst: Kate Flynn Post, (414) 391-7845

Committee Coordinator: Dairionne Washington, (414) 257-7606

MILWAUKEE COUNTY MENTAL HEALTH BOARD GOVERNANCE COMMITTEE

Wednesday, November 8, 2023 – 1:30 P.M.
Microsoft Teams Meeting

MINUTES

PRESENT: Ken Ginlack, Rachel Forman, Mary Neubauer, and Maria Perez

EXCUSED: Kathy Bottoni

SCHEDULED ITEMS:

1. **Welcome.**

Chairman Ginlack welcomed everyone to the November 8, 2023, Mental Health Board Governance Committee's remote/virtual meeting.

2. **Minutes from the September 13, 2023, Committee Meeting.**

The minutes were reviewed, acknowledged, and accepted by the Committee.

This item was informational.

3. **Behavioral Health Services (BHS) Employee and Contract Agency Recognition.**

Committee Member Neubauer first pitched the idea of the Board acknowledging BHS and contract agency employees during the July 12, 2023, Committee meeting. During the meeting, there was a discussion surrounding how best to formalize the process. Committee Member Neubauer connected with Administrator Lappen to inquire if there had been any system in place previously regarding employee recognition. Kane Communication had done this in the past. Unfortunately, Administrator Lappen was unable to find any prior documents. Committee Member Neubauer stated she would take on the task of creating the process.

Questions and comments ensued.

This item was informational.

4. **Board Retreat Follow-Up and Reflections.**

Board Chairwoman Perez stated there had been extremely positive feedback after the Board Retreat. Committee Member Canter, speaking as a new Board Member, indicated the retreat was very beneficial. Committee Member Forman felt the retreat was productive and suggested the next retreat be held in a facility that offers Milwaukee County services, as it could also add to the

SCHEDULED ITEMS (CONTINUED):

| | |
|----|--|
| | <p>educational component. Board Member Lehrmann conveyed the value of the opportunity to learn more about each Board Member individually.</p> <p>Board Chairwoman Perez mentioned the fact there had been great discussion surrounding Granite Hills Hospital during the Retreat. Chairman Ginlack encouraged all Members to review the Granite Hills Hospital contracts for those who may not be fully privy to what's included and expected. After further discussion, Board Members agreed certain expectations were not being met. The primary concerns expressed pertained to bed capacity and patient acuity. It was suggested the concerns discussed be addressed at a future Board meeting. Committee Member Canter shared concerns about open meeting requirements. Board Research Analyst Flynn-Post assured Committee Member Canter there's a frequently asked questions document provided by the Office of Corporation Counsel, which outlines all requirements. Another suggestion regarding Board Retreat follow-up was to include the Board Member survey results in the materials for the Board Retreat update during the next Board meeting. The survey aided a lot of the conversations during the Retreat.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p> |
| 5. | <p>Board Member Survey Governance Committee Items.</p> <p>One of the questions posed in the Board survey surrounded the Board's role and functions for follow-up by the Governance Committee. There were three responses discussed. One response addressed was posed by Committee Member Forman, requesting there be knowledge in advance when appointing officers of the Board. Board Chairwoman Perez informed Committee Member Forman elections are always held at the February Board meeting. There was also dialogue related to Board Members being required to have their cameras on when attending meetings virtually unless it absolutely cannot be prevented. A recommendation was made to include this in the member expectations document.</p> <p>Discussing this matter led to the topic of attendance requirements. Board Chairwoman Perez suggested including a specific number in the bylaws outlining how many meetings could be missed. If this is included in the bylaws, it would then be up to the Executive Committee to examine and determine the next steps when attendance requirements are not met. Board Research Analyst Flynn-Post will compose a draft to present at the next Committee meeting. Lastly, Committee Member Neubauer suggested someone frequently attend the advocacy committee meetings held by Medicaid even though no one Member can speak on behalf of the full Board.</p> <p>Questions and comments ensued.</p> <p>This item was informational.</p> |

SCHEDULED ITEMS (CONTINUED):

| | |
|---|---|
| 6. | <p>2024 Draft Schedule.</p> <p>Committee Coordinator Washington presented the Committee with the draft schedule for 2024. The Committee meetings will be held on the second Wednesday of every other month at 1:30 pm via Microsoft Teams. The schedule is consistent with this year's current meeting format.</p> <p>This item was informational.</p> |
| 7. | <p>Adjournment.</p> <p>Chairman Ginlack ordered the meeting adjourned.</p> |
| <p>This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Legislative Information Center.</p> <p>Length of meeting: 1:33 p.m. to 2:37 p.m.</p> <p>Adjourned,</p> <p><i>Dairionne Washington</i></p> <p>Dairionne Washington</p> <p>Committee Coordinator Milwaukee County Mental Health Board</p> | |
| <p>The next meeting of the Milwaukee County Mental Health Board Governance Committee will be on January 10, 2024</p> <p>To View All Associated Meeting Materials, Visit the Milwaukee County Legislative Information Center at: Milwaukee County - Calendar (legistar.com)</p> <p>Visit the Milwaukee County Mental Health Board Web Page at: https://county.milwaukee.gov/EN/DHHS/About/Governance</p> | |

Governance Committee Item 3

2023 Mental Health Board Member Survey

(based upon Act 203 guidance for the roles and responsibilities of the Milwaukee County Mental Health Board as chartered in Wisconsin statute)

October 31, 2023

11

Total Responses

Responses collected: September 20, 2023 – October 3, 2023

Reference: [WI Stats. Chap 51.41](#)

Survey Overview:

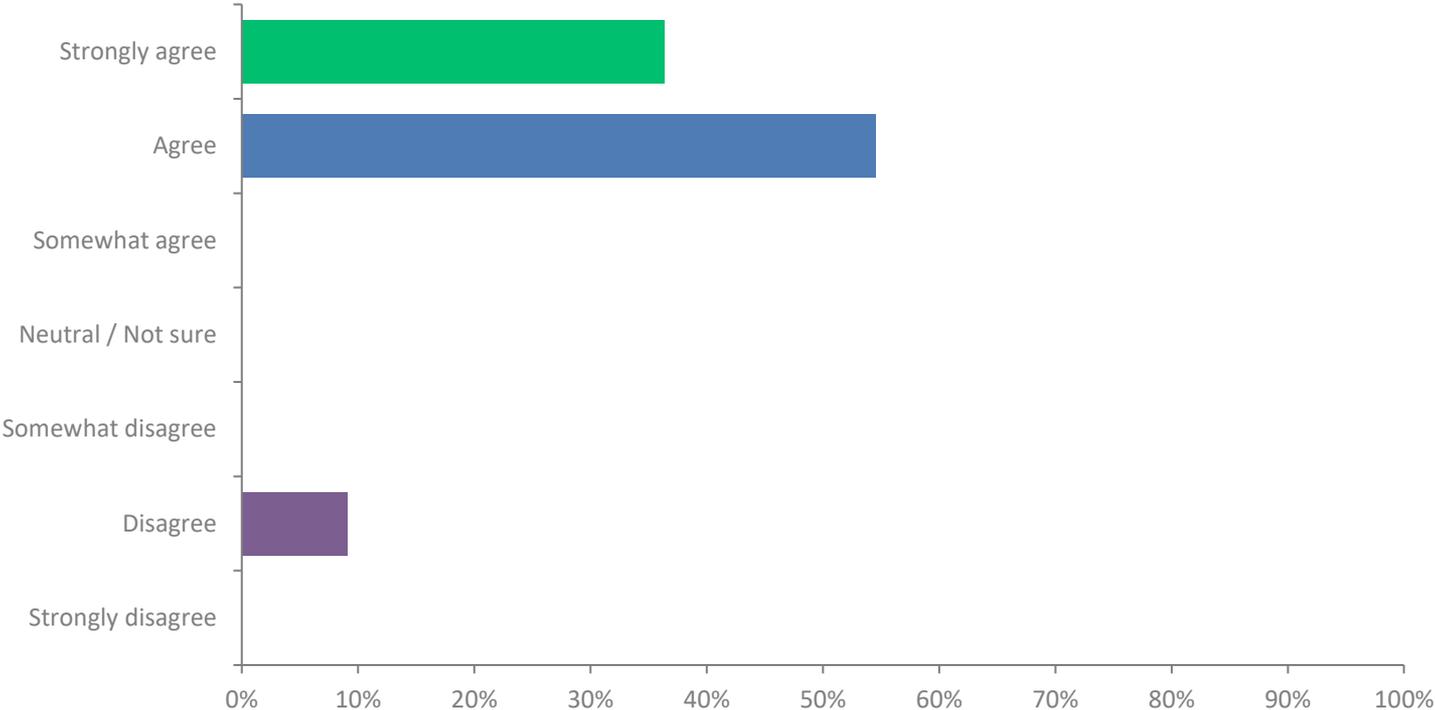
- 35 Likert-Scale Questions with Optional Comments + 1 Open-ended Question.
- Highlighted questions received the broadest range of responses.

| | |
|---|--|
| Q1: The MCMHB has control over the approval of contracts to support Mental Health Services in Milwaukee County. | Q10: The MCMHB has reduced reliance on the use of institutional services. |
| Q2: The MCMHB has control over the quality of mental health services provided by Milwaukee County. | Q11: The MCMHB protects the personal liberty of individuals experiencing mental illness in Milwaukee County. |
| Q3: The MCMHB exercises oversight over the administration of mental health programs provided by Milwaukee County. | Q12: Individuals who experience mental illness in Milwaukee County are treated in the least restrictive environment. |
| Q4: The MCMHB is able to re-allocate funds as needed between mental health functions, programs, and services within the approved mental health budget. | Q13: Milwaukee County programs provide early intervention to prevent the experience of more serious and prolonged episodes. |
| Q5: The MCMHB decides mental health policy for Milwaukee County. | Q14: Milwaukee County programs divert individuals experiencing mental illness from the criminal justice system. |
| Q6: Mental health services in Milwaukee County are delivered in an efficient and effective manner. | Q15: Milwaukee County has the right number of mobile crisis units for the community. |
| Q7: Milwaukee County is committed to community-based, person-centered, and recovery-oriented mental health programs. | Q16: Milwaukee County provides the right amount of crisis intervention training to community providers and law enforcement. |
| Q8: Milwaukee County promotes comprehensive community-based services over the use of institutional services. | Q17: The MCMHB has achieved cost savings in the provision of mental health services in Milwaukee County. |
| Q9: Institutional services remain an important part of the MCMHB's comprehensive mental health program design in Milwaukee County. | Q18: The MCMHB has found alternative funding for many of its mental health programs providing relief to Milwaukee County funding. |

| | |
|--|--|
| <p>Q19: Milwaukee County influences the policies and practices of private inpatient facilities available to county residents.</p> | <p>Q28: The MCMHB has a productive relationship with the Milwaukee County Board of Supervisors in the administration of mental health functions, programs, and services in Milwaukee County.</p> |
| <p>Q20: Milwaukee County provides individuals with inpatient services whenever needed.</p> | <p>Q29: The MCMHB has a productive relationship with the Milwaukee County Combined Community Services Board in the administration of mental health functions, programs, and services in Milwaukee County.</p> |
| <p>Q21: Milwaukee County provides individuals with immediate emergency services whenever needed.</p> | <p>Q30: The Milwaukee County executive administration is receptive of recommendations by the MCMHB for mental health functions, programs, and services in Milwaukee County.</p> |
| <p>Q22: The MCMHB is fulfilling its responsibility for the well-being, treatment and care of the mentally ill, alcoholic and other drug dependent citizens residing within Milwaukee County.</p> | <p>Q31: MCMHB recommendations regarding the mental health budget, the community aids, and the tax levy amounts are considered by the Milwaukee County executive administration.</p> |
| <p>Q23: The MCMHB engages community representatives in its deliberative processes.</p> | <p>Q32: The MCMHB receives all of the information requested to fulfill its duties of overseeing mental health functions, programs, and services in Milwaukee County.</p> |
| <p>Q24: The MCMHB is supported by Milwaukee County executive administration.</p> | <p>Q33: The MCMHB meets frequently enough to fulfill its responsibilities.</p> |
| <p>Q25: The MCMHB is supported by Milwaukee County BHS administrative staff.</p> | <p>Q34: The MCMHB is well organized in its committee and subcommittee structures.</p> |
| <p>Q26: The MCMHB exercises oversight of Milwaukee County administrative staff responsible for Milwaukee County behavioral health programs.</p> | <p>Q35: The MCMHB Bylaws have no immediate need for updating.</p> |
| <p>Q27: The MCMHB has a partnership relationship with the Milwaukee County executive administration in the delivery of mental health functions, programs, and services in Milwaukee County.</p> | <p>Q36: Do you have any additional comments about the MCMHB role and functions for follow-up by the Governance Committee?</p> |

Q1: The MCMHB has control over the approval of contracts to support Mental Health Services in Milwaukee County.

Answered: 11 Skipped: 0



Q1: The MCMHB has control over the approval of contracts to support Mental Health Services in Milwaukee County.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 36.36% | 4 |
| Agree | 54.55% | 6 |
| Somewhat agree | 0% | 0 |
| Neutral / Not sure | 0% | 0 |
| Somewhat disagree | 0% | 0 |
| Disagree | 9.09% | 1 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

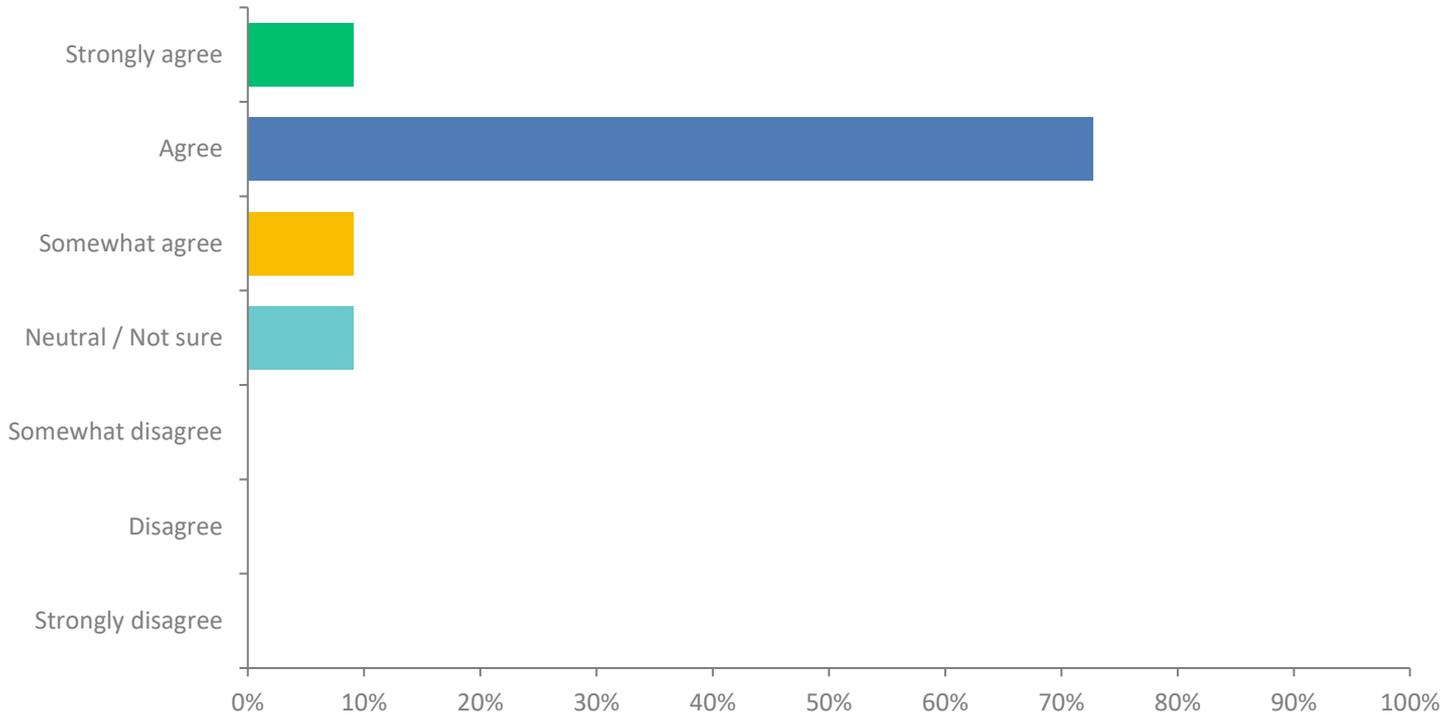
Q1: The MCMHB has control over the approval of contracts to support Mental Health Services in Milwaukee County.

Comments: 5

- Via Act 203, the MHB has to vote on all contracts over \$100k.
- MHB routinely approves these at MHB meetings with recommendations from Finance Committee.
- The contracts seem to be already signed before reaching the board
- Clearly the MCMHB approves all contracts. Are there any instances in which MCMHB board members are consulted about the writing of contracts?
- There is control of approval if we have the funding and we do not have complete control of budget and funding.

Q2: The MCMHB has control over the quality of mental health services provided by Milwaukee County.

Answered: 11 Skipped: 0



Q2: The MCMHB has control over the quality of mental health services provided by Milwaukee County.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 9.09% | 1 |
| Agree | 72.73% | 8 |
| Somewhat agree | 9.09% | 1 |
| Neutral / Not sure | 9.09% | 1 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

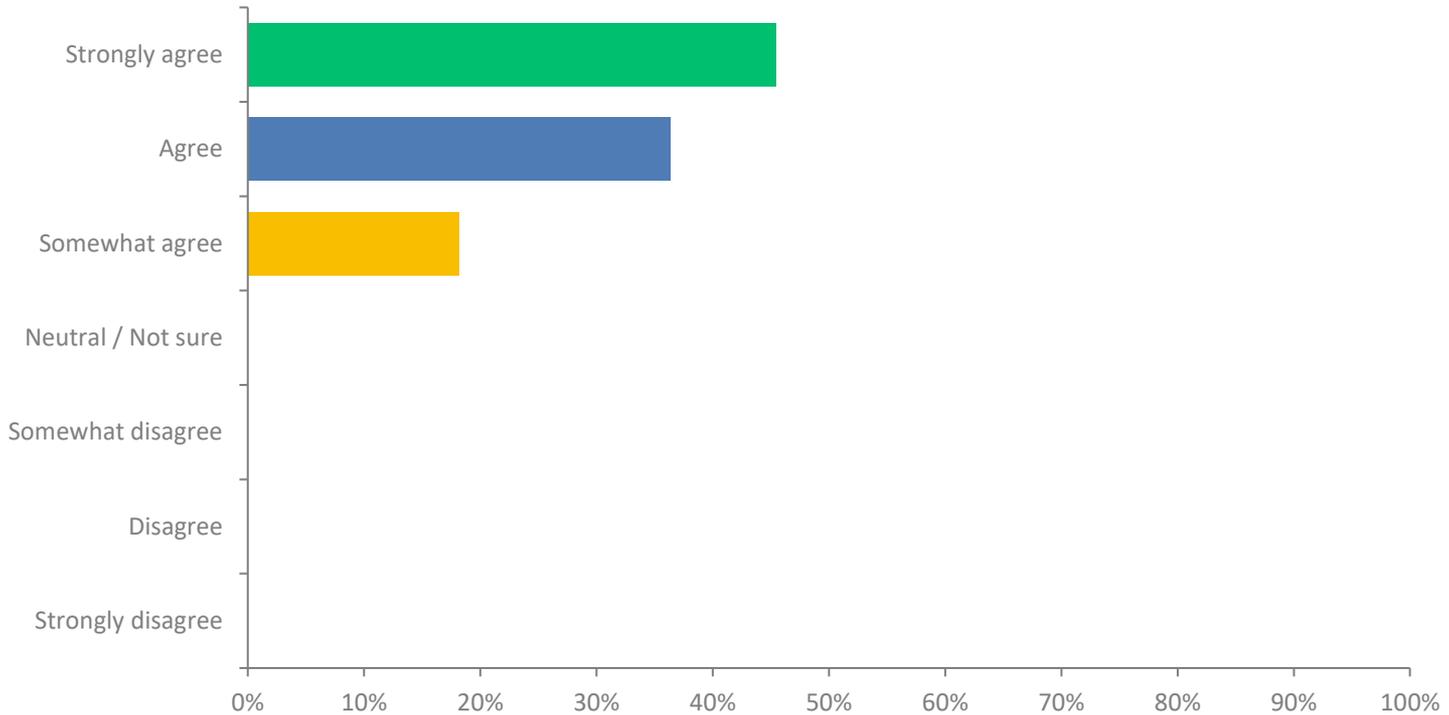
Q2: The MCMHB has control over the quality of mental health services provided by Milwaukee County.

