

**Chairperson:** Dr. Maria Perez  
**Vice-Chairperson:** Mary Neubauer  
**Secretary:** Kathie Eilers  
**Research Analyst:** Kate Flynn Post, (414) 391-7845  
**Interim Board Liaison:** Jennifer Miles, (414) 257-7639

## MILWAUKEE COUNTY MENTAL HEALTH BOARD

**Thursday, February 22, 2024 - 9:00 A.M.**  
**Marcia P. Coggs Human Services Building**  
**1220 West Vliet Street, Room 104**

### MINUTES

**PRESENT:** Shirley Drake, Kathie Eilers, Rachel Forman, \*Kenneth Ginlack, Dennise Lavrenz, Mary Neubauer, \*Maria Perez, and Amy Ridley Meyers

**EXCUSED:** Kathy Bottoni, Richard Canter, Jon Lehrmann, LaNelle Ramey, 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.

1. **Welcome**  
 Vice-Chairwoman Neubauer welcomed everyone to the Milwaukee County Mental Health Board's February 22, 2024 meeting and roll call taken.
2. **Election of Board Officers – Chair, Vice-Chair, and Secretary**  

The election process was outlined and sent in written form to Board Members prior to this meeting.

Secretary Eilers nominated Vice-Chairwoman Neubauer for Chairperson of the Milwaukee County Mental Health Board. Vice-Chairwoman Neubauer accepted the nomination. No other nominations for Chairperson were made.

**MOTION BY:** (Eilers) *Elect Mary Neubauer as Chairperson of the Milwaukee County Mental Health Board. 8-0*

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

**AYES:** Drake, Eilers, Forman, Ginlack, Lavrenz, Neubauer, Perez, and Ridley Meyers - 8

**NOES:** 0

**ABSTENTIONS:** 0

Chairwoman Neubauer nominated Secretary Eilers for Vice-Chairperson of the Milwaukee County Mental Health Board. Secretary Eilers accepted the nomination. No other nominations for Vice-Chairperson were made.

**SCHEDULED ITEMS (CONTINUED):**

	<p><b>MOTION BY:</b> (Neubauer) <i>Elect Kathie Eilers as Vice-Chairperson of the Milwaukee County Mental Health Board. 8-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Forman)</p> <p><b>AYES:</b> Drake, Eilers, Forman, Ginlack, Lavrenz, Neubauer, Perez, and Ridley Meyers - 8</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> 0</p> <p>Before nomination for Secretary, Board Member Forman asked for clarity on duties. Overview of duties was provided. Vice-Chairwoman Eilers nominated Board Member Drake for Secretary of the Milwaukee County Mental Health Board. Board Member Drake accepted the nomination. No other nominations for Secretary were made.</p> <p><b>MOTION BY:</b> (Eilers) <i>Elect Shirley Drake as Secretary of the Milwaukee County Mental Health Board. 8-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Neubauer)</p> <p><b>AYES:</b> Drake, Eilers, Forman, Ginlack, Lavrenz, Neubauer, Perez, and Ridley Meyers - 8</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> 0</p>
3.	<p><b>Approval of the Minutes from the December 14, 2023, Milwaukee County Mental Health Board Meeting</b></p> <p>Board Member Forman requested clarity on #12 as the substance within the minutes was being questioned. Discussion ensued and it was determined no changes needed to be made and minutes were ok as is.</p> <p><b>MOTION BY:</b> (Eilers) <i>Approve the December 14, 2023, Meeting Minutes. 8-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Perez)</p> <p><b>AYES:</b> Drake, Eilers, Forman, Ginlack, Lavrenz, Neubauer, Perez, and Ridley Meyers - 8</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> 0</p>
4.	<p><b>Follow-Up Discussions from the January 25, 2024, Public Hearing</b></p> <p>Chairwoman Neubauer presented that only 4 Board members attended the public hearing and it seems to be a pattern of low attendance at these meetings. She emphasized that public hearings are just as, if not more, important as any other meeting as it gives everyone a chance to hear directly from the community. Other members echoed those sentiments. Board Member Lavrenz added that having the public know, "We hear you and we support you." is invaluable. Secretary Drake included that when people feel heard, they believe something will be done about their concerns. Board Member Ginlack contributed that it is challenging to simply listen and not respond at public comment hearings and he often stays after to discuss.</p>



**SCHEDULED ITEMS (CONTINUED):**

	<p>Vice-Chair Eilers offered that some of the stories people tell are horrendous and is hopeful that the Family Liaison contract that was recently approved will help in some of these cases.</p> <p>Board member Forman agrees in the importance of attending and added that the fog was dangerous that evening and that having options for hearings perhaps in time of day would be helpful.</p> <p>Other comments ensued at length.</p> <p>This Item was Informational.</p>
5.	<p><b>Professional Services Contracts</b></p> <ul style="list-style-type: none"><li>• Contract Amendment(s)<ul style="list-style-type: none"><li>➤ UWM – Center for Urban Population Health</li><li>➤ Evaluation Research Services</li><li>➤ Trempealeau County Health Care Center</li></ul></li></ul> <p><b>MOTION BY:</b> (Ginlack) <i>Approve the Professional Services Contracts Delineated in the Corresponding Report. 8-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Lavrenz)</p> <p><b>AYES:</b> Drake, Eilers, Forman, Ginlack, Lavrenz, Neubauer, Perez, and Ridley Meyers - 8</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> 0</p>
6.	<p><b>Finance Committee Professional Services Contracts Recommendation</b></p> <ul style="list-style-type: none"><li>• Contract Amendment(s)<ul style="list-style-type: none"><li>➤ United Tax, LLC</li><li>➤ Wisconsin Community Services</li></ul></li></ul> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the Professional Services Contracts to the Board.</p> <p>Board Member Drake requested an abstention for the Wisconsin Community Services agreement and separate votes for each contract.</p> <p><b>MOTION BY:</b> (Eilers) <i>Approve the Professional Services Contract for United Tax, LLC, Delineated in the Corresponding Report. 8-0</i></p> <p><b>MOTION 2<sup>ND</sup> BY:</b> (Lavrenz)</p> <p><b>AYES:</b> Drake, Eilers, Forman, Ginlack, Lavrenz, Neubauer, Perez, and Ridley Meyers - 8</p> <p><b>NOES:</b> 0</p> <p><b>ABSTENTIONS:</b> 0</p> <p><b>MOTION BY:</b> (Eilers) <i>Approve the Balance of the Professional Services Contracts for Wisconsin Community Services, Delineated in the Corresponding Report. 7-0-1</i></p>

**SCHEDULED ITEMS (CONTINUED):**

	<p><b>MOTION 2<sup>ND</sup> BY:</b> (Ridley-Meyers) <b>AYES:</b> Eilers, Forman, Ginlack, Lavrenz, Neubauer, Perez, and Ridley Meyers - 7 <b>NOES:</b> 0 <b>ABSTENTIONS:</b> Drake -1</p>
7.	<p><b>Finance Committee Purchase-of-Service Agreements Recommendation.</b></p> <ul style="list-style-type: none"><li>• 2023 Agreement Amendment(s)</li><li>• 2024 Agreement(s)</li></ul> <p>Questions and comments ensued regarding the Revised Item 7 document that was issued at the start of the meeting. The difference in language from the original to the revised versions was explained to the Board.</p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the Purchase-of-Service Agreements to the Board.</p> <p><b>MOTION BY:</b> (Eilers) <i>Approve the Purchase of Service Agreements Delineated in the Corresponding Report. 8-0</i> <b>MOTION 2<sup>ND</sup> BY:</b> (Forman) <b>AYES:</b> Drake, Eilers, Forman, Ginlack, Lavrenz, Neubauer, Perez, and Ridley Meyers - 8 <b>NOES:</b> 0 <b>ABSTENTIONS:</b> 0</p>
8.	<p><b>Finance Committee Fee-for-Service Agreements Recommendation</b></p> <p>The Board was informed the Finance Committee unanimously agreed to recommend approval of the Fee-for-Service Agreements to the Board.</p> <p><b>MOTION BY:</b> (Lavrenz) <i>Approve the Fee-for-Service Agreements Delineated in the Corresponding Report. 8-0</i> <b>MOTION 2<sup>ND</sup> BY:</b> (Ridley-Meyers) <b>AYES:</b> Drake, Eilers, Forman, Ginlack, Lavrenz, Neubauer, Perez, and Ridley Meyers - 8 <b>NOES:</b> 0 <b>ABSTENTIONS:</b> 0</p>
9.	<p><b>Authorization to Accept Grant Funding and Enter into Related Agreements</b></p> <p>No questions were presented and voting occurred.</p> <p><b>MOTION BY:</b> (Eilers) <i>Approve the Authorization to Accept the Grant Funding and Enter into Related Agreements. 8-0-0</i></p>