Comments: 4

- The Quality Committee of the MHB reviews various quality projects and services provided by BHS employees. A report from each of those meetings is brought by the chairperson to the full board at the following board meeting for board member review.
- While MHB and QC review quality metrics and dashboards, the ability to truly monitor quality across all MH service lines would have to be much more granular. Too much variability in staff and a lot to monitor and assure that problem areas are getting addressed.
- Yes, those provided by MC. Lest we forget: there are many mental health services provided by other (mainly "private") entities over which MCMHB has no control.
- MCMHB has ability to monitor and affect quality of services, but when there are limited options of who to contract for certain services, there may be limitations to our ability to impact quality.

Q3: The MCMHB exercises oversight over the administration of mental health programs provided by Milwaukee County.

Answered: 11 Skipped: 0



Q3: The MCMHB exercises oversight over the administration of mental health programs provided by Milwaukee County.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 45.45% | 5 |
| Agree | 36.36% | 4 |
| Somewhat agree | 18.18% | 2 |
| Neutral / Not sure | 0% | 0 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

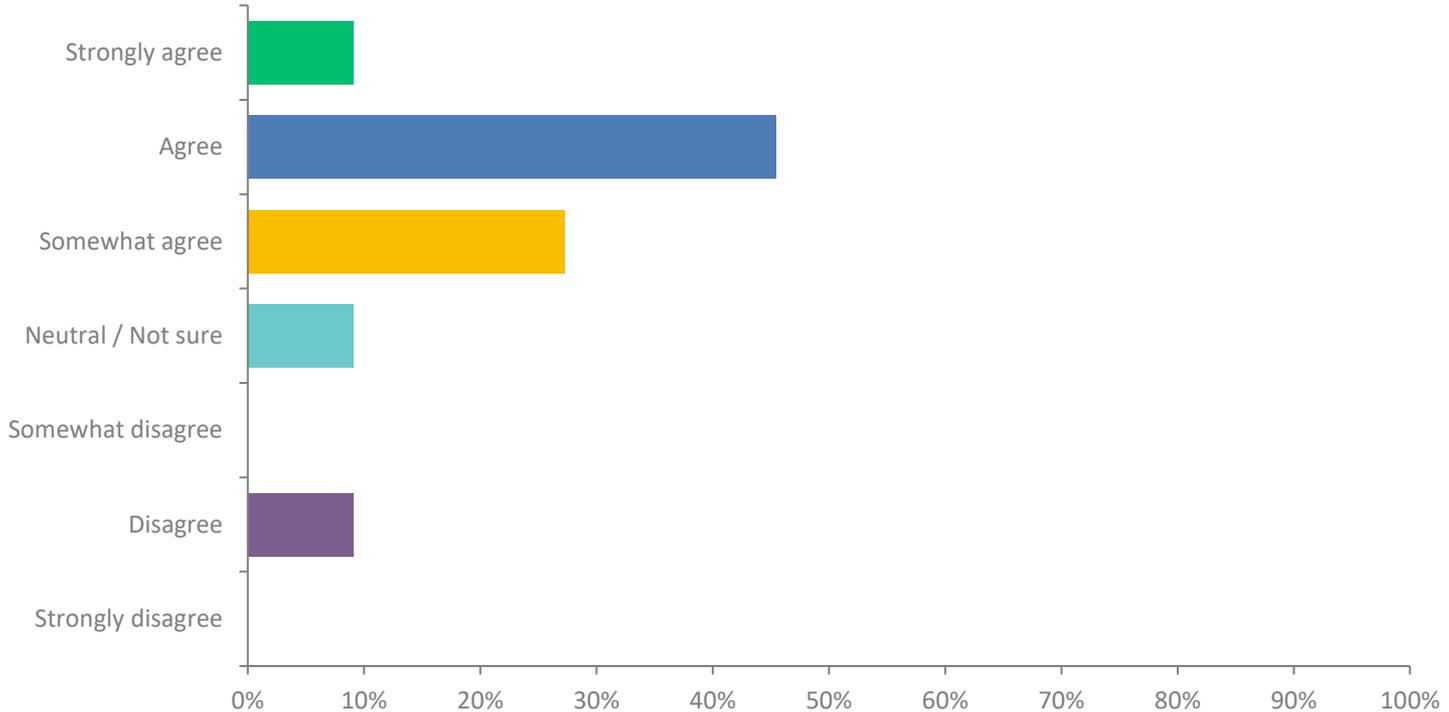
Q3: The MCMHB exercises oversight over the administration of mental health programs provided by Milwaukee County.

Comments: 1

- Yes in principle and this is what MHB truly aspires to do in a collaborative way with the BHS administration.

Q4: The MCMHB is able to re-allocate funds as needed between mental health functions, programs, and services within the approved mental health budget.

Answered: 11 Skipped: 0



Q4: The MCMHB is able to re-allocate funds as needed between mental health functions, programs, and services within the approved mental health budget.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 9.09% | 1 |
| Agree | 45.45% | 5 |
| Somewhat agree | 27.27% | 3 |
| Neutral / Not sure | 9.09% | 1 |
| Somewhat disagree | 0% | 0 |
| Disagree | 9.09% | 1 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

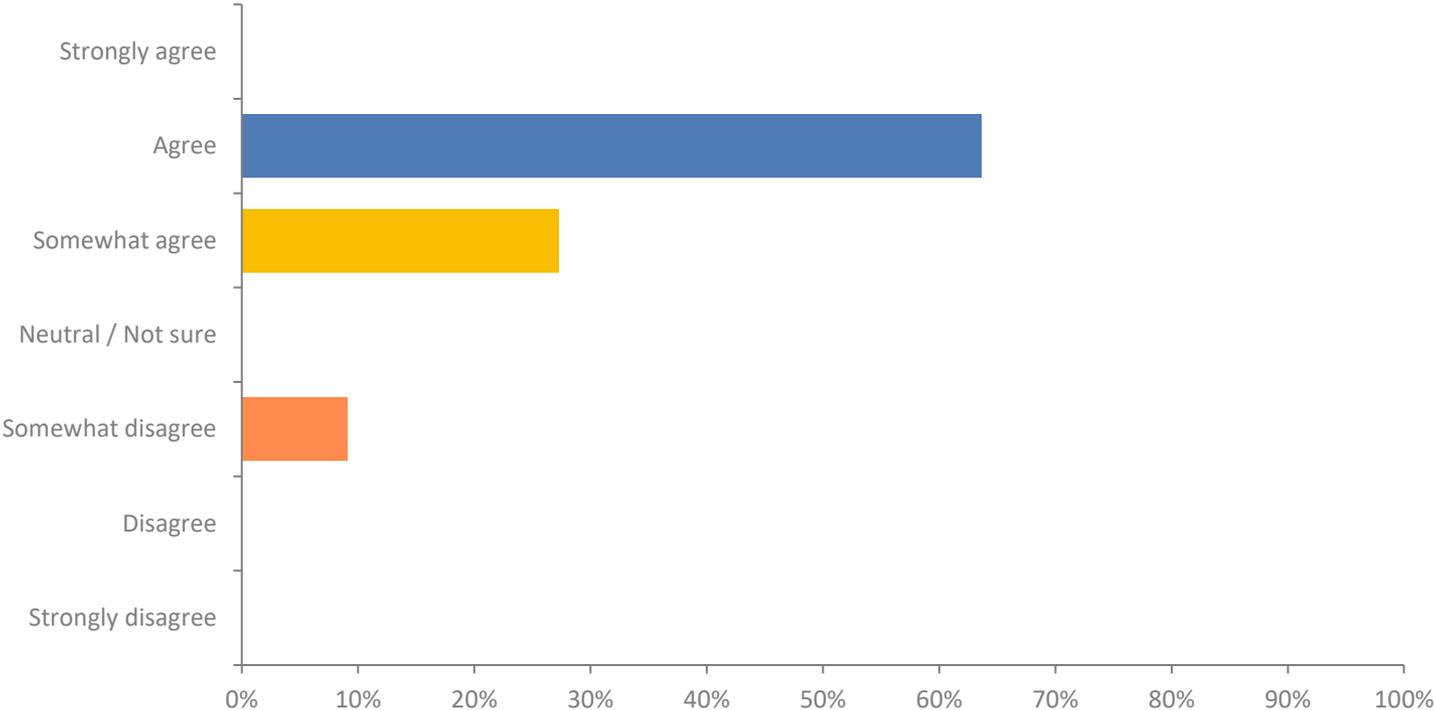
Q4: The MCMHB is able to re-allocate funds as needed between mental health functions, programs, and services within the approved mental health budget.

Comments: 4

- The MHB does have the oversight over administration of mental health programs in light of moving funds from programs where agencies may leave Milwaukee County of their own accord and we need to reallocate those funds to a different agency.
- Again, MHB approves such re-allocations but truly does not re-allocate these funds as part of their role and function.
- I don't really know.
- MCMHB can re-allocate funds within budget after county exec has finalized it, but County Exec has made downward adjustments on the MCMHB budget limiting the MCMHB's authority over budget.

Q5: The MCMHB decides mental health policy for Milwaukee County.

Answered: 11 Skipped: 0



Q5: The MCMHB decides mental health policy for Milwaukee County.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|-----------|
| Strongly agree | 0% | 0 |
| Agree | 63.64% | 7 |
| Somewhat agree | 27.27% | 3 |
| Neutral / Not sure | 0% | 0 |
| Somewhat disagree | 9.09% | 1 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

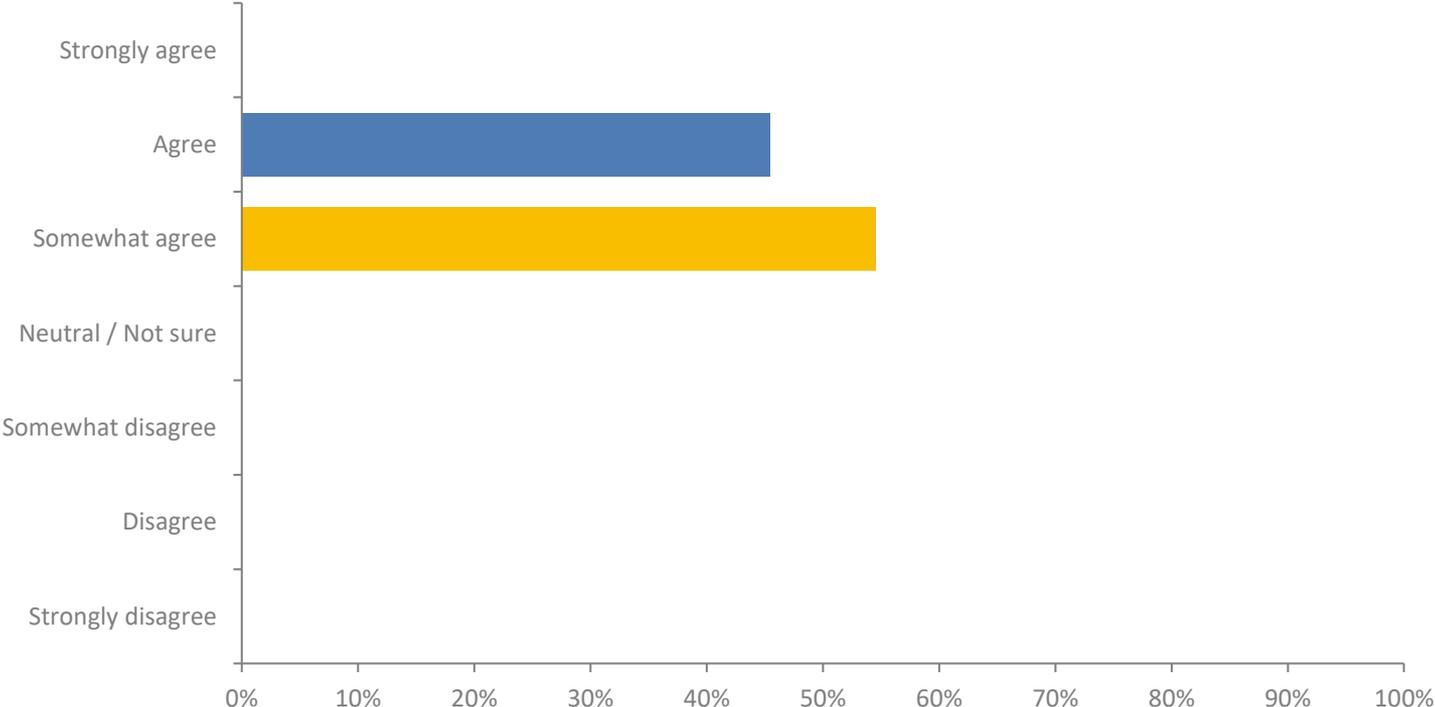
Q5: The MCMHB decides mental health policy for Milwaukee County.

Comments: 3

- It has not been formally clarified for the MHB whether its within its purview to determine policy or not. It needs to be explored further, and as board members, we should be able to exercise our expertise and apply it to mental health policy.
- MHB approves policy; occasionally speaks into policy, Seldom is an effort solely decided by MHB
- Perhaps, but there are community, political and financial pressures that are often relevant in specific instances.

Q6: Mental health services in Milwaukee County are delivered in an efficient and effective manner.

Answered: 11 Skipped: 0



Q6: Mental health services in Milwaukee County are delivered in an efficient and effective manner.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|-----------|
| Strongly agree | 0% | 0 |
| Agree | 45.45% | 5 |
| Somewhat agree | 54.55% | 6 |
| Neutral / Not sure | 0% | 0 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

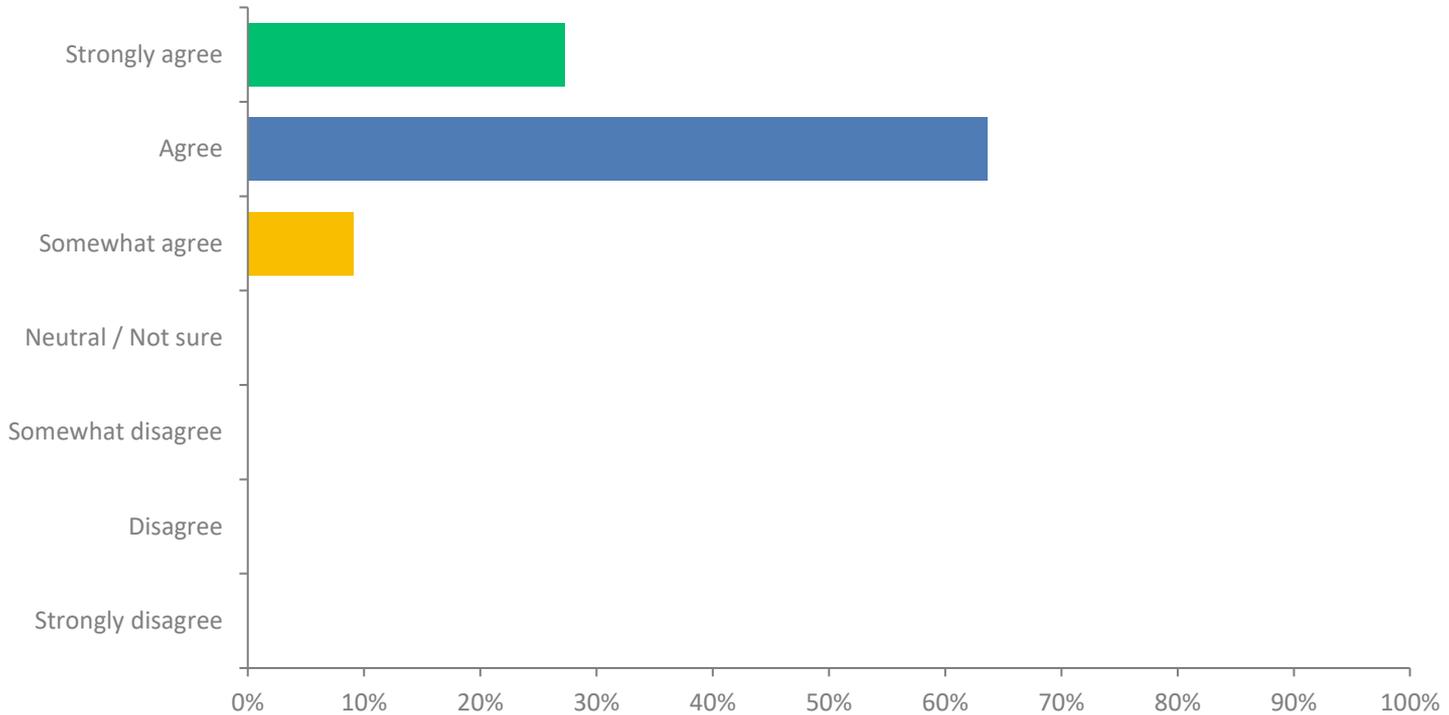
Q6: Mental health services in Milwaukee County are delivered in an efficient and effective manner.

Comments: 3

- As a member of the MHB, I am led to believe that services for MKE County are delivered in an efficient and effective manner at an agreeable level. Yet, as a current recipient of services of comprehensive community services, I will provide a picture of various ancillary providers. The range of efficient and effective management that they provider range from strongly agree to agree to somewhat agree.
- I perceive that this is trending in the right direction.
- I suggest that the quantitative data that is shared with us on a regular basis be complemented by qualitative data secured by periodic site visits, direct interviewing and observing of patients and clients. This could be done by interested MCMHB members who have meaningful experience in a particular area. This might include services for children, hospital care, employment services, psychotherapeutic services, case management, housing, etc.

Q7: Milwaukee County is committed to community-based, person-centered, and recovery-oriented mental health programs.

Answered: 11 Skipped: 0



Q7: Milwaukee County is committed to community-based, person-centered, and recovery-oriented mental health programs.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 27.27% | 3 |
| Agree | 63.64% | 7 |
| Somewhat agree | 9.09% | 1 |
| Neutral / Not sure | 0% | 0 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

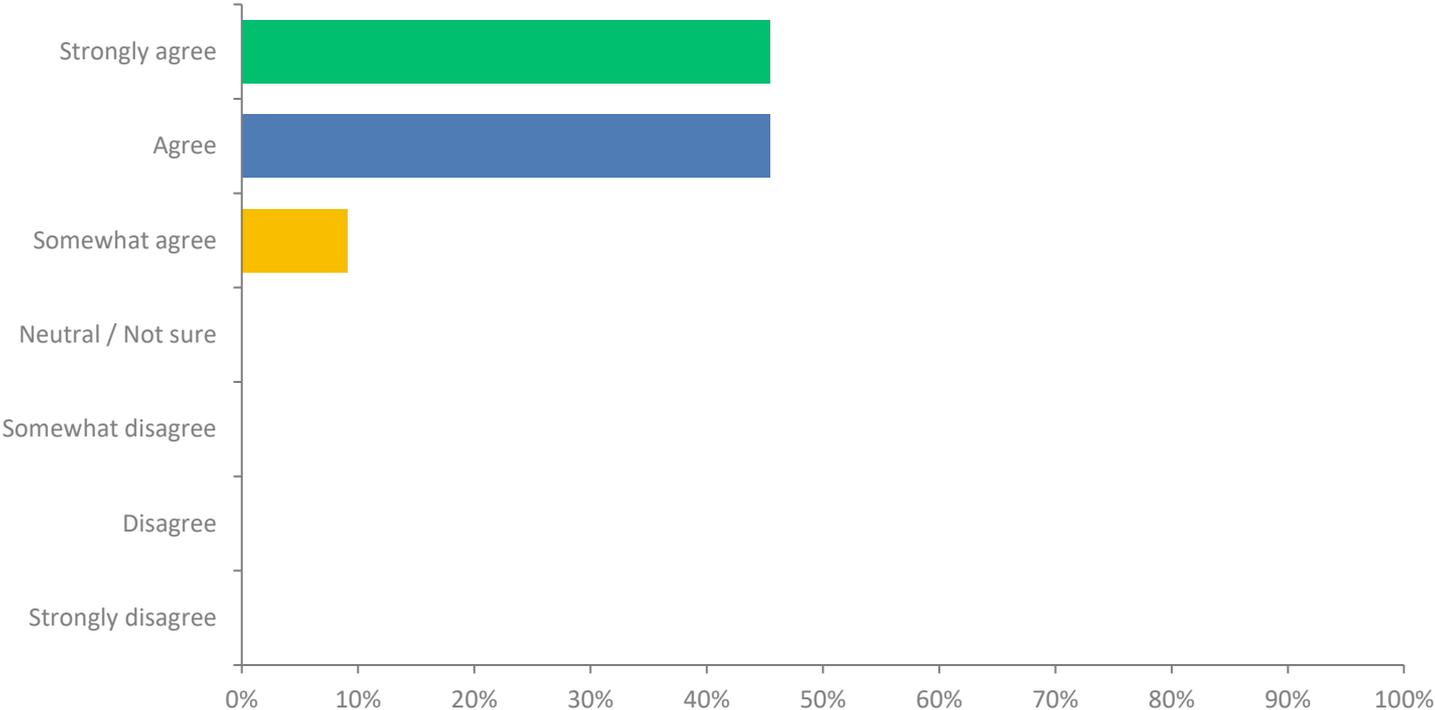
Q7: Milwaukee County is committed to community-based, person-centered, and recovery-oriented mental health programs.