**SCHEDULED ITEMS (CONTINUED):**

	<p><b>MOTION 2<sup>ND</sup> BY:</b> (Perez) <b>AYES:</b> Drake, Eilers, Forman, Ginlack, Lavrenz, Neubauer, Perez, and Ridley Meyers - 8 <b>NOES:</b> 0 <b>ABSTENTIONS:</b> 0</p>
10.	<p><b>Behavioral Health Services Prevention Report on Contract Measures, Outcomes, and Metrics</b></p> <p>Jeremy Triblett presented on substance abuse awareness and prevention and how this team is now moving towards harm reduction. Much work has been done over the years to develop standards for education and gather baseline data now to move to a phase of improvement and expansion. In leveraging social media, access to those who might not come out to events can occur. Gun locks, medication deactivation kits, Narcan vending machines, videos and Tik Toks to educate the public on how to use those items are all outreach that has been done and is the catalyst for creating system change. Board members voiced their excitement with the trajectory of this work.</p> <p>This Item was Informational.</p>
11.	<p><b>Behavioral Health Service's Funding Allocations and Program Efficiencies Report for Mental Health Programs in Compliance with Chapter 51 of Wisconsin Statutes</b></p> <p>Jen Wittwer highlighted area of the report related to CARS (funding sources): TANF grant is the largest fund source, 4 projects were awarded with Opioid Settlement funds, Medicaid covers parts of Residential Care (care and maintenance only). She also highlighted initiatives like MAT Behind the Walls, Harm Reduction vending machines, Re-granting for community-based programs, and reducing waitlist for Residential Care. The Suicide Prevention Coordinator has been hired and has hit the ground running. Workforce Training and Development has developed and standardized new employee orientation, racial equity initiatives, and learning management systems as well as professional training programs (interns). Something that she's particularly proud of is that Milwaukee County applied for and was accepted into the Opioid Leadership Network which allowed Milwaukee to be selected as the host site for the 2<sup>nd</sup> Annual Conference. We hosted 30 communities for this conference and shined a spotlight on our city and work we're doing.</p> <p>Brian McBride highlighted work in children's mental health services such as the opening of a second resource center location (Owen's Place). He reported that in 2023, 55% of the Care Coordination workforce has been retained for over a year which is the best percentage since 2019 and is encouraging, since that ensure helps families receive services from experienced workers. Brian reported sunseting of the FISS program and Youth Connect program in a shift in how services are structured in the future.</p> <p>This Item was Informational; however, motions were made.</p> <p><b>MOTION BY:</b> (Eilers) <i>Approve the Report to send to the state.</i></p>

**SCHEDULED ITEMS (CONTINUED):**

	<p><b>MOTION 2<sup>ND</sup> BY: (Forman)</b> <b>Not voted on due to amended motion.</b></p> <p>Discussion was had about whether this item should have been reported as “Informational” or “Action” and if voting should occur. It was noted that in past years this item has been “Informational.” Voting occurred on the amended motion, that this item is informational and that the recommendation that the report be sent to the state is approved, but that voting on the actual report is not occurring.</p> <p><b>MOTION BY: (Ginlack) Amend the motion that this item is Informational. The motion is to approve the recommendation to send the letter, but not approving the contents (letter). 6-0-2</b></p> <p><b>MOTION 2<sup>ND</sup> BY: (Drake)</b> <b>AYES:</b> Eilers, Forman, Lavrenz, Neubauer, Perez, and Ridley Meyers - 6 <b>NOES:</b> 0 <b>ABSTENTIONS:</b> Drake, Ginlack - 2</p>
12.	<p><b>Community and Family Resource Liaison Update</b></p> <p>Matt Fortman provided an update that the agreement with Mental Health America was received and once signed, they’ll be able to begin recruitment. Board Member Forman expressed that this update makes her proud that the world is changing in social services in a good way.</p> <p>This Item was Informational.</p>
13.	<p><b>Governance Committee Update</b></p> <p>Board Member Ginlack, Chairman of the Governance Committee, provided updates on the continued, detailed discussions of the Survey and that additional questions would be addressed in future Governance Committee meetings with subsequent updates in future Mental Health Board meetings. The goal is to review 4-5 or more questions until completed. Topics to consider will be attendance policy and missing meetings; hybrid meeting options in the future, and more defined guidelines on meeting structure such as motions, recommendations, etc. especially with the happenings experienced in Item 11 (Informational vs Action) of this agenda.</p> <p>This Item was Informational.</p>
14.	<p><b>Office of Strategy, Budget, and Performance Quarterly Update on the State of Milwaukee County’s Interests and Matters Related to Behavioral Health Services</b></p> <p>Joseph Lamers, Office of Strategy, Budget, and Performance was not present at the meeting.</p> <p>This item will be added to the April meeting agenda.</p>
15.	<p><b>Adjournment</b></p>

### **SCHEDULED ITEMS (CONTINUED):**

Before adjourning, Dr. Perez was thanked for her phenomenal service to the Mental Health Board and the community. Board Member Lavrenz added she was overwhelmed by Dr. Perez's leadership with grace and listening ear. Board Member Ginlack included that her leadership has been instrumental in moving the board forward. Secretary Drake personally thanked Dr. Perez for hearing her and making a difference in her life.

Dr. Perez thanked the Board for their kind words and said that other than having her babies, this has been the most powerful experience of her life.

Jen Alfredson is updating the Board website and asked for updated photos and uniform bios. Email to be forthcoming for the bio template.

Jodi Mapp, former Board Liaison for 10 years, though not present, was acknowledged and thanked for the efforts she put forth to set up and coordinate operations.

Chairwoman Neubauer ordered the meeting adjourned.

This meeting was recorded, however there were technical difficulties with the recordings, rendering some sections inaudible. 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.

Length of meeting: 9:03 a.m. to 11:39 a.m.

Adjourned,

*Jennifer Miles*

**Jennifer Miles**

Interim Board Liaison

Milwaukee County Mental Health Board

**The next meeting for the Milwaukee County Mental Health Board will be Budget Public Hearing  
on Thursday, March 21, 2024, @ 4:30 p.m.**

**To View All Associated Meeting Materials,  
Visit the Milwaukee County Legislative Information Center at:  
[Milwaukee County - Calendar \(legistar.com\)](https://legistar.com)**

**Visit the Milwaukee County Mental Health Board Web Page at:  
<https://county.milwaukee.gov/EN/DHHS/About/Governance>**

**SCHEDULED ITEMS (CONTINUED):**

The February 22, 2024, 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, appearing to read "Shirley Drake". The signature is fluid and cursive, with the first name "Shirley" being more prominent than the last name "Drake".

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Shirley Drake, Secretary  
Milwaukee County Mental Health Board

**Chairperson:** Mary Neubauer  
**Vice-Chairperson:** Kathie Eilers  
**Secretary:** Shirley Drake  
**Research Analyst:** Kate Flynn Post, (414) 257-7473  
**Interim Board Liaison:** Jennifer Miles, (414) 257-7639

## **MILWAUKEE COUNTY MENTAL HEALTH BOARD BUDGET HEARING**

**Thursday, March 21, 2024 - 4:30 P.M.**  
**Washington Park Senior Center**  
**4420 West Vliet Street**

### **MINUTES**

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

#### **SCHEDULED ITEMS:**

- |    |  |
|----|--|
| 1. | <p><b>Welcome.</b></p> <p>Chairwoman Neubauer welcomed everyone to the Milwaukee County Mental Health Board's March 21, 2024, Budget Public Hearing. Board members conducted a roundtable introduction with their role on the board.</p>   |
| 2. | <p><b>Explanation of the Budget Public Comment Process.</b></p> <p>Matt Fortman, Fiscal Administrator, Department of Health and Human Services</p> <p>Mr. Fortman provided overview of the budget process and informed that Behavioral Health Services (BHS) is at the very beginning of the budget process, which is why feedback is being requested at this juncture. There will be another opportunity in June when the budget request is released, which is considered the first step of the formal budget process. Once the budget has been released, shared, and presented, there will be another comment session with a tangible document for the community to preview. The County's budget process runs on a calendar fiscal year. There are changes anticipated in 2025 within the Children's Mental Health Services network to transition from HMO programming, which sounds dramatic, but is going to be minimally impactful to families and budgetarily.</p> <p>This Item was informational.</p> |