Comments: 3

- MKE County has the riches of MC3 yet does not highly encourage employees of all positions beyond clinical staff to attend MC3 trainings and meeting. to share in the values of MC3 which ties into the mission statement of BHS.
- Could not agree more.
- I urge BHS to translate this oft repeated phrase: what does it really mean to real people?

Q8: Milwaukee County promotes comprehensive community-based services over the use of institutional services.

Answered: 11 Skipped: 0



Q8: Milwaukee County promotes comprehensive community-based services over the use of institutional services.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 45.45% | 5 |
| Agree | 45.45% | 5 |
| Somewhat agree | 9.09% | 1 |
| Neutral / Not sure | 0% | 0 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

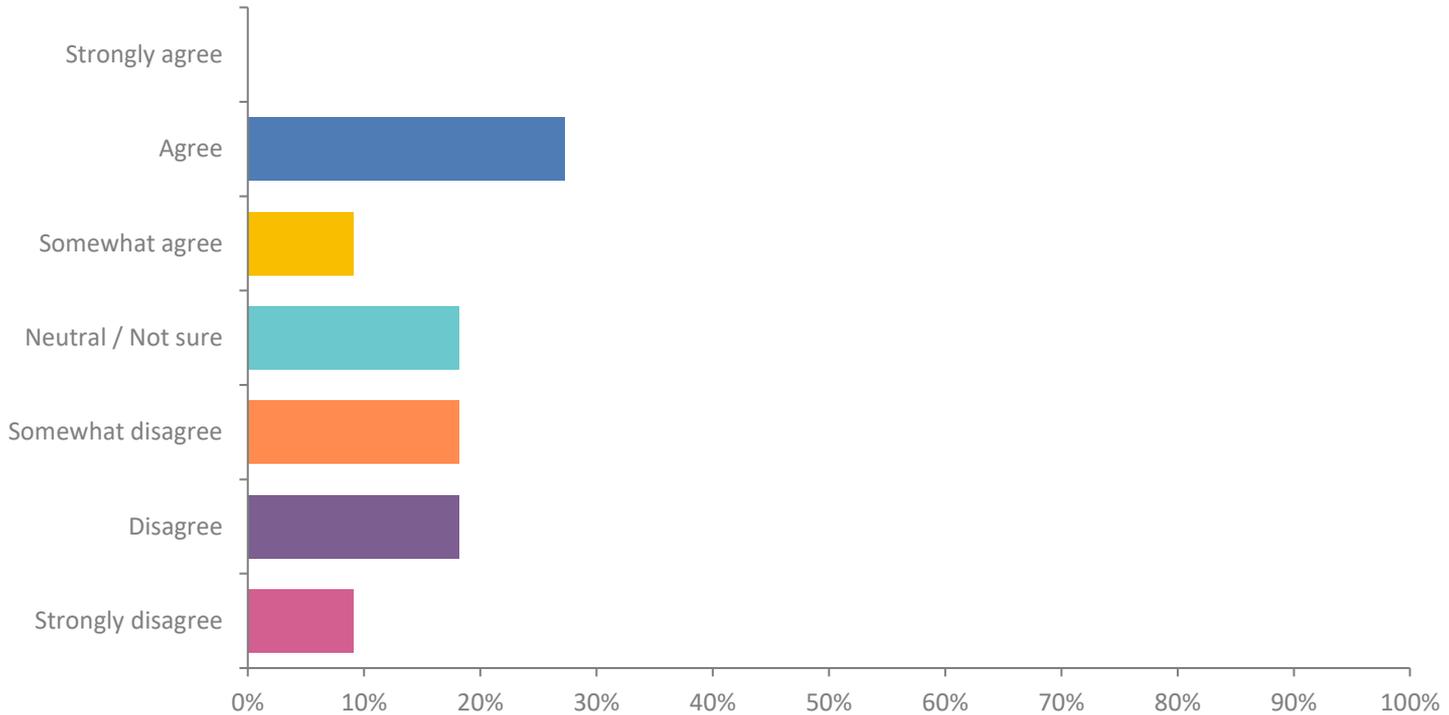
Q8: Milwaukee County promotes comprehensive community-based services over the use of institutional services.

Comments: 3

- I strongly agree in that over the last 15 years in the redesign of the Milwaukee County BHS system, the inpatient institution on the grounds was closed and the expansion of outpatient happened. Within the last 10 years, rehab central was closed and led to all patients living on the grounds, being placed in community placements and living successfully within the community.
- The numbers speak for themselves. CCS utilization continues to climb.
- Is this supposed to be a good thing? I would emphasize that MC promotes a wide diversity of effective approaches to those of our citizens who will deal with mental illness at some point or throughout their lives. Then I'd give specific examples of the breadth of those services to illustrate what "comprehensive" means.

Q9: Institutional services remain an important part of the MCMHB's comprehensive mental health program design in Milwaukee County.

Answered: 11 Skipped: 0



Q9: Institutional services remain an important part of the MCMHB's comprehensive mental health program design in Milwaukee County.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 0% | 0 |
| Agree | 27.27% | 3 |
| Somewhat agree | 9.09% | 1 |
| Neutral / Not sure | 18.18% | 2 |
| Somewhat disagree | 18.18% | 2 |
| Disagree | 18.18% | 2 |
| Strongly disagree | 9.09% | 1 |
| TOTAL | | 11 |

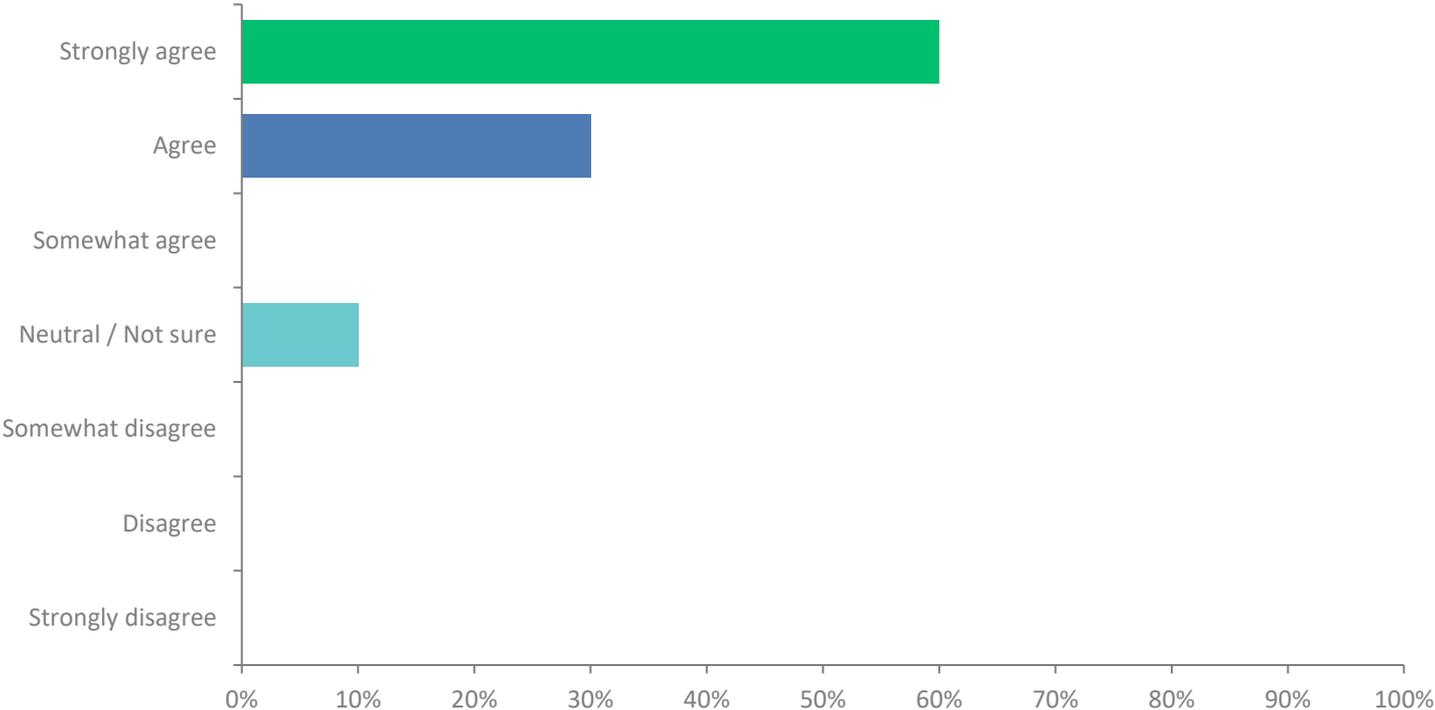
Q9: Institutional services remain an important part of the MCMHB's comprehensive mental health program design in Milwaukee County.

Comments: 3

- We no longer provide institutional services as the hospital has been closed.
- While important to have this alternative, institutionalization is no longer the focus and it is discouraged in favor of community-based services.
- Yes, and profit is part of the equation in this program design. If you mean hospitals (and I think you do), then they remain central. critical.

Q10: The MCMHB has reduced reliance on the use of institutional services.

Answered: 10 Skipped: 1



Q10: The MCMHB has reduced reliance on the use of institutional services.

Answered: 10 Skipped: 1

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 60.0% | 6 |
| Agree | 30.0% | 3 |
| Somewhat agree | 0% | 0 |
| Neutral / Not sure | 10.0% | 1 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 10 |

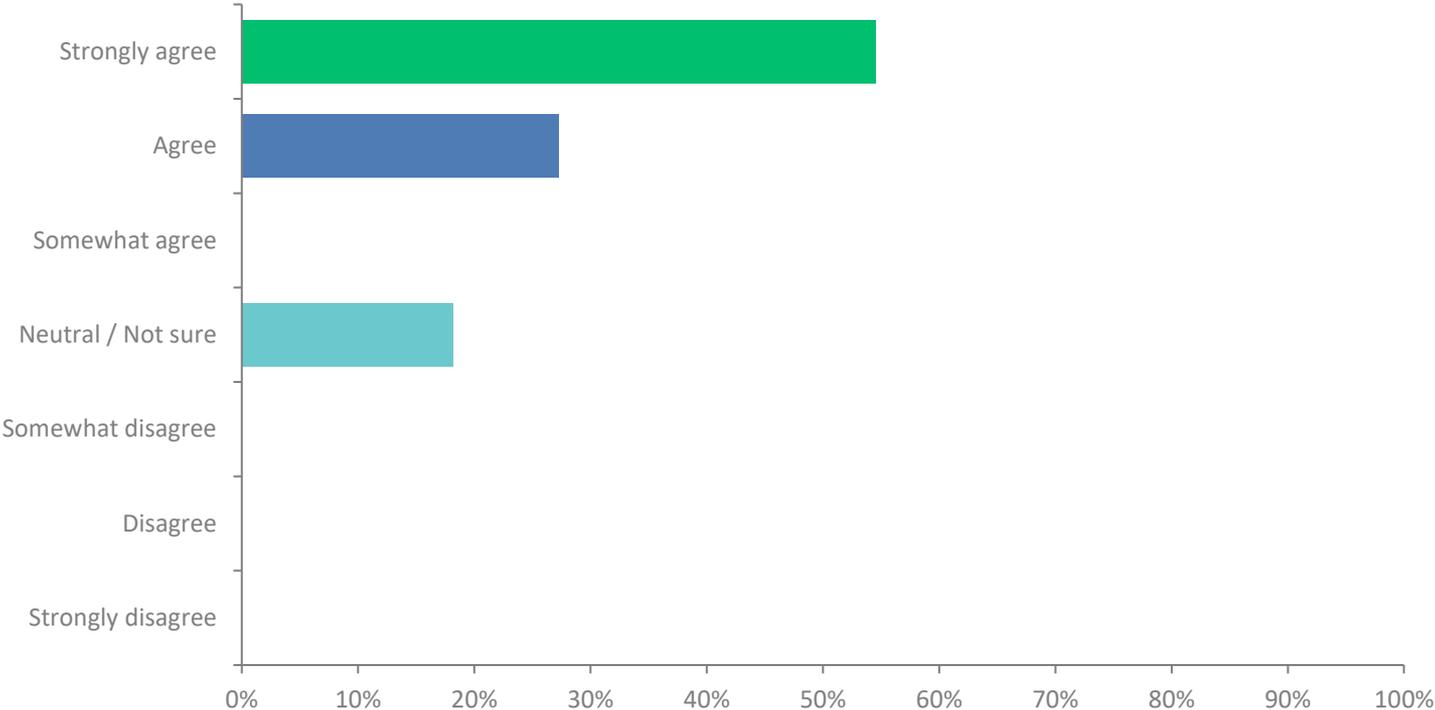
Q10: The MCMHB has reduced reliance on the use of institutional services.

Comments: 3

- Not applicable
- MHB values the dignity and autonomy of consumers who use MH services in Milwaukee county.
- The statement is correct and universal Has it been a good thing? Milwaukee County has less control over the hospital experience. Ostensibly, there is good communication between hospitals and MC's community-based services.

Q11: The MCMHB protects the personal liberty of individuals experiencing mental illness in Milwaukee County.

Answered: 11 Skipped: 0



Q11: The MCMHB protects the personal liberty of individuals experiencing mental illness in Milwaukee County.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|-----------|
| Strongly agree | 54.55% | 6 |
| Agree | 27.27% | 3 |
| Somewhat agree | 0% | 0 |
| Neutral / Not sure | 18.18% | 2 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

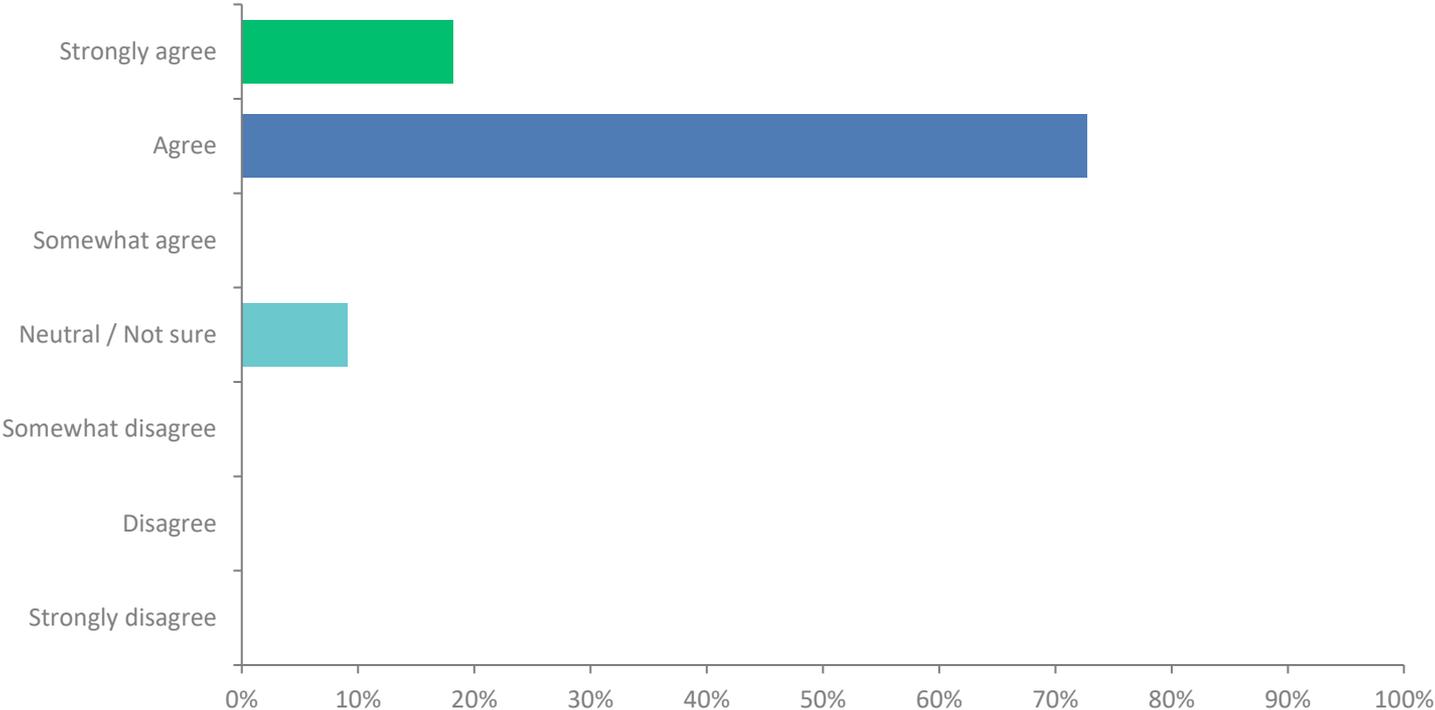
Q11: The MCMHB protects the personal liberty of individuals experiencing mental illness in Milwaukee County.

Comments: 4

- BHS protects personal liberties of individuals to the letter of the law. It sometimes frustrates parents of adult children because they cannot find out information pertaining to treatment of their adult children and their serious illness.
- Protecting liberties is one of the strong suits of the MHB.
- I would include substance use in addition to mental health
- How do you do this?

Q12: Individuals who experience mental illness in Milwaukee County are treated in the least restrictive environment.

Answered: 11 Skipped: 0



Q12: Individuals who experience mental illness in Milwaukee County are treated in the least restrictive environment.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 18.18% | 2 |
| Agree | 72.73% | 8 |
| Somewhat agree | 0% | 0 |
| Neutral / Not sure | 9.09% | 1 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

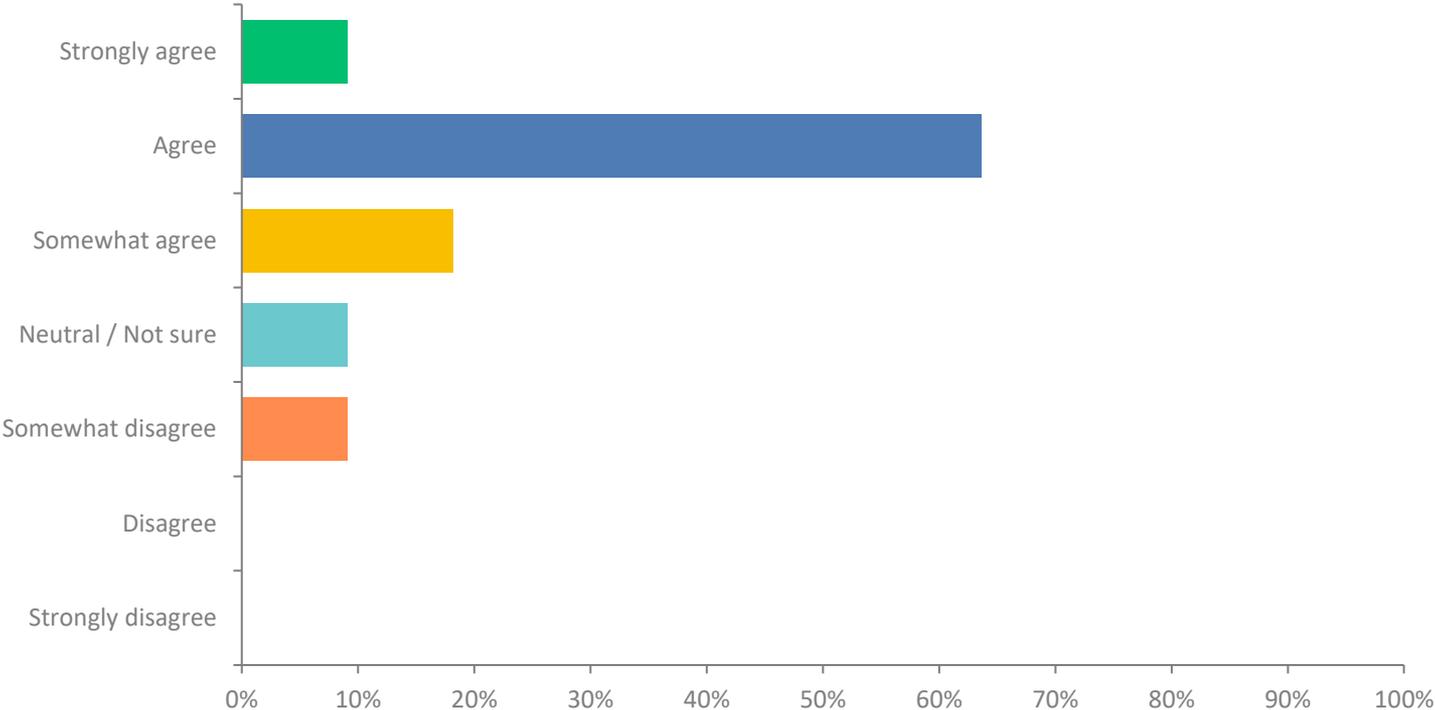
Q12: Individuals who experience mental illness in Milwaukee County are treated in the least restrictive environment.