**SCHEDULED ITEMS (CONTINUED):**

3.	<p><b>Milwaukee County Behavioral Health Services 2025 Budget Discussion.</b></p> <p>The meeting opened for public comment on the Behavioral Health Services 2025 Budget. The following individuals appeared and provided comments:</p> <p>Nora Hitchcock, Our Space Inc. Sandy Schulz, Admire Rita Wiesneski, Admire Sarah Kueny Rick Schulz, Admire</p>
4.	<p><b>Adjournment.</b></p> <p>Chairwoman Neubauer 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, are available on Milwaukee County's Legislative Information Center website, which can be accessed by clicking the link below.</p> <p>Length of meeting: 4:34 p.m. to 5:09 p.m.</p> <p>Adjourned,</p> <p><i>Jennifer Miles</i></p> <p><b>Jennifer Miles</b> Interim Board Liaison Milwaukee County Mental Health Board</p>	
<p><b>The next regular meeting for the Milwaukee County Mental Health Board is Thursday, April 25, 2024, @ 9:00 a.m. at the Marcia P. Coggs Human Services Building 1220 West Vliet Street, Room 104</b></p> <p><b>To View All Associated Meeting Materials, Visit the Milwaukee County Legislative Information Center at: <a href="https://legistar.com/locations/milwaukee-county-legislative-information-center">Milwaukee County - Calendar (legistar.com)</a></b></p> <p><b>Visit the Milwaukee County Mental Health Board Web Page at: <a href="https://county.milwaukee.gov/EN/DHHS/About/Governance">https://county.milwaukee.gov/EN/DHHS/About/Governance</a></b></p>	



**SCHEDULED ITEMS (CONTINUED):**

The March 21, 2024, 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 cursive script, appearing to read "Shirley Drake".

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Shirley Drake, Secretary  
Milwaukee County Mental Health Board

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

**DATE:** April 8, 2024

**TO:** Mary Neubauer, 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, or group of contracts by the same contractor for essentially the same service, 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 enter into professional services agreements.

**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.

**Professional Services Contracts**

**Goodwill Industries of Southeast Wisconsin, Inc. - \$75,000**

This is a one-year Professional Service Contract for 2024. This is the 5th year of service from this contractor for the same service. BHS CARS seeks MHB approval of this contract retroactively to 1/1/2024 to run through 12/31/2024. The agency will network to establish business relationships to educate employers and work to increase the employment rate for CARS clients in mental health and substance abuse recovery. The 5-year cumulative amount for services from the vendor for essentially the same service is \$375,000.

**Medical College of Wisconsin Affiliated Hospitals, Inc. - \$200,000.00**

AMENDMENT TO: BHS contracts with the Medical College of Wisconsin Affiliated Hospitals, Inc. (MCWAH) for resident and fellow housestaff activities, as part of BHS' training site designation with the MCW Psychiatry Training Programs. The residents and fellows assigned gain medical and psychiatric experience within BHS Crisis and Community services. Rotations will include experiences with Assisted Outpatient Treatment/Assertive Community Treatment (AOT/ACT), Milwaukee Mobile Crisis, Milwaukee Mental Health Clinic, Coordinated Opportunities for Recovery and Empowerment (CORE), Access Clinics, the Detention Center and

with Administration/Legal Services. Oversight of all resident and fellow activities is by BHS psychiatry staff. BHS is seeking to amend the current agreement to cover the period of July 1, 2024 to June 30, 2025 for an added amount not to exceed \$200,000.00, resulting in a total contract of \$405,000.

#### **Status Solutions, LLC - \$116,240.00**

Status Solutions, LLC is a situational awareness service that utilizes real-time notification to response teams or law enforcement in the event of potential life-threatening events for workers. It provides personal electronic devices, surveillance, and software links for staff in a variety of settings including indoors, parking lots, and those performing community outreach functions. Two-way communication is also possible in the event of a need for mass communication to staff. The system will be employed both in the current Coggs building as well as the new building under construction. This is a sole source agreement due to the specialized nature of the security solution. The contract is for three years in the amount of \$116,240.00.

#### **Fiscal Summary**

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

<b>Vendor/Agency Name</b>	<b>Currently Approved Allocation</b>	<b>Contract Change Requested Amount</b>	<b>2023 Allocation</b>	<b>Proposed 2024 Allocation</b>	<b>Variance</b>
Goodwill Industries of Southeast Wisconsin, Inc.	\$0.00	\$75,000.00	\$75,000.00	\$75,000.00	\$0.00
Medical College of Wisconsin Affiliated Hospitals, Inc.	\$205,000.00	\$200,000.00	\$205,000.00	\$405,000.00	\$200,000.00
Status Solutions, LLC	\$0.00	\$116,240.00	\$0.00	\$116,240.00	\$116,240
<b>Total</b>	<b>\$205,000.00</b>	<b>\$391,240.00</b>	<b>\$280,000.00</b>	<b>\$596,240.00</b>	<b>\$316,240.00</b>

\*Represents an agreement with at least partial grant funding

*Shakita LaGrant-McClain*

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

Cc: Richard Canter, Finance Chairperson

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

**DATE:** March 27, 2024

**TO:** Mary Neubauer, 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 (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**

**Wisconsin Community Services, Inc. (WCS) - \$250,000**

CONTRACT AMENDMENT: adding funds to 2024 POS contract (BHS-POS332-022024) effective dates 1/1/2024 to 12/31/2024 to operate the Community Linkages and Stabilization Program (CLASP) for BHS clients. CLASP aims to support clients' recovery, increase clients' ability to live independently in the community, and reduce clients' incidents of emergency room visits and rehospitalization. This voluntary program provides extended support and services through Certified Peer Specialists trained to share their experiences and recovery with individuals in crisis to empower people throughout the recovery process. The County funds this contract through \$279,714 in tax levy and \$250,000 Medicaid passthrough. The \$250,000 for the 2024 Medicaid pass-thru payments was omitted from the 2024 MHB approval for the contract. The existing WCS purchase of service contract for CLASP services is for \$279,714 and this additional funding would bring the total 2024 contract to \$529,714.

**Vivent Health – \$26,798\***

CONTRACT AMENDMENT: adding funds to a 9-month POS contract (Contract # BHS-POS335-022024) effective dates 1/1/2024 – 9/29/2024. Requesting to add \$26,798 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 targeted populations as identified. This additional funding is coming from the Temporary Aid to Needy Families (TANF) grant funding. The existing contract was for \$136,089, and this additional funding would bring the total contract amount to \$162,887.

**2024 Contract for Childrens Services**

**Christine Shafer dba The SEA Group - \$10,160**

CONTRACT AMENDMENT: adding funds to POS contract (BHD POS246 012022) effective dates 1/1/2022-12/31/2024. The SEA Group provides Educational Advocacy Services to help youth enrolled in Wraparound Milwaukee to obtain an Individual Education Plan (IEP), achieve appropriate school placements, and reduce unnecessary residential and day treatment services. The existing SEA Group purchase of service contract is for \$540,059 and this additional funding would bring the total contract amount to \$550,219.

**St. Charles Youth & Family Services - \$292,445.00**

CONTRACT AMENDMENT: adding funds to 2024 POS contract (BHS-POS336-022024) effective dates 1/1/2024-12/31/2024.

Vendor to provide day to day oversight of Owen's Place (southside) while ensuring availability of resources and opportunities to support young adults transitioning to adulthood. These services should engage and empower young adults to actively plan for adulthood. Owens Place provides a welcoming environment which young adults will find inviting and therefore attend regularly. This work focuses on establishing strong positive relationships with young adults and facilitating their search for information that supports their transition including the critical domains of functioning: working, living, learning, belonging, healing, and safety. The existing St. Charles purchase of service contract is for \$285,000 and this additional funding would bring the total 2024 contract of \$577,445.

**St. Charles Youth & Family Services - \$ 290,000**

BHS leadership is requesting a single-source contract for St. Charles Youth and Family Services to provide youth crisis care coordination services to newly enrolled youth effective May 1, 2024. This program, along with CCS, will fill the gaps of HMO-funded programming scheduled to fully sunset September 30, 2024. A single-source contract is being requested for this agreement due to the tight timeline around sunsetting the HMO and ensuring continuation of high-quality Wraparound community mental health services. St. Charles Youth and Family services was chosen given their performance on the most recent Agency Performance Reviews. While this is a pilot program to begin, it is the intention of Wraparound Milwaukee to have an RFP posted in July for services in 2025 with the potential to add one to three agencies through that RFP process. The requested funding will result in a contract in the amount of \$290,000 for the remainder of 2024.