Comments: 3

- We contract with Granite Hills for inpatient services. They do not use restraints. The only other place that they would be used is the MHEC and I am not aware of them being used since the opening of the center. I am not clear or aware of usage in the children's world.
- I do believe this is what the intention is. By and large I think this is achieved.
- However, they sometimes return to a torturous setting.

Q13: Milwaukee County programs provide early intervention to prevent the experience of more serious and prolonged episodes.

Answered: 11 Skipped: 0



Q13: Milwaukee County programs provide early intervention to prevent the experience of more serious and prolonged episodes.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 9.09% | 1 |
| Agree | 63.64% | 7 |
| Somewhat agree | 18.18% | 2 |
| Neutral / Not sure | 9.09% | 1 |
| Somewhat disagree | 9.09% | 1 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 12 |

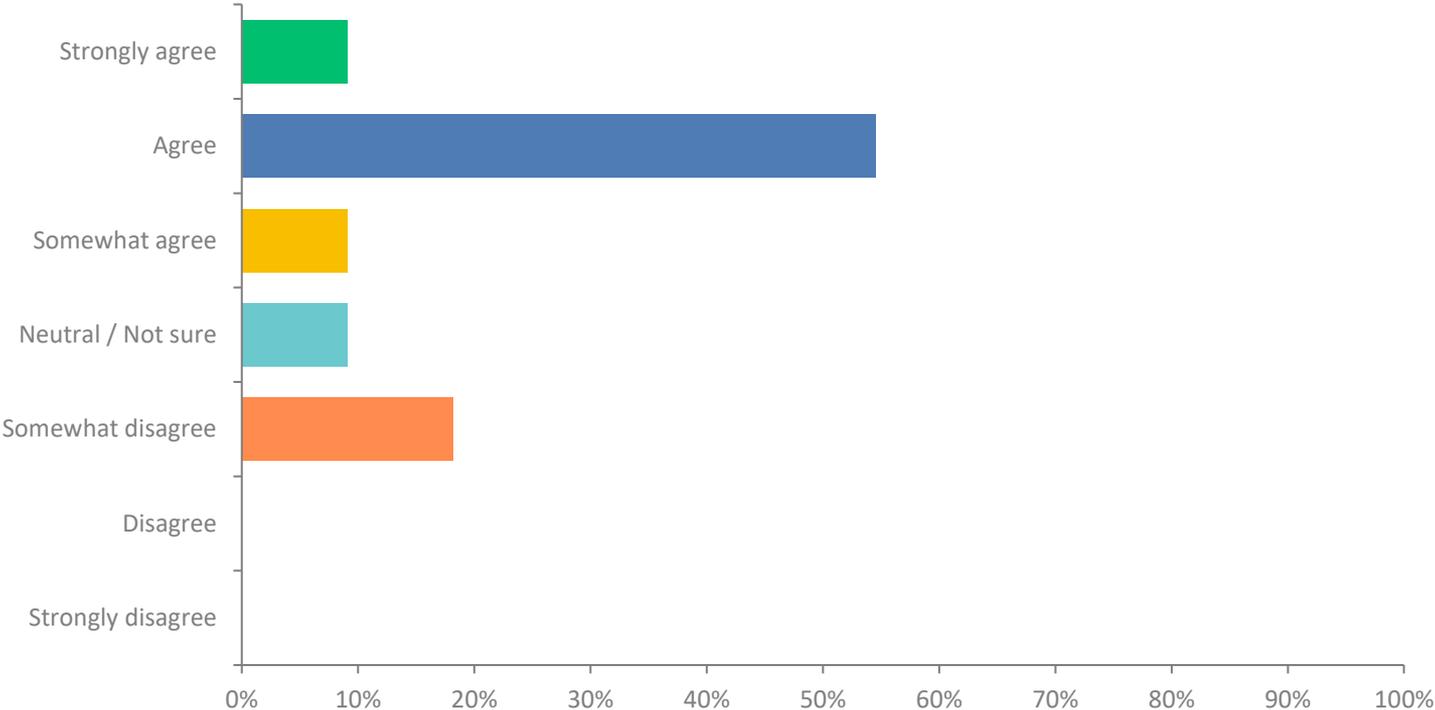
Q13: Milwaukee County programs provide early intervention to prevent the experience of more serious and prolonged episodes.

Comments: 2

- Milwaukee County provides a program for first time psychosis for children and youth in the Wraparound program.
- I perceive that more early intervention services are needed in Milwaukee county!!

Q14: Milwaukee County programs divert individuals experiencing mental illness from the criminal justice system.

Answered: 11 Skipped: 0



Q14: Milwaukee County programs divert individuals experiencing mental illness from the criminal justice system.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 9.09% | 1 |
| Agree | 54.55% | 6 |
| Somewhat agree | 9.09% | 1 |
| Neutral / Not sure | 9.09% | 1 |
| Somewhat disagree | 18.18% | 2 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

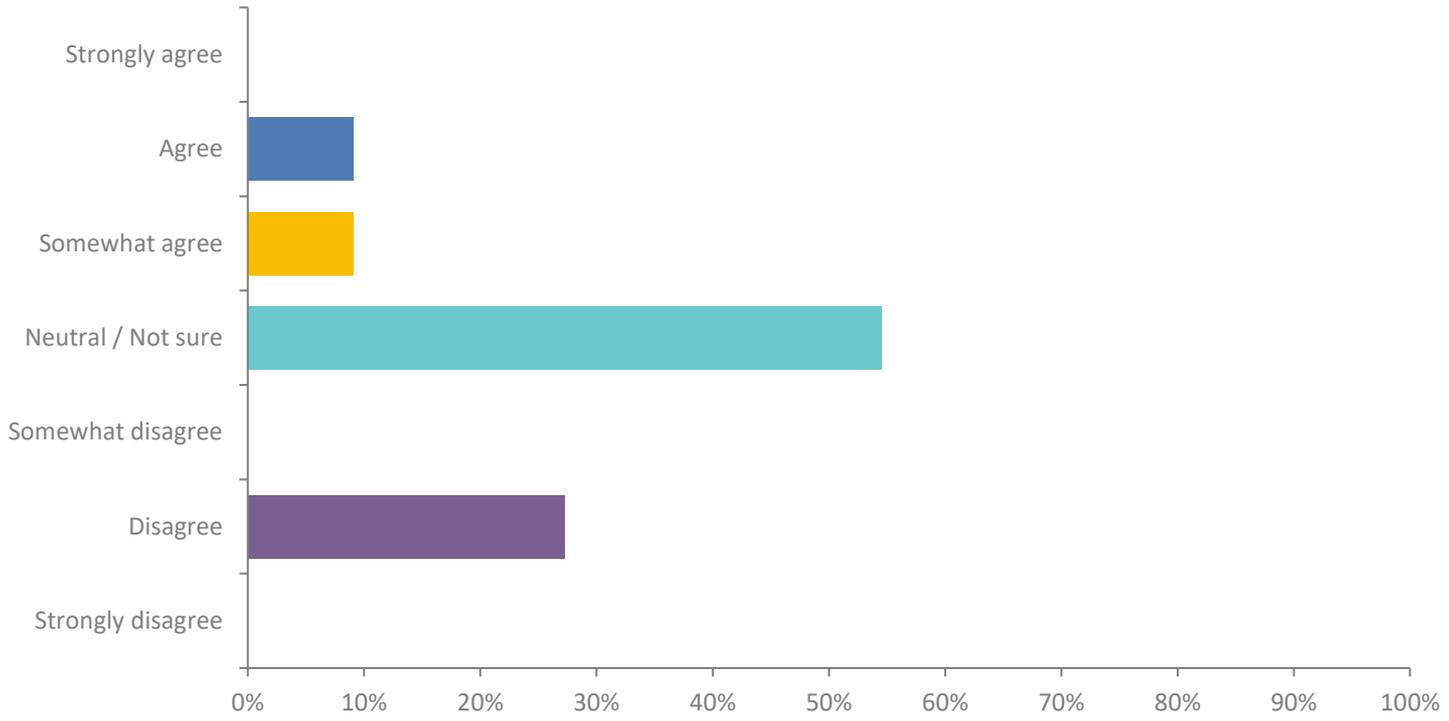
Q14: Milwaukee County programs divert individuals experiencing mental illness from the criminal justice system.

Comments: 3

- BHS financially supports an individual to work in the criminal justice system to screen individuals that are coming in and they are screened as to whether they have mental health conditions before being placed in the jail.
- I still perceive we can be doing better. More awareness and training of law enforcement on how to deal with persons who are experiencing MH problems is very important.
- Is there still a Mental Health Court? How do you do this?

Q15: Milwaukee County has the right number of mobile crisis units for the community.

Answered: 11 Skipped: 0



Q15: Milwaukee County has the right number of mobile crisis units for the community.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|-----------|
| Strongly agree | 0% | 0 |
| Agree | 9.09% | 1 |
| Somewhat agree | 9.09% | 1 |
| Neutral / Not sure | 54.55% | 6 |
| Somewhat disagree | 0% | 0 |
| Disagree | 27.27% | 3 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

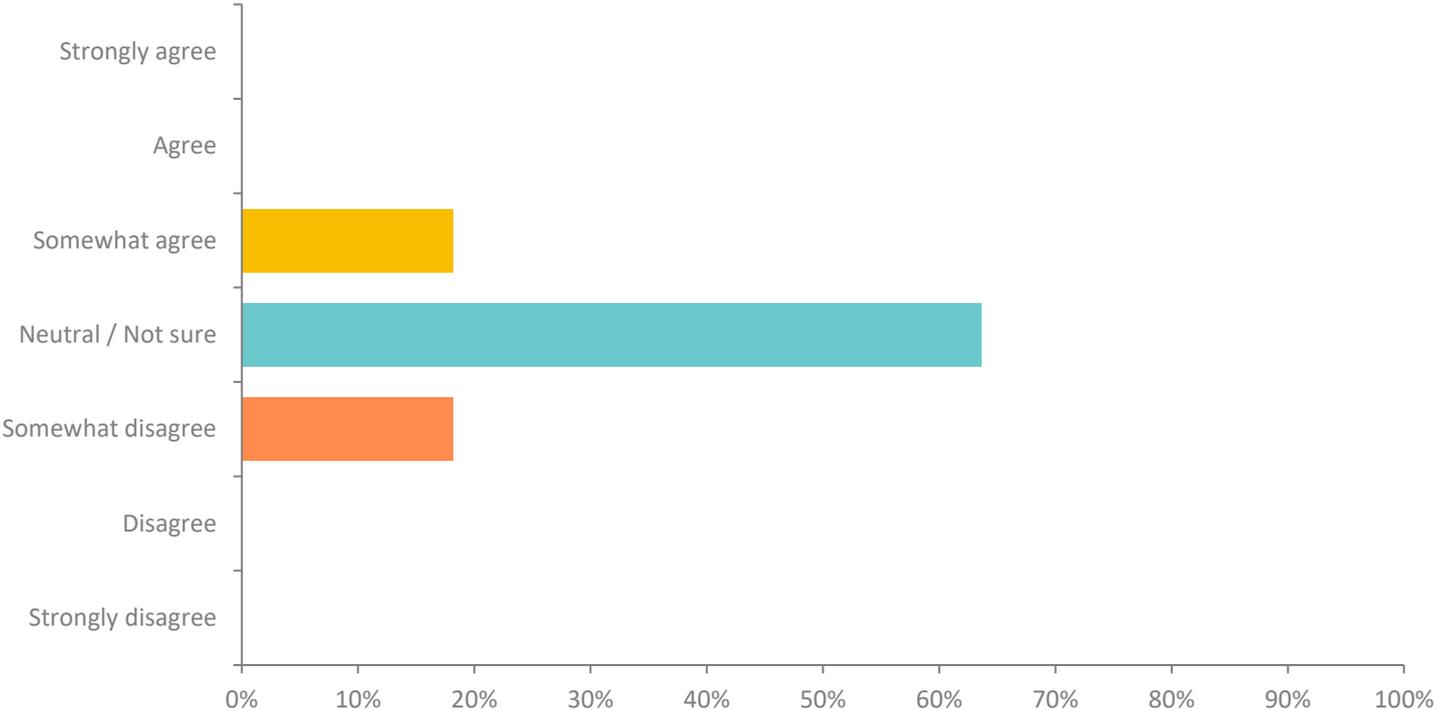
Q15: Milwaukee County has the right number of mobile crisis units for the community.

Comments: 3

- We are strongly understaffed due to a shortage of personnel and the lack of creativity in staffing mobile crisis units with peers.
- MHB can be better informed on this as a metric to include response times, number of staff, deficits in program, etc.
- However, they are not all fully staffed as there are current shortages of MH professionals

Q16: Milwaukee County provides the right amount of crisis intervention training to community providers and law enforcement.

Answered: 11 Skipped: 0



Q16: Milwaukee County provides the right amount of crisis intervention training to community providers and law enforcement.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 0% | 0 |
| Agree | 0% | 0 |
| Somewhat agree | 18.18% | 2 |
| Neutral / Not sure | 63.64% | 7 |
| Somewhat disagree | 18.18% | 2 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

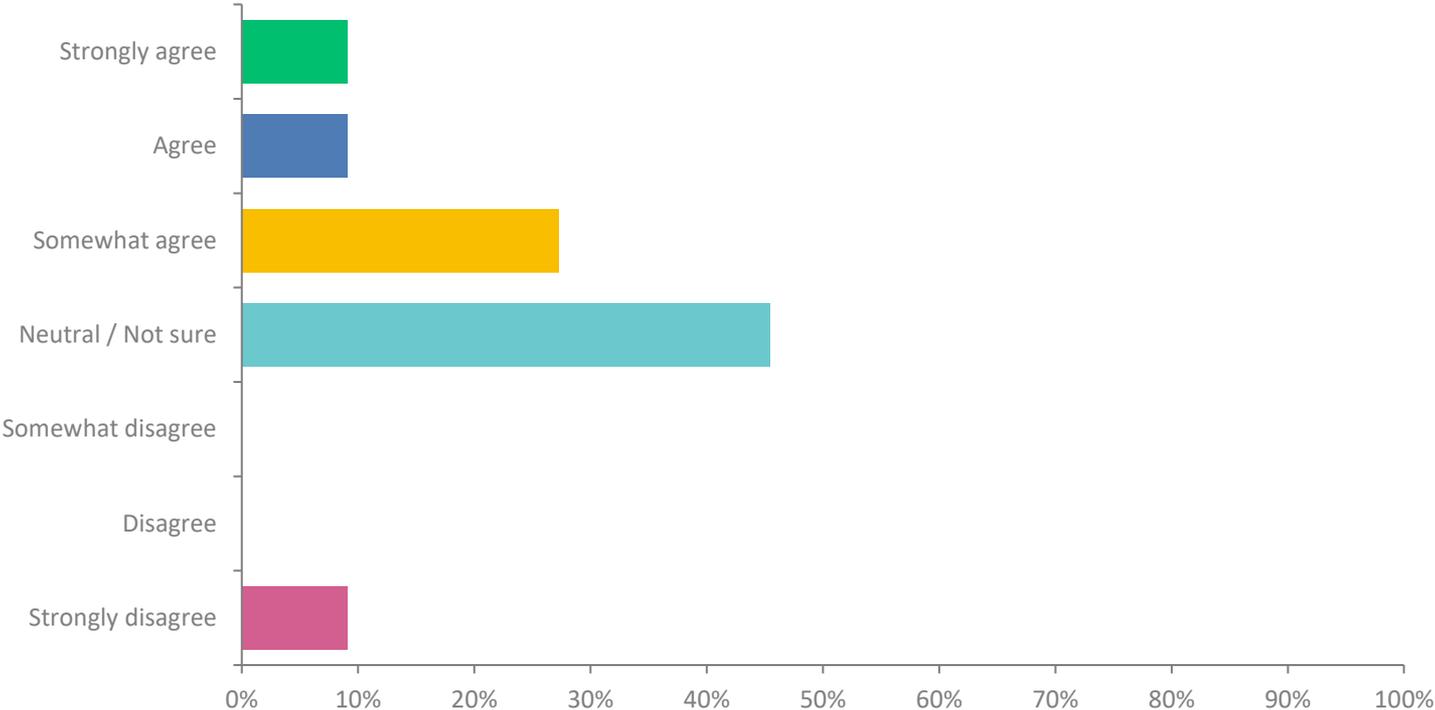
Q16: Milwaukee County provides the right amount of crisis intervention training to community providers and law enforcement.

Comments: 2

- The training that is given in the academy is basic and inadequate and there is not advanced training or continuing training after they come out of the academy. There should be a specialized team for crisis intervention trained officers. Also, the Miracle Team has not been tapped into and only NAMI has been utilized.
- I know such training exists but am out of touch with how much and its true impact.

Q17: The MCMHB has achieved cost savings in the provision of mental health services in Milwaukee County.

Answered: 11 Skipped: 0



Q17: The MCMHB has achieved cost savings in the provision of mental health services in Milwaukee County.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 9.09% | 1 |
| Agree | 9.09% | 1 |
| Somewhat agree | 27.27% | 3 |
| Neutral / Not sure | 45.45% | 5 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 9.09% | 1 |
| TOTAL | | 11 |

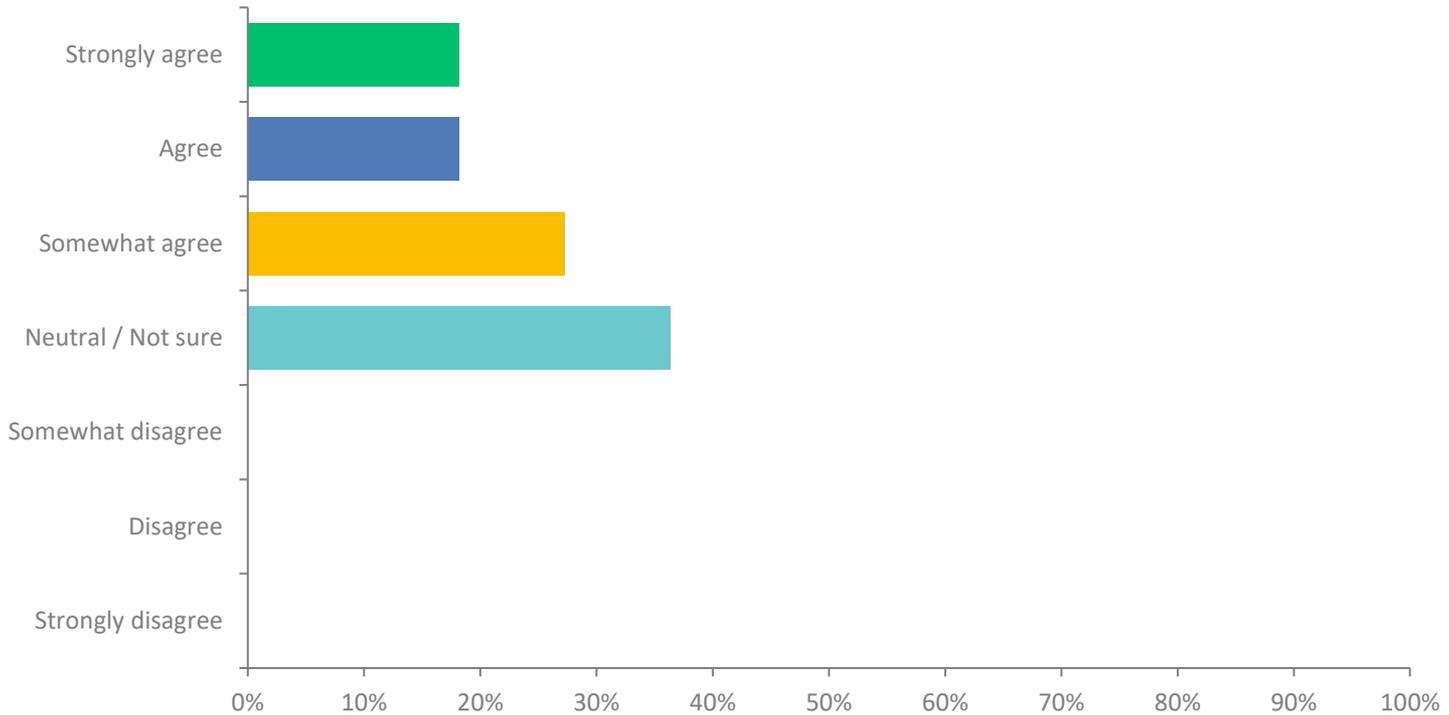
Q17: The MCMHB has achieved cost savings in the provision of mental health services in Milwaukee County.

Comments: 4

- It appears that we have made cost savings provisions but I'm not sure that the MHB sees the bigger picture.
- Definitely trending in the right direction since the closure of the hospital.
- Perhaps, but my assumption is that if there have been "savings" they were absorbed by staff raises that did not necessarily result in increased "service."
- I think costs have been shifted, but not necessarily saved. With the MHEC, the local health systems have all stepped up to contribute.

Q18: The MCMHB has found alternative funding for many of its mental health programs providing relief to Milwaukee County funding.