**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
Wisconsin Community Services, Inc. (WCS)	\$279,714.00	\$250,000.00	\$529,714.00	\$529,714.00	\$0.00
Vivent Health Inc.*	\$136,089.00	\$26,798.00	\$0.00	\$162,887.00	\$162,887.00
Christine Shafer dba The SEA Group	\$540,059.00	\$10,160.00	\$540,059.00	\$550,219.00	\$10,160.00
St. Charles Youth & Family Services	\$285,000.00	\$292,445.00	\$426,779.99	\$577,445.00	\$150,665.01
St. Charles Youth & Family Services	\$0.00	\$290,000.00	\$0.00	\$290,000.00	\$290,000.00
<b>Total</b>	\$1,240,862.00	\$869,403.00	\$1,496,552.99	\$2,110,265.00	\$613,712.01

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




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

Cc: Richard Canter, Finance Chairperson

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

**DATE:** March 27, 2024

**TO:** Mary Neubauer, 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 Fee-for-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 (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 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.

**2024 Contract for Adult Services**

**Broadstep of Wisconsin, Inc. (Broadstep SUD Residential-Milwaukee Women's Recovery Center) - \$201,000**

CONTRACT AMENDMENT adding funds to FFS contract effective dates 1/1/2024 to 12/31/2025. Requesting to add \$201,000 to the Broadstep contract to provide residential Substance Use Disorder services to women and family members. The existing FFS contract with this vendor is for \$99,000 and this additional funding would bring the total contract amount to \$300,000.

**Blue Skies Holistic Care (FKA Pinnacle) - \$61,000**

CONTRACT AMENDMENT adding funds to 2024 - 2025 Fee For Service Agreement for Behavioral Health/Social Services. Vendor will provide Comprehensive Community Services to BHS CARS clients. The existing FFS contract with this vendor is for \$99,000 and this additional funding would bring the total contract amount to \$160,000.

**Unique Unity, LLC - \$151,000**

CONTRACT AMENDMENT adding funds to 2024 - 2025 Fee For Service Agreement for Behavioral Health/Social Services. Vendor will provide Residential (AFH) services to BHS CARS clients. The existing FFS contract with this vendor is for \$99,000 and this additional funding would bring the total contract amount to \$250,000.

**2024 Contract for Childrens Services****831 Adult Family Home - \$201,000 (initial contract amount of \$99,000)**

CONTRACT AMENDMENT adding funds to FFS contract effective dates 1/1/2024 to 12/31/2025. This vendor provides Adult Family Home services to youth in Wraparound Milwaukee. In addition to room/board, youth receive treatment, care and services. The existing FFS contract with this vendor is for \$99,000 and this additional funding would bring the total contract amount to \$300,000.

**Jefferson County Human Services - \$300,000 (initial contract amount of \$99,000)**

CONTRACT AMENDMENT adding funds to FFS contract effective dates 1/1/2024 to 12/31/2025. The vendor will operate a Youth Crisis Stabilization Facility \*YCSF) for boys and girls ages 10-17 years old as a diversion from Psychiatric Crisis Services and a step-down resource to help shorten hospital stays. The existing FFS contract with this vendor is for \$99,000 and this additional funding would bring the total contract amount to \$300,000.



**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
Broadstep of Wisconsin, Inc.	\$99,000.00	\$201,000.00	\$0.00	\$300,000.00	\$300,000.00
Blue Skies Holistic Care (FKA Pinnacle)	\$99,000.00	\$61,000.00	\$150,000.00	\$160,000.00	\$10,000.00
Unique Unity, LLC	\$99,000.00	\$151,000.00	\$90,000.00	\$250,000.00	\$160,000.00
831 Adult Family Home	\$99,000.00	\$201,000.00	\$0.00	\$300,000.00	\$300,000.00
Jefferson County Human Services	\$99,000.00	\$201,000.00	\$0.00	\$300,000.00	\$300,000.00
<b>Total</b>	<b>\$495,000.00</b>	<b>\$815,000.00</b>	<b>\$240,000.00</b>	<b>\$1,310,000.00</b>	<b>\$1,070,000.00</b>