Answered: 11 Skipped: 0



Q18: The MCMHB has found alternative funding for many of its mental health programs providing relief to Milwaukee County funding.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 18.18% | 2 |
| Agree | 18.18% | 2 |
| Somewhat agree | 27.27% | 3 |
| Neutral / Not sure | 36.36% | 4 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

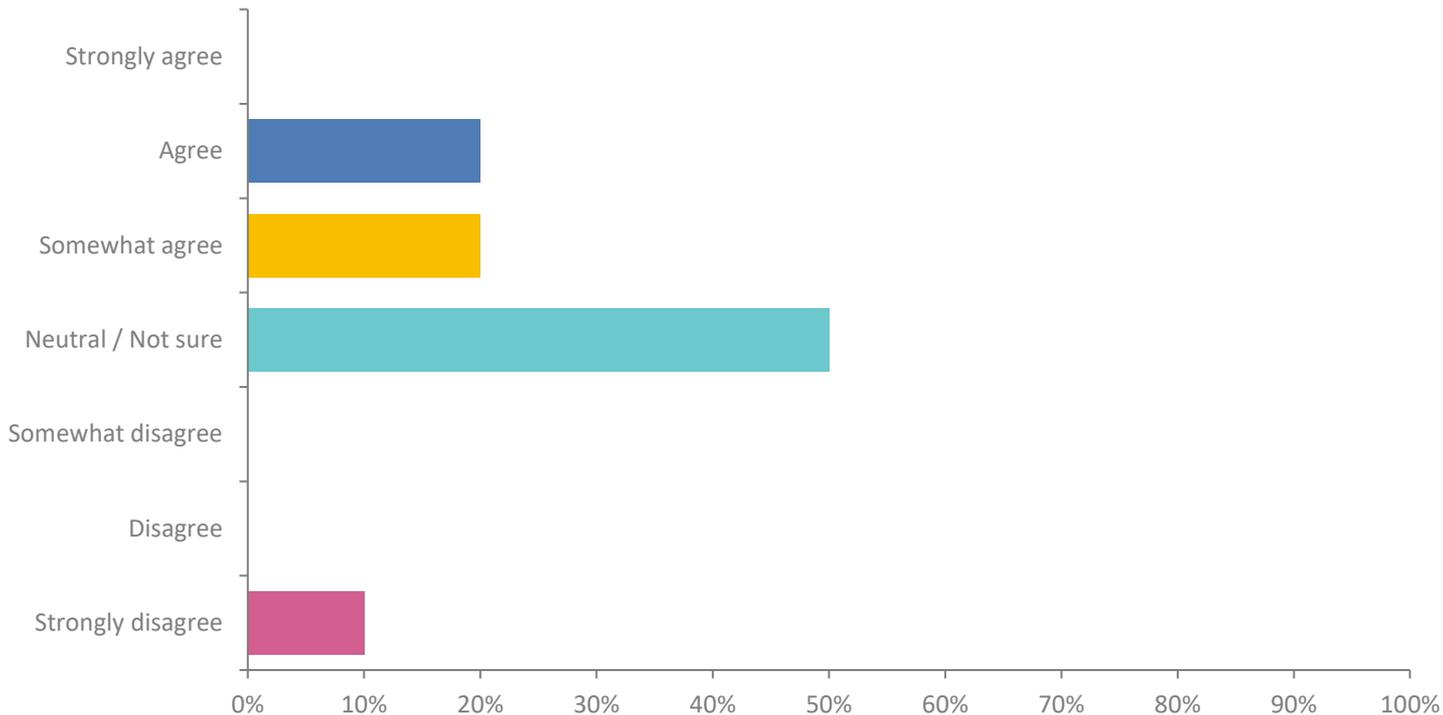
Q18: The MCMHB has found alternative funding for many of its mental health programs providing relief to Milwaukee County funding.

Comments: 4

- We have been extremely successful in creating an entire dept. in the area of grant funding in BHS and raising millions of dollars for programs and services.
- MHB as a body has not found the funding but has approved grant funding as part of finance committee recommendations.
- My sense is that there has been additional federal funding; I am not aware of additional "private" funding. Generally speaking, the system depends on
- With the MHEC, the local health systems have all stepped up to contribute.

Q19: Milwaukee County influences the policies and practices of private inpatient facilities available to county residents.

Answered: 10 Skipped: 1



Q19: Milwaukee County influences the policies and practices of private inpatient facilities available to county residents.

Answered: 10 Skipped: 1

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 0% | 0 |
| Agree | 20.0% | 2 |
| Somewhat agree | 20.0% | 2 |
| Neutral / Not sure | 50.0% | 5 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 10.0% | 1 |
| TOTAL | | 10 |

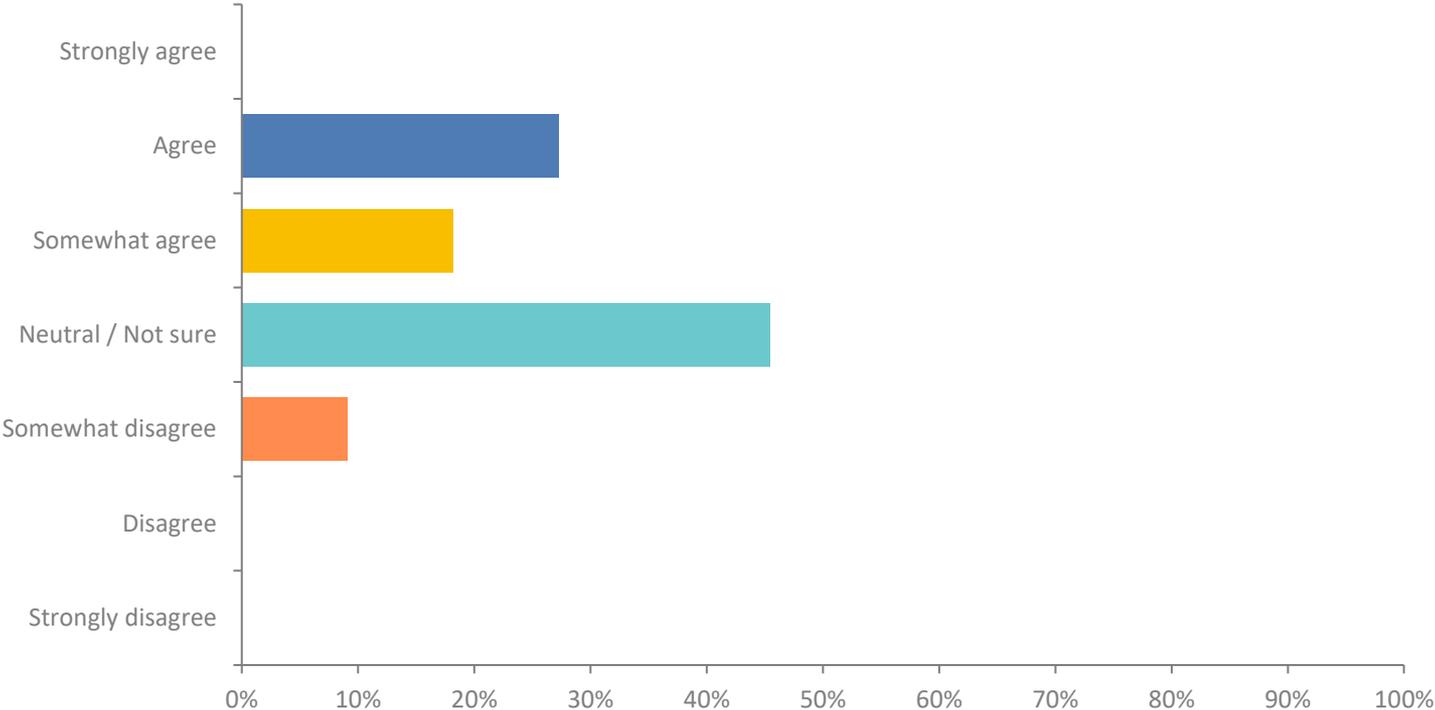
Q19: Milwaukee County influences the policies and practices of private inpatient facilities available to county residents.

Comments: 3

- Through the redesign efforts, BHS has impacted the attitudes of private inpatient facilities to change their policies and practices to take what were considered more difficult and challenging cases from psychiatric crisis services (what now is MHEC).
- Private inpatient facilities have some good things to learn from BHS with regards to policies and practices. Stronger relationships and greater trust is needed.
- Private inpatient facilities are very different. Especially Rogers in Oconomowoc and Brown Deer.

Q20: Milwaukee County provides individuals with inpatient services whenever needed.

Answered: 11 Skipped: 0



Q20: Milwaukee County provides individuals with inpatient services whenever needed.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 0% | 0 |
| Agree | 27.27% | 3 |
| Somewhat agree | 18.18% | 2 |
| Neutral / Not sure | 45.45% | 5 |
| Somewhat disagree | 9.09% | 1 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

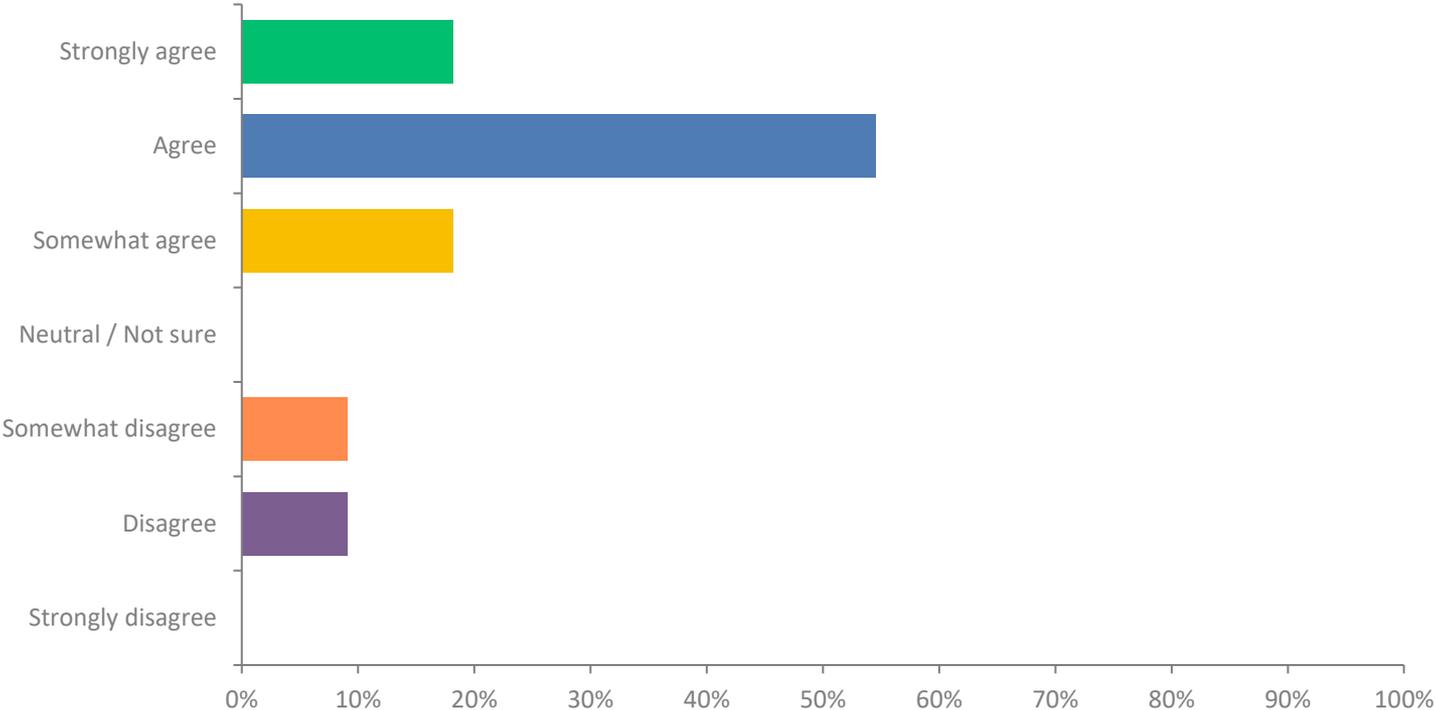
Q20: Milwaukee County provides individuals with inpatient services whenever needed.

Comments: 4

- Milwaukee County has left the inpatient hospital business but we now contract with Granite Hills to provide inpatient services for Milwaukee County residents that are uninsured. Individuals that are serviced through MHEC now are placed at Granite Hills.
- Yes agreed, though we hear about instances where a patient is turned away from Granite Hills and this is very frustrating.
- It is sometimes difficult for someone who needs hospitalization to be hospitalized. And not they are often not kept at the hospital for an adequate amount of time.
- Granite Hills has not fully met its obligations...

Q21: Milwaukee County provides individuals with immediate emergency services whenever needed.

Answered: 11 Skipped: 0



Q21: Milwaukee County provides individuals with immediate emergency services whenever needed.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 18.18% | 2 |
| Agree | 54.55% | 6 |
| Somewhat agree | 18.18% | 2 |
| Neutral / Not sure | 0% | 0 |
| Somewhat disagree | 9.09% | 1 |
| Disagree | 9.09% | 1 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 12 |

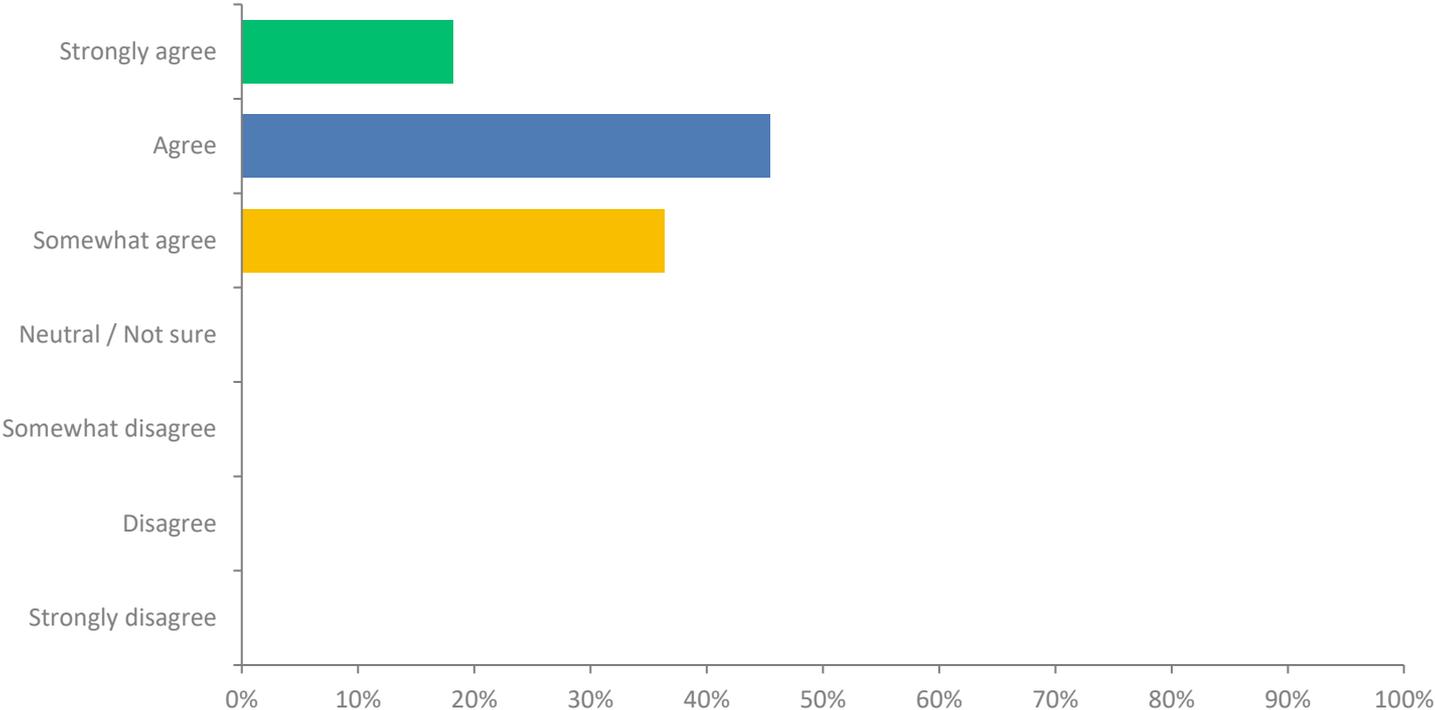
Q21: Milwaukee County provides individuals with immediate emergency services whenever needed.

Comments: 2

- Milwaukee County has various outpatient services that could provide emergency services including MHEC, CART, and Crisis Services teams but all of those are not always available to members of our community.
- MHEC data appear very promising.

Q22: The MCMHB is fulfilling its responsibility for the well-being, treatment and care of the mentally ill, alcoholic and other drug dependent citizens residing within Milwaukee County.

Answered: 11 Skipped: 0



Q22: The MCMHB is fulfilling its responsibility for the well-being, treatment and care of the mentally ill, alcoholic and other drug dependent citizens residing within Milwaukee County.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 18.18% | 2 |
| Agree | 45.45% | 5 |
| Somewhat agree | 36.36% | 4 |
| Neutral / Not sure | 0% | 0 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

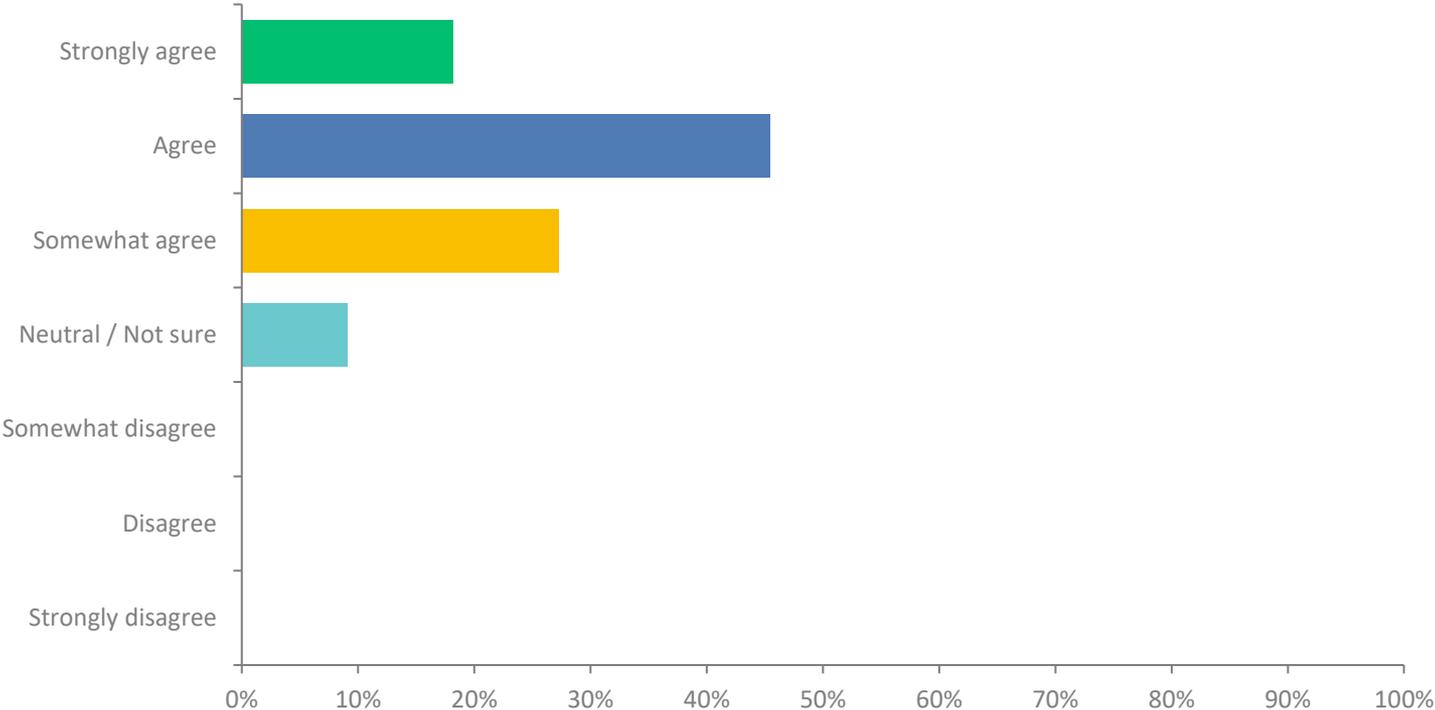
Q22: The MCMHB is fulfilling its responsibility for the well-being, treatment and care of the mentally ill, alcoholic and other drug dependent citizens residing within Milwaukee County.

Comments: 3

- Milwaukee County BHS is responsible and is doing a greatly improved job in the areas of mental health and behavioral health for adult residents living in Milwaukee County but could improve its substance use services for youth and young adults.
- In principle yes. MHB members aspire to do this and are driven by principles that are motivated by assuring that all get the care they need. Being a voluntary board and having varying degrees of knowledge on board power and functions impedes the board's ability to truly fulfill its responsibility in the desired manner.
- There is untreated mental illness and drug dependency in Milwaukee County.

Q23: The MCMHB engages community representatives in its deliberative processes.

Answered: 11 Skipped: 0



Q23: The MCMHB engages community representatives in its deliberative processes.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 18.18% | 2 |
| Agree | 45.45% | 5 |
| Somewhat agree | 27.27% | 3 |
| Neutral / Not sure | 9.09% | 1 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

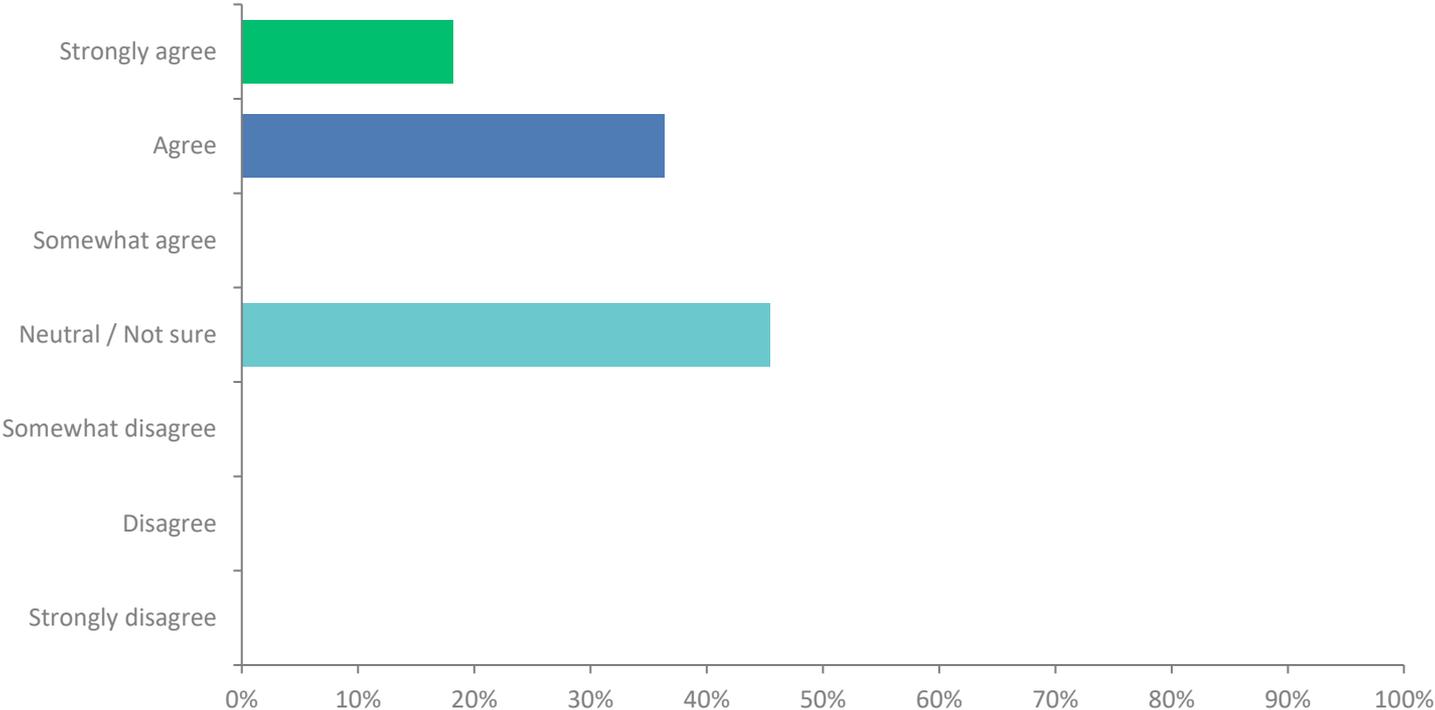
Q23: The MCMHB engages community representatives in its deliberative processes.

Comments: 3

- Only in this last year has there been any significant improvement with engaging the general public at our public hearings and we must do a significantly better job.
- Community Engagement committee is the arm that is truly making its mark in this area. Individual board members may not have the bandwidth to engage community members with the necessary fervor.
- At what point is this done? I am also aware of (self-appointed) "community leaders" who claim to represent and speak for others.

Q24: The MCMHB is supported by Milwaukee County executive administration.

Answered: 11 Skipped: 0



Q24: The MCMHB is supported by Milwaukee County executive administration.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|-----------|
| Strongly agree | 18.18% | 2 |
| Agree | 36.36% | 4 |
| Somewhat agree | 0% | 0 |
| Neutral / Not sure | 45.45% | 5 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

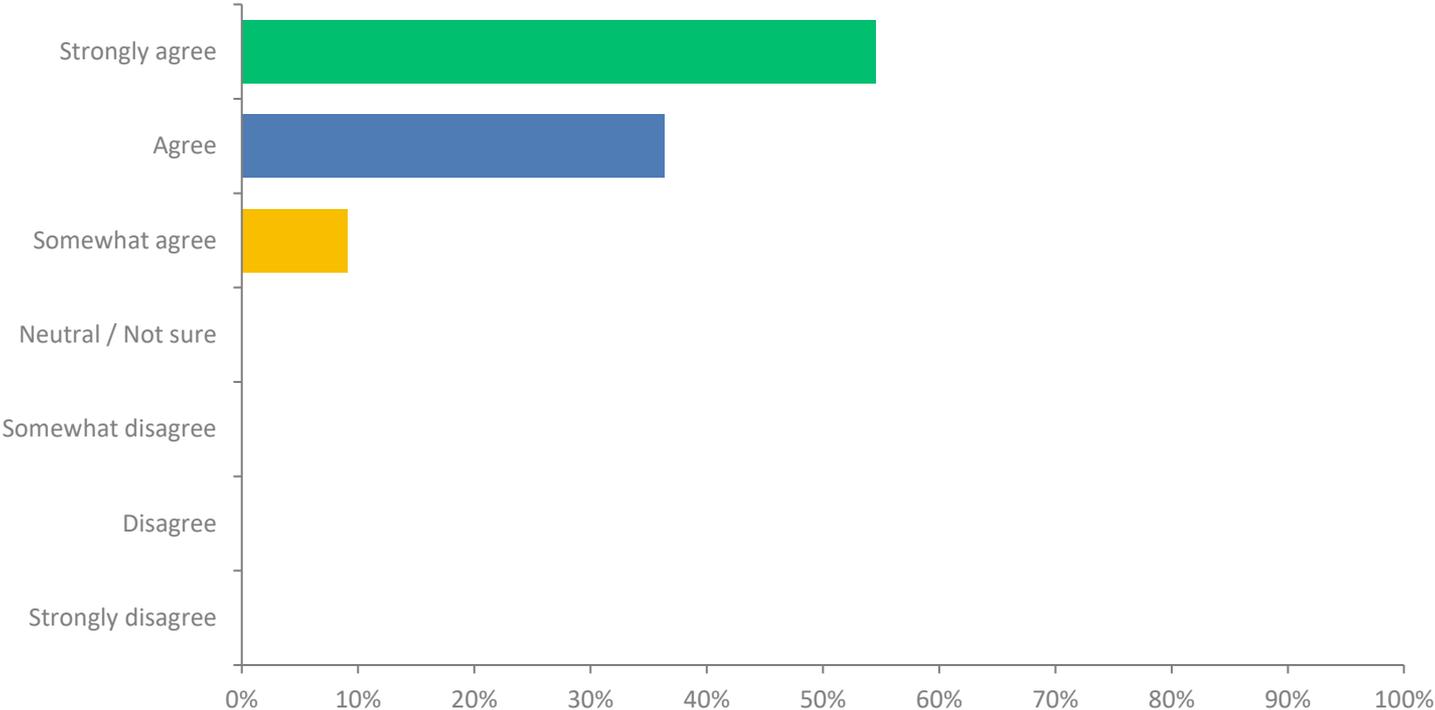
Q24: The MCMHB is supported by Milwaukee County executive administration.

Comments: 4

- I don't have time to write a book. Executive administration flip flops on its policies between the Milwaukee County Board of Supervisors when they made decisions vs. when the MHB makes decisions in parallel areas and don't play by the rules. I feel like we are the children that we don't want to be seen or heard from in a dysfunctional family, made to look pretty on the outside and shown in publications but let's not really talk to them. And at times, I really believe that they County Executive cares a great deal about the experiences of individuals on the board and the experiences that we bring to the board.
- I am optimistic that this is trending in this direction. There still seems to be a sense of power and control over the MHB, or a sense that MHB does not get the same kind of legitimacy as the county board. Our county executive is amazing and goes out of his way to acknowledge the MHB and all of its hard work for Milwaukee county residents.
- I wish I knew that.
- Executive Admin is fairly supportive, but they have been caught in serious financial challenges which impacts us.

Q25: The MCMHB is supported by Milwaukee County BHS administrative staff.

Answered: 11 Skipped: 0



Q25: The MCMHB is supported by Milwaukee County BHS administrative staff.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 54.55% | 6 |
| Agree | 36.36% | 4 |
| Somewhat agree | 9.09% | 1 |
| Neutral / Not sure | 0% | 0 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

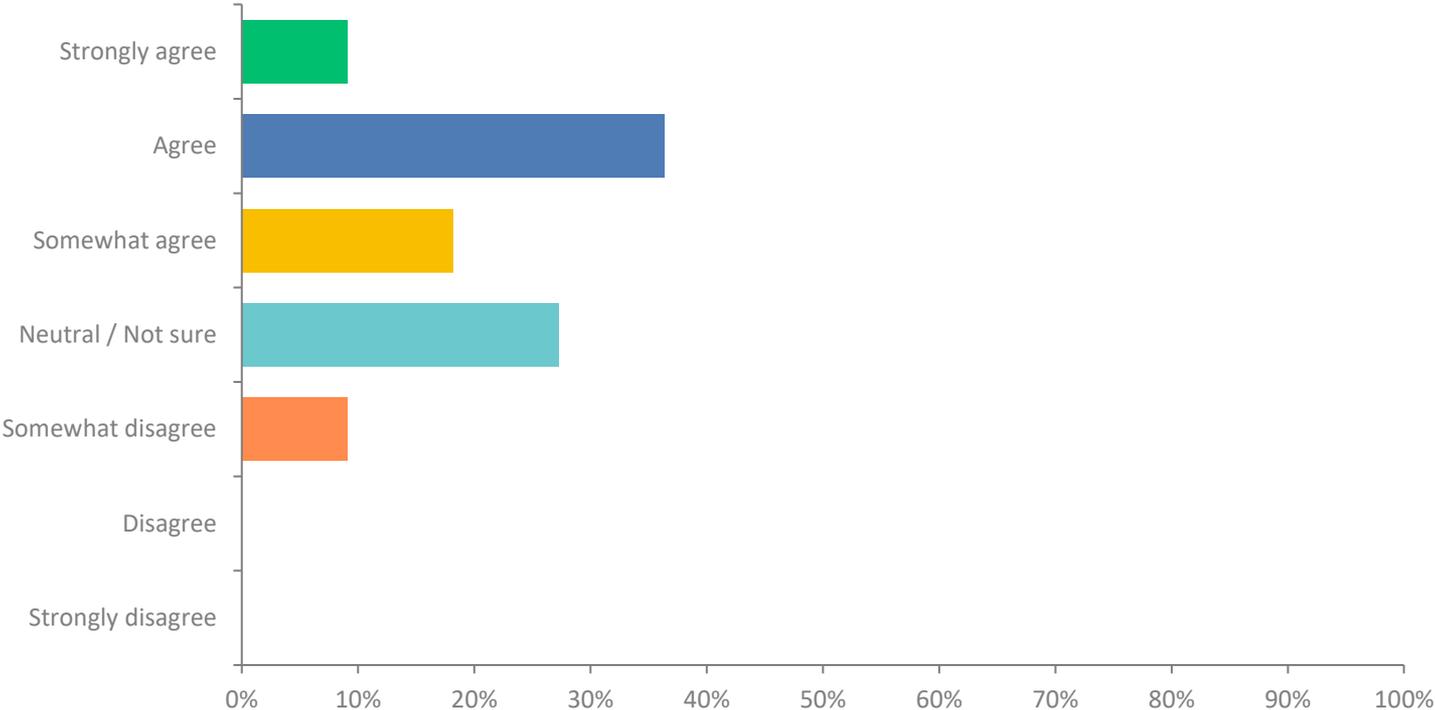
Q25: The MCMHB is supported by Milwaukee County BHS administrative staff.

Comments: 3

- I think that the administrator of BHS at most times has been extremely supportive with the best interests of the MHB but at important times when push comes to shove, he has swayed to the pressures from the administration of MKE County. As far as the administrative staff, they have done an excellent job with the MHB, gone above and beyond, and we could not have done it without them. There are individuals that have done exemplary work and have not been recognized in their job classifications and pay.
- I see evidence of support by the BHS administrative staff each time we meet, and at each board meeting. Most of the times the staff responds to requests from the MHB.
- I am impressed with the commitment, skills, and flexibility of BHS staff.

Q26: The MCMHB exercises oversight of Milwaukee County administrative staff responsible for Milwaukee County behavioral health programs.

Answered: 11 Skipped: 0



Q26: The MCMHB exercises oversight of Milwaukee County administrative staff responsible for Milwaukee County behavioral health programs.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 9.09% | 1 |
| Agree | 36.36% | 4 |
| Somewhat agree | 18.18% | 2 |
| Neutral / Not sure | 27.27% | 3 |
| Somewhat disagree | 9.09% | 1 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

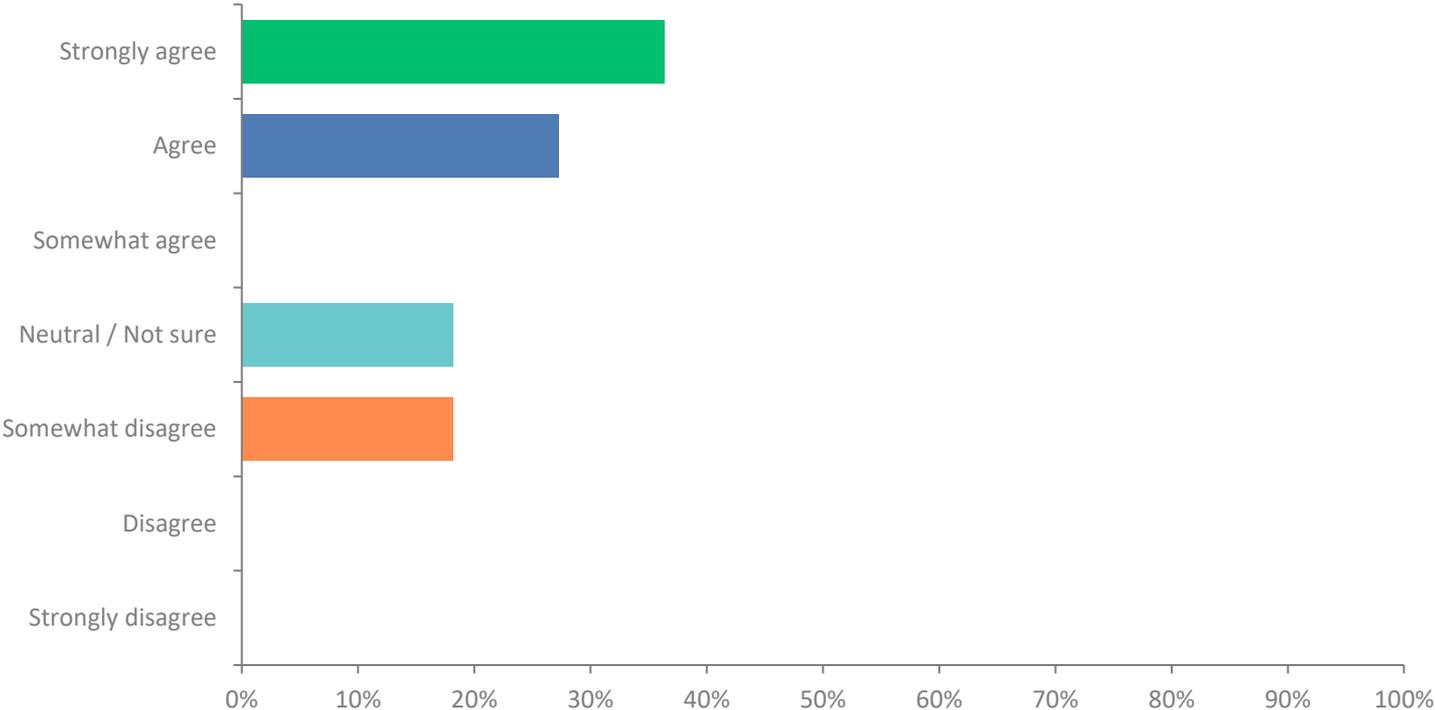
Q26: The MCMHB exercises oversight of Milwaukee County administrative staff responsible for Milwaukee County behavioral health programs.

Comments: 3

- Based on the wording of this question, in some areas, we do have oversight of administrative staff, and, in other areas, we don't. It's not clearly defined.
- MHB does to oversee the staff, though it aims to pay attention to issues like fairness to staff and assuring they are cared for.
- I think we are engaged with them; I don't think we have "oversight" of individuals.

Q27: The MCMHB has a partnership relationship with the Milwaukee County executive administration in the delivery of mental health functions, programs, and services in Milwaukee County.

Answered: 11 Skipped: 0



Q27: The MCMHB has a partnership relationship with the Milwaukee County executive administration in the delivery of mental health functions, programs, and services in Milwaukee County.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 36.36% | 4 |
| Agree | 27.27% | 3 |
| Somewhat agree | 0% | 0 |
| Neutral / Not sure | 18.18% | 2 |
| Somewhat disagree | 18.18% | 2 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

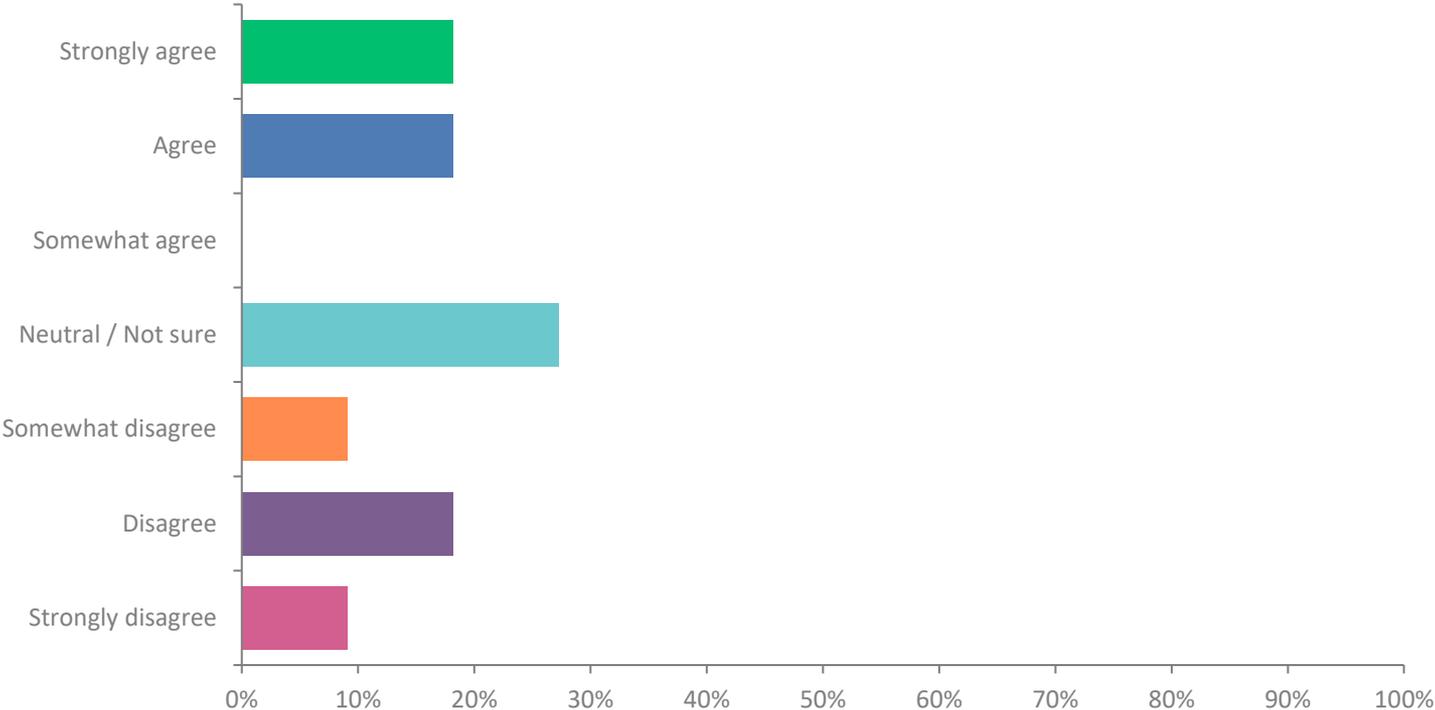
Q27: The MCMHB has a partnership relationship with the Milwaukee County executive administration in the delivery of mental health functions, programs, and services in Milwaukee County.

Comments: 3

- I don't think that the administration is always straight and having the been interests of the MHB in mind. That is exhibited by the cost-of-living wage issue and how that was handled. We are not treated professionally at an equal level by executive administrative staff regardless as to whether we are elected or not, we manage \$260M budget for mental health programs and services for MKE County and have not been given the same respect. Certain Mental Health Board members have pressed the County Executive's Office to include Mental Health Board members at events sponsored by the County Executive or otherwise.
- Trending in the right direction, with residue of mistrust and feeling micromanaged from time to time. time to time.
- I don't experience this as a "partnership" relationship. I would imagine that some MCMHB members do.

Q28: The MCMHB has a productive relationship with the Milwaukee County Board of Supervisors in the administration of mental health functions, programs, and services in Milwaukee County.

Answered: 11 Skipped: 0



Q28: The MCMHB has a productive relationship with the Milwaukee County Board of Supervisors in the administration of mental health functions, programs, and services in Milwaukee County.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 18.18% | 2 |
| Agree | 18.18% | 2 |
| Somewhat agree | 0% | 0 |
| Neutral / Not sure | 27.27% | 3 |
| Somewhat disagree | 9.09% | 1 |
| Disagree | 18.18% | 2 |
| Strongly disagree | 9.09% | 1 |
| TOTAL | | 11 |

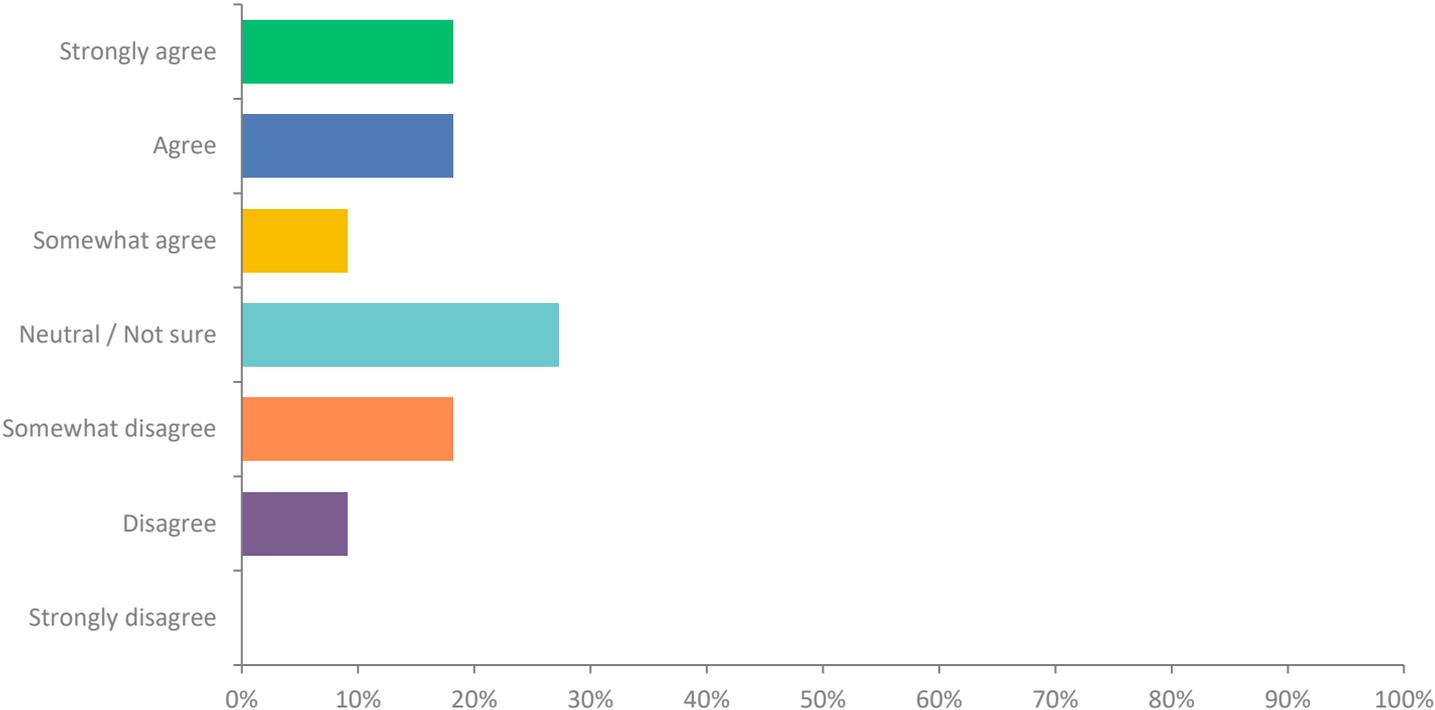
Q28: The MCMHB has a productive relationship with the Milwaukee County Board of Supervisors in the administration of mental health functions, programs, and services in Milwaukee County.

Comments: 4

- The MHB at this time has no relationship with the Milwaukee County Board of Supervisors.
- I have not found the MCBOS particularly supportive. I perceive that collaboration is done begrudgingly.
- I assume so. We have come a long way since the days when mental health policy was managed by a county supervisor!
- The relationship was antagonistic when the MHB was created, and I feel is no longer antagonistic, but we are totally separate silos. I think there is opportunity here.

Q29: The MCMHB has a productive relationship with the Milwaukee County Combined Community Services Board in the administration of mental health functions, programs, and services in Milwaukee County.

Answered: 11 Skipped: 0



Q29: The MCMHB has a productive relationship with the Milwaukee County Combined Community Services Board in the administration of mental health functions, programs, and services in Milwaukee County.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 18.18% | 2 |
| Agree | 18.18% | 2 |
| Somewhat agree | 9.09% | 1 |
| Neutral / Not sure | 27.27% | 3 |
| Somewhat disagree | 18.18% | 2 |
| Disagree | 9.09% | 1 |
| Strongly disagree | 0.00% | 0 |
| TOTAL | | 11 |

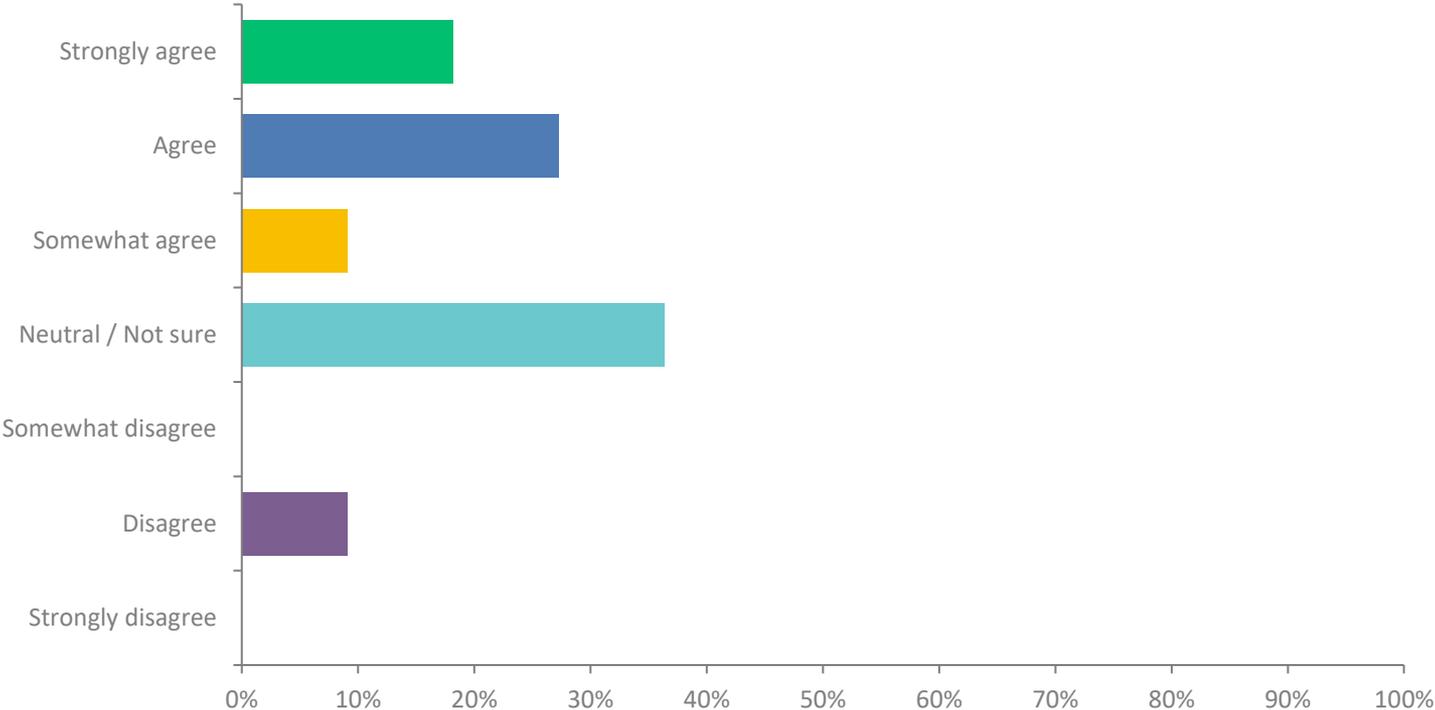
Q29: The MCMHB has a productive relationship with the Milwaukee County Combined Community Services Board in the administration of mental health functions, programs, and services in Milwaukee County.

Comments: 3

- We do have input from the current chairperson of the Combined Community Service Board.
- I know very little about the relationship between the MHB and the MCCCBSB.
- I have no relationship with CCSB. What is the relationship supposed to be about?

Q30: The Milwaukee County executive administration is receptive of recommendations by the MCMHB for mental health functions, programs, and services in Milwaukee County.

Answered: 11 Skipped: 0



Q30: The Milwaukee County executive administration is receptive of recommendations by the MCMHB for mental health functions, programs, and services in Milwaukee County.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 18.18% | 2 |
| Agree | 27.27% | 3 |
| Somewhat agree | 9.09% | 1 |
| Neutral / Not sure | 36.36% | 4 |
| Somewhat disagree | 0% | 0 |
| Disagree | 9.09% | 1 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

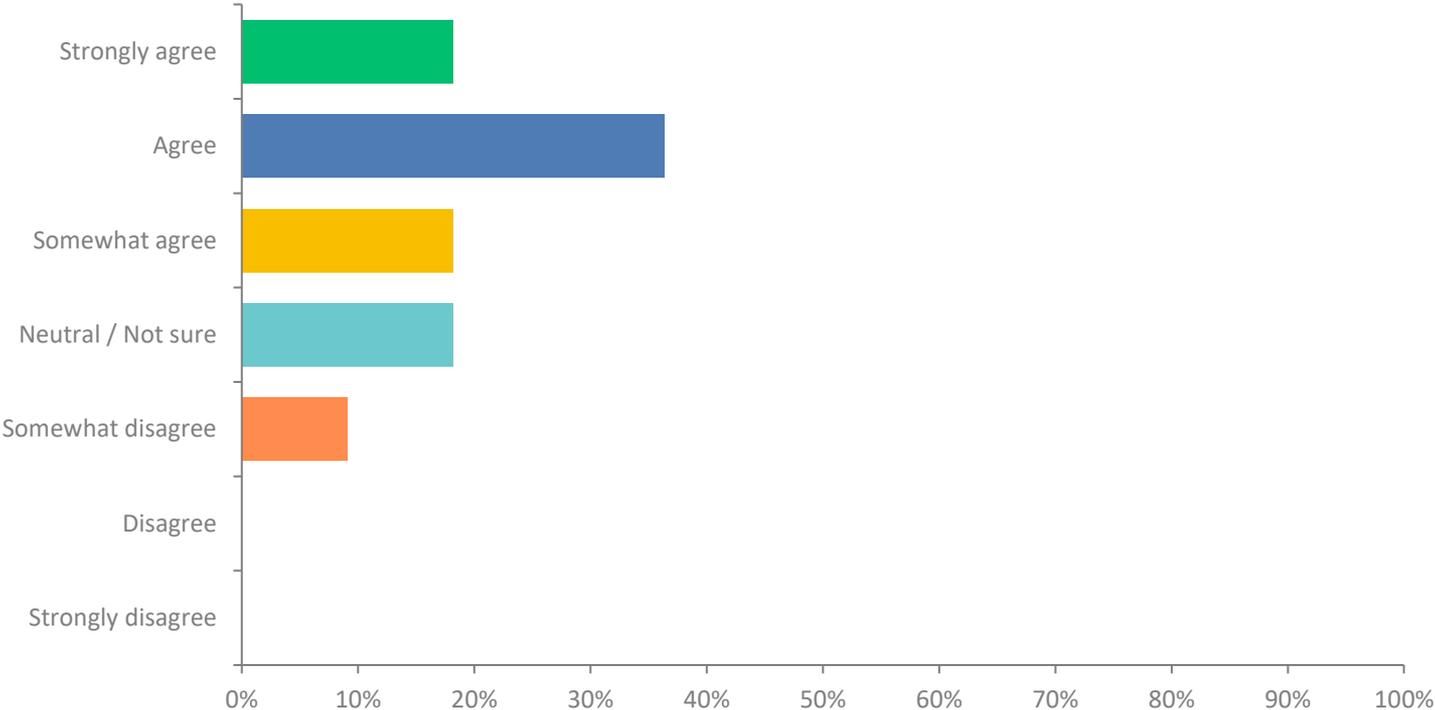
Q30: The Milwaukee County executive administration is receptive of recommendations by the MCMHB for mental health functions, programs, and services in Milwaukee County.

Comments: 2

- The executive administration is not supportive of many recommendations by the Mental Health Board for mental health functions, programs and services in Milwaukee County.
- I feel strongly that the county executive is receptive though I am unsure of his staff.

Q31: MCMHB recommendations regarding the mental health budget, the community aids, and the tax levy amounts are considered by the Milwaukee County executive administration.

Answered: 11 Skipped: 0



Q31: MCMHB recommendations regarding the mental health budget, the community aids, and the tax levy amounts are considered by the Milwaukee County executive administration.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 18.18% | 2 |
| Agree | 36.36% | 4 |
| Somewhat agree | 18.18% | 2 |
| Neutral / Not sure | 18.18% | 2 |
| Somewhat disagree | 9.09% | 1 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

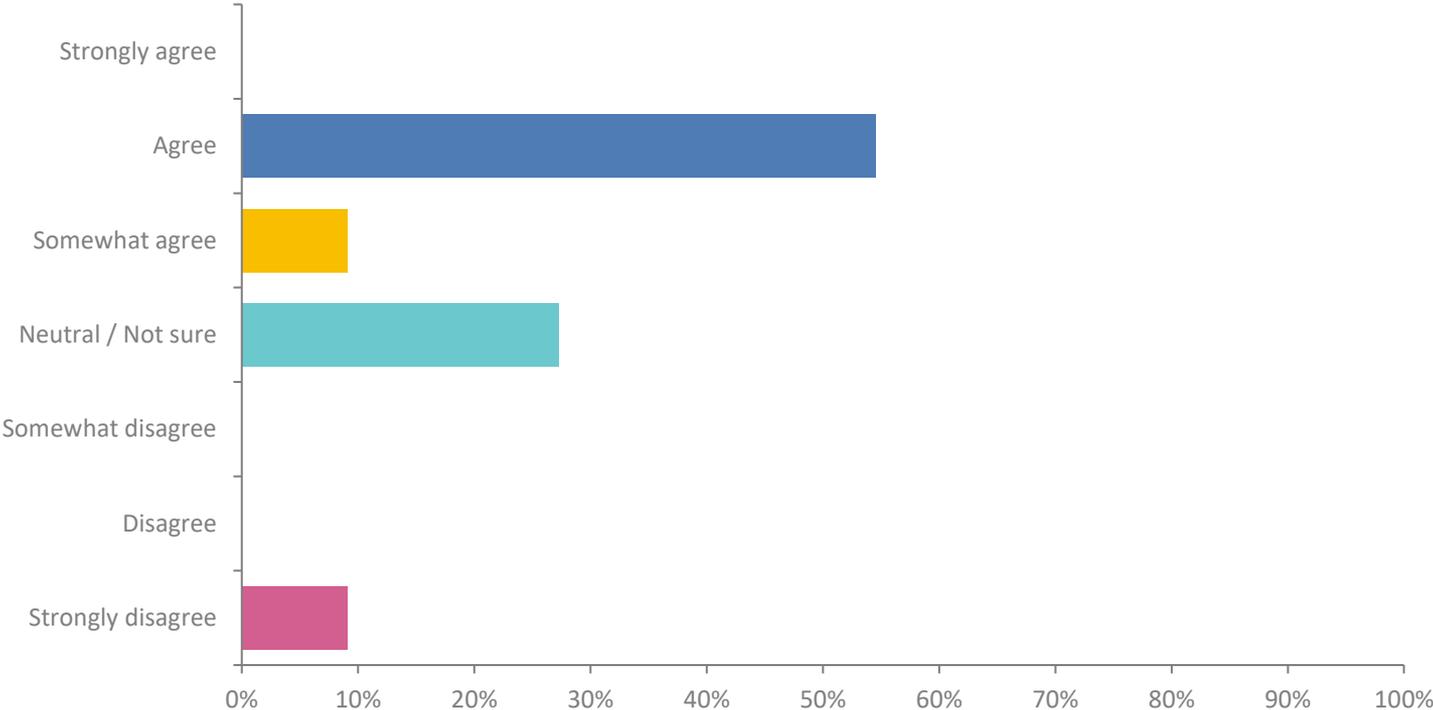
Q31: MCMHB recommendations regarding the mental health budget, the community aids, and the tax levy amounts are considered by the Milwaukee County executive administration.

Comments: 3

- These are considered and scrutinized each year during the budget process and the tax levy amount is assigned for the budget process.
- At the end of the day, I do not have the sense that recommendations are truly considered, at least in how the budget, community aids, and the tax levy are constructed.
- I assume so.

Q32: The MCMHB receives all of the information requested to fulfill its duties of overseeing mental health functions, programs, and services in Milwaukee County.

Answered: 11 Skipped: 0



Q32: The MCMHB receives all of the information requested to fulfill its duties of overseeing mental health functions, programs, and services in Milwaukee County.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 0% | 0 |
| Agree | 54.55% | 6 |
| Somewhat agree | 9.09% | 1 |
| Neutral / Not sure | 27.27% | 3 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 9.09% | 1 |
| TOTAL | | 11 |

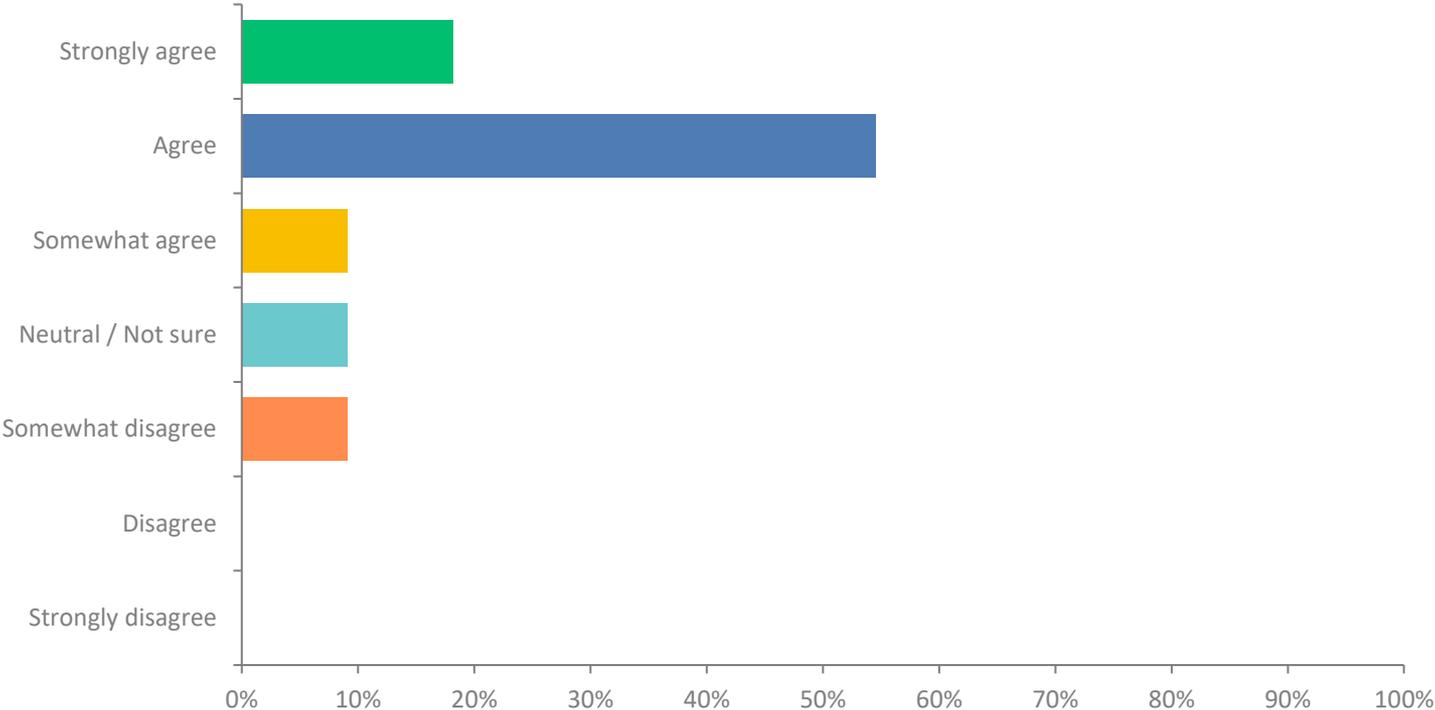
Q32: The MCMHB receives all of the information requested to fulfill its duties of overseeing mental health functions, programs, and services in Milwaukee County.

Comments: 3

- The MHB has never received all of the information requested. Often times, we are given bits and pieces of information or possibly skewed information.
- Not always; we ask and then sometimes we get the information we seek while at other times we do not.
- I assume so.

Q33: The MCMHB meets frequently enough to fulfill its responsibilities.

Answered: 11 Skipped: 0



Q33: The MCMHB meets frequently enough to fulfill its responsibilities.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 18.18% | 2 |
| Agree | 54.55% | 6 |
| Somewhat agree | 9.09% | 1 |
| Neutral / Not sure | 9.09% | 1 |
| Somewhat disagree | 9.09% | 1 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

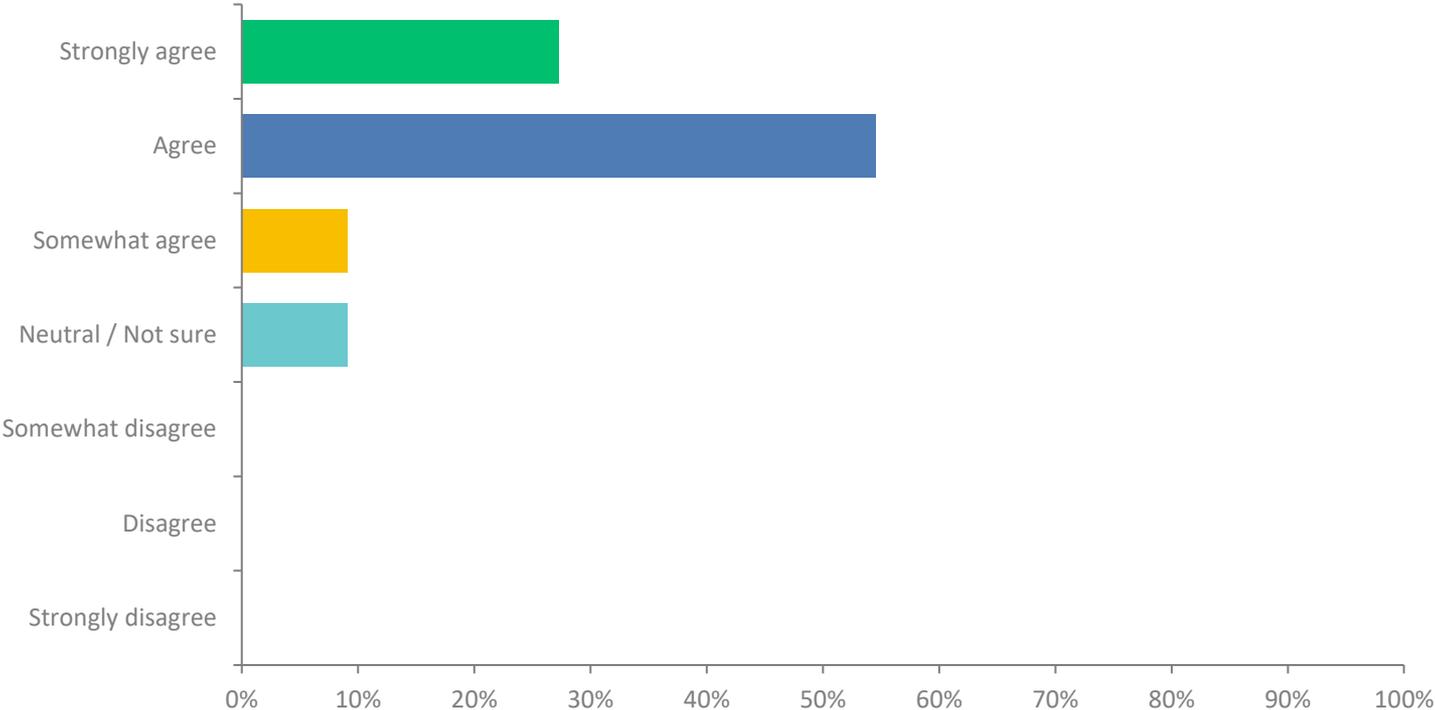
Q33: The MCMHB meets frequently enough to fulfill its responsibilities.

Comments: 3

- I feel that the MHB meets as frequently as it needs to but there is nowhere on the agenda for dialogue between board members including consideration of new business.
- This is a hard one. We are all so busy but our oversight is great and we simply do not meet frequently enough to truly gel as a board.
- It meets often enough to meet its current responsibilities.

Q34: The MCMHB is well organized in its committee and subcommittee structures.

Answered: 11 Skipped: 0



Q34: The MCMHB is well organized in its committee and subcommittee structures.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 27.27% | 3 |
| Agree | 54.55% | 6 |
| Somewhat agree | 9.09% | 1 |
| Neutral / Not sure | 9.09% | 1 |
| Somewhat disagree | 0% | 0 |
| Disagree | 0% | 0 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

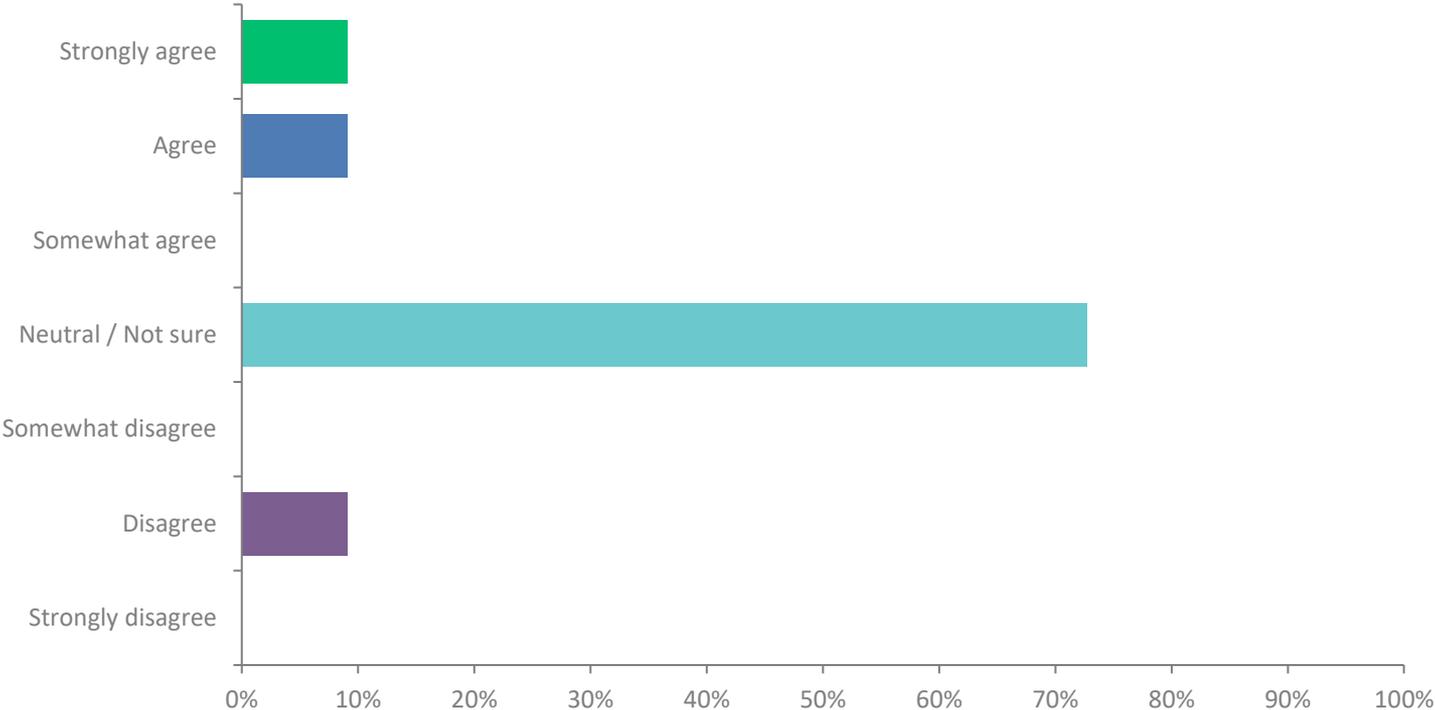
Q34: The MCMHB is well organized in its committee and subcommittee structures.

Comments: 3

- The organized committee and subcommittees have been working well for the MHB and as we moved along over the years, some have been added and removed.
- We do pretty good, despite the challenges of attrition and turn-over.
- There is a wide range in the effectiveness of the committees.

Q35: The MCMHB Bylaws have no immediate need for updating.

Answered: 11 Skipped: 0



Q35: The MCMHB Bylaws have no immediate need for updating.

Answered: 11 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Strongly agree | 9.09% | 1 |
| Agree | 9.09% | 1 |
| Somewhat agree | 0% | 0 |
| Neutral / Not sure | 72.73% | 8 |
| Somewhat disagree | 0% | 0 |
| Disagree | 9.09% | 1 |
| Strongly disagree | 0% | 0 |
| TOTAL | | 11 |

Q35: The MCMHB Bylaws have no immediate need for updating.

Comments: 3

- Even though the bylaws were updated in December 2022, they should be reviewed and checked over to see if anything has changed and should be updated.
- We need to review periodically and assure that board members at large understand and feel they have a voice.
- I would like to hear the opinions of MCMHB members who have paid more attention to this than I have.

Q36: Do you have any additional comments about the MCMHB role and functions for follow-up by the Governance Committee?

Comments: 3

- All Board members should know the very basic operations of the friendly version of Roberts Rules of Order. I believe that if we are offering in person meetings for board meetings that it is an expectation for members of the board and the virtual option is for the public. I understand that we have board members that travel but when we signed-up to be a member of the board that is a commitment to make it to board meetings. If board members are going to attend board meetings virtually, I think that it's important that they should their have cameras on so that members of the public can see them for their participation for the duration of the meeting. I'd like to know when we are going to follow the criteria for board attendance at board meetings and hold people accountable. I think that the MHB should follow Act 122 which is being written about how payments can be made to recovery coaches across all Medicaid programs vs. how peer specialists can only be paid thru CCS.
- It is hoped that discussion at the retreat will yield much fruit for the governance committee to consider.
- I recommend that the Governance Committee: 1. Require each committee to establish clarity of purpose, specific annual goals, and a description of chairperson and committee member responsibilities. 2. Have the Governance Committee present the credentials of officer candidates and committee chairperson candidates to the entire board one meeting BEFORE the election so that all board members will be able to make informed choices via their vote.



Status **Draft** PolicyStat ID **14971709**



MILWAUKEE COUNTY
**DEPARTMENT OF
HEALTH & HUMAN
SERVICES**

Date Issued 5/15/2023

Last N/A

Approved

Date

Effective N/A

Last Revised N/A

Date

Next Review N/A

Owner Kathleen Flynn

Post: Mental

Health Board

Research Analyst

Policy Area Mental Health

Board

Mental Health Board Member Expectations

Approved by Mental Health Board on April 27, 2023

Purpose:

This purpose of this policy is to set forth expectations for board service for each individual serving on the Mental Health Board.

Scope:

All Mental Health Board Members.

Policy:

1. MENTAL HEALTH BOARD RESPONSIBILITIES

MHB members shall understand and encourage the successful implementation of the BHS mission, vision, and values as follows:

Mission

Behavioral Health Services, through early assessment and intervention, promotes hope for individuals and their families through innovative recovery programs in behavioral health, wellness, recovery, research and education.

Vision

Behavioral Health Services, through fostering strategic community partnerships, will become an integrated behavioral health system providing a dynamic, and comprehensive array of services, including community based, emergency, and acute services, to meet the behavioral health care needs of individuals and families.

Values

BHS services shall embrace the following values-based practices:

- Person-Centered
- Culturally Intelligent
- Trauma-Informed
- Stage Matched Recovery Planning
- Systems and Services Integration
- Recovery-Oriented
- Accessible
- Welcoming
- Co-occurring Capable

Mental Health Board responsibilities are outlined within *Wis Stat §51.41(1s)* as follows:

The Milwaukee County mental health board shall do all of the following:

- (a) Oversee the provision of mental health programs and services in Milwaukee County.
- (b) Allocate moneys for mental health functions, programs, and services in Milwaukee County within the mental health budget as defined in sub. [\(4\) \(a\) 2.](#)
- (c) Make the final determination on mental health policy in Milwaukee County.
- (d) Replace the Milwaukee County board of supervisors in all mental health functions that are typically performed by a county board of supervisors.
- (e) Facilitate delivery of mental health services in an efficient and effective manner by making a commitment to all of the following:
 1. Community-based, person-centered, recovery-oriented, mental health systems.
 2. Maximizing comprehensive community-based services.
 3. Prioritizing access to community-based services and reducing reliance on institutional and inpatient care.
 4. Protecting the personal liberty of individuals experiencing mental illness so that they may be treated in the least restrictive environment to the greatest extent possible.
 5. Providing early intervention to minimize the length and depth of psychotic and other

mental health episodes.

6. Diverting people experiencing mental illness from the corrections system when appropriate.

7. Maximizing use of mobile crisis units and crisis intervention training.

(f) Attempt to achieve costs savings in the provision of mental health programs and services in Milwaukee County.

(g) Cooperate and consult with the department on recommendations for and establishing policy for inpatient mental health treatment facilities and related programs in Milwaukee County.

2. BOARD MEMBER SERVICE EXPECTATIONS

MHB members shall strive to meet the following expectations for board service:

Meetings and Events

- Make attendance at all meetings of the board a high priority. The expectation is for board members to attend **every** MHB meeting unless excused by the Chair. Attendance is tracked and monitored to ensure that meeting quorums are met to conduct business. The Chair will notify the nominating authority of unexcused absences. **Board members who fail to attend meetings regularly may be subject to removal by the nominating authority.**
- Be prepared to participate in board strategic discussions and action votes by reviewing meeting agendas and supporting materials in advance.
- Actively raise issues and make recommendations during discussions of agenda items.
- Have a basic understanding of meeting format and procedures to participate effectively (Robert's Rules, etc.)
- Attend any virtual meetings on screen to allow the public to easily identify which board member is speaking.

Communication

- Communicate honestly.
- Act with compassion and respect in all interactions.
- Observe established lines of communication by directing requests for information, assistance, and board action to the Board Chairperson. The Board Chairperson sets the agenda for meetings.

Committee Service

- Each board member is expected to serve on one or more committees to contribute to the work of the board.

Informed Approach

- Be cognizant of the unique stewardship function of the Mental Health Board (and its corresponding responsibilities as outlined in *Wis Stat §51.41(1s) above*) on behalf of

Milwaukee County residents.

- Understand BHS programs and services and their value to the community.
- Be familiar with the strategic priorities of Milwaukee County government and DHHS.
- Understand the legal issues which impact the delivery of services (Chapter 51, etc.).
- Perform board work with competence and maintain competency through continuing education to address knowledge gaps.
- Monitor behavioral health industry trends/issues and bring salient items forward for board consideration.

Financial Oversight

- Have a basic ability to read and understand financial statements including quarterly reports, contracts, annual budget.
- Review financial statements and contract proposals prior to meeting discussion to be prepared for board action.
- Pro-actively request an explanation of terms that are not understood or believed to be unusual, incorrect, or outside of unacceptable ranges.

Legal and Ethical Standards

- Uphold County, State and Federal laws as well as discipline-specific ethical codes of conduct.
- Respect the rights of all persons seeking mental health services.
- Make a commitment to understanding the link between race, government, and health in order to foster racial and health equity.
- Maintain confidentiality within the limits of the law.
- Provide the same quality level of service for all.
- Report fraud, waste, abuse, or neglect.
- Never allow personal interests to impact conduct, judgment, or decisions.
- Never allow the interests of third-parties or family, friends, or other personal relationships to influence conduct, judgment, or decisions.

Policies and Procedures

- Be familiar with MHB and BHS policies and procedures to support active governance of Behavioral Health Services.
- Understand and support the leadership role of BHS Medical Staff.
- Recognize MHB role in high level oversight of employee-related matters.
- Understand the role of the MHB in executive performance review.

Regulatory

- Understand at a high level the federal and state requirements which govern the delivery of services.
- Be aware of any current compliance issues.

Cohesive Governance

- Cooperate with and respect the opinions of fellow board members. Avoid bringing personal agendas, biases, or prejudices into board discussions.
- Support the actions of the board even when holding a differing viewpoint.
- Represent the MHB and BHS in a positive and supportive manner at all times and in all places.
- Refrain from involvement in administrative issues except to set policies and monitor results. Understand the difference between governance and management.

References:

Wisconsin State Statutes Chapter 51.41

Mental Health Board Bylaws

Milwaukee County Code of Ordinances Chapter 9

Monitors:

Board meeting attendance will be monitored by Board Chairperson.

General complaints pertaining to a lack of fulfillment of board member responsibilities may be made to the Board Chairperson and/or Governance Committee.

Complaints pertaining to potential ethics violations should follow the Mental Health Board Code of Ethics Policy on file (Policystat #11644136).

Board members are subject to removal for cause and for engaging in any activity that disqualifies an individual from board membership pursuant to Wis Stat §51.41(1d)(i).

Approval Signatures

| Step Description | Approver | Date |
|---------------------|--|-----------|
| Mental Health Board | Michael Lappen: BHD Administrator | 5/15/2023 |
| | Michael Lappen: BHD Administrator | 5/15/2023 |
| | Kathleen Flynn Post: Mental Health Board Research Analyst | 5/11/2023 |

Governance Committee Item 5

Milwaukee County Mental Health Board

Current Member Terms

(as of 1/2/2024)

| | Seat | Nominating Authority | Member Name | Term(s) | Board Officers |
|-----|---|----------------------|-------------------|---|-----------------|
| 1. | Psychiatrist/Psychologist - Children | County Board | Amy Ridley Meyers | 08/03/2022 (A) 07/10/2023 (R) 07/10/2027 (TE) | |
| 2. | Psychiatrist/Psychologist - Adult | County Board | Maria Perez | 05/01/2014 (A) 06/20/2019 (R) 05/01/2020 (R) 05/01/2024 (TE) | Board Chair |
| 3. | Consumer Experience | County Board | Shirley Drake | 10/26/2020 (A) 10/26/2024(TE) | |
| 4. | Psychiatric Mental Health Advanced Practice Nurse | County Board | Kathleen Eilers | 03/01/2018 (A) 03/01/2021 (R) 03/01/2025 (TE) | Board Secretary |
| 5. | Finance / Administration Expertise | County Executive | Richard Canter | 08/21/2023 (A) 10/26/2027 (TE) | |
| 6. | Substance Abuse Provider | County Executive | Ken Ginlack | 02/24/2022 (A) 02/24/2026 (TE) | |
| 7. | Legal Expertise | County Executive | Katharine Bottoni | 04/26/2023 (A) 11/28/2024 (TE) | |
| 8. | Community-based Mental Health Service Provider | County Board | Rachel Forman | 07/21/2016 (A) 05/01/2018 (R) 05/01/2022 (R) 05/01/2026 (TE) | |
| 9. | Consumer/Family Member Representing Community-Based Mental Health Service Providers | County Executive | LaNelle Ramey | 07/21/2022 (A) 08/31/2026 (TE) | |
| 10. | County Community Programs Board Chairperson | Ex-Officio | Dennise Lavrenz | 09/01/2021 (A) | |

(A) Appointment

(R) Re-appointment

(TE) Term Expiration

| | | | | | |
|-----|--|------------|---------------|---|------------------|
| 11. | Mental Health Task Force Chairperson | Ex-Officio | Mary Neubauer | 05/01/2014 (A) | Board Vice Chair |
| 12. | Medical College of WI Health Care Provider (non-voting) | Governor | Jon Lehrmann | 05/01/2014 (A) 05/01/2018 (R) 05/01/2021 (R) 05/01/2025 (TE) | |
| 13. | UW-Madison Health Care Provider (non-voting) | Governor | Earlise Ward | 02/09/2023 (A) 02/24/2024 (TE) | |

(A) Appointment

(R) Re-appointment

(TE) Term Expiration