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

Cc: Richard Canter, Finance Chairperson

**DATE:** March 14, 2024

**TO:** Mary Neubauer, MSW, CPS , Chairperson, Milwaukee County Mental Health Board

**FROM:** Michael Lappen, BHS Administrator  
*Submitted by John Schneider, MD, FAPA, BHS Chief Medical Officer*

**SUBJECT:** **Report from Behavioral Health Services Administrator, Requesting Approval to Implement one “Employment Agreement” As Established Under BHS Personnel Policy for Specific Classified, Unclassified and Exempt Physician, Psychologist and Advanced Practice Nurse County Employees**

## Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health with a value of at least \$100,000. No such contract or contract amendment shall take effect until approved by the Milwaukee County Mental Health Board.

Per the above Statute, the BHS Administrator is requesting authorization to establish one (1) new Employment Agreement with a position for which we are currently recruiting.

## Discussion

Due to the significant time, effort and expense associated with recruiting and retaining qualified medical staff, Behavioral Health Services, in collaboration with the Compensation Division and Corporation Counsel, has established a personnel policy that allows for employment agreements for specific classified, unclassified and exempt physician, psychologist and advanced practice nurse classifications within Milwaukee County employ. The purpose of these agreements is to stipulate total compensation including fringe benefits, recruitment/retention incentives and to establish a reasonable and fair "minimum resignation notice" requirement, which does not exist under Civil Service rules.

We submit the table below, which lists the personnel transaction that BHS will be requesting the Milwaukee County Chief Human Resources Officer to implement, in connection with Employment Agreement execution.

NEW AGREEMENT - RECRUITMENT									
ITEM ID	HIGH/ LOW ORG	POSITION JOB CODE	NO. POSITIONS	RECOMMENDED		INFORMATIONAL:			EFFECTIVE DATE (on or after)
				PAY RANGE	ANNUAL PAY RATE	Market equitable alignment based on overall job duties/responsibilities, industry competition, competencies and education/experience requirements.			
EA2024-4A	6300/ 6446	21016003	1	P020	Min	\$115,460	X	Immediate Recruitment Need.	04/28/2024
							X	Retention	
					Max	\$167,419	X	Industry shortage / high competition for profession	
					\$135,000 *			Other:	

The individual practitioner(s) entering into this agreement shall maintain current status as a benefit-eligible COUNTY EMPLOYEE, or if newly hired shall be established as a benefit-eligible COUNTY EMPLOYEE, including ERS or WRS enrollment, as applicable, and subject to all applicable Milwaukee County and BHS personnel policies and Civil Service rules, where applicable.

Based on industry shortage and high competition, a recruitment/retention bonus may also be offered in some instances. All bonuses awarded shall be subject to conditions. Amount of bonus for above position(s), if determined to be eligible, **shall not exceed \$10,000 annually**.

\*The recommended and offered salary is equitable to what other BHS employees with similar post-graduate training experience are earning. If practitioner accepts part-time employment, recommended annual pay rate and bonus shall be pro-rated based on the assigned part-time FTE.

In all cases, any funds identified through the Employment Agreement as a retention or other bonus shall not be considered eligible earnings under the Milwaukee County or State Pension Plans. Therefore, a retention or other bonus shall not affect in any manner any pension benefit under the Employee Retirement System (ERS) or Wisconsin Retirement System (WRS), including, but not limited to, earnable compensation, final average salary, service credit, eligibility for a benefit or timing of a benefit. Paid Extra Shifts may be authorized to salaried employees at Administration's discretion when a critical patient care need exists.

### **Recommendation**

It is recommended that the Milwaukee County Mental Health Board approve entering into an "Employment Agreement" (contract) with candidate selected for this vacant position within the recommended total compensation amount.

### **References**

Wis. Stats. [46.19\(4\)](#): the salaries of any superintendent of a mental health institution and the salaries of any visiting physician and necessary additional officers and employees whose duties are related to mental health shall be fixed by the county executive.

Wis. Stats. [51.41\(10\)](#): MENTAL HEALTH CONTRACTS. Any contract related to mental health with a value of at least \$100,000, to which Milwaukee County is a party may take effect only if the Milwaukee County mental health board votes to approve, or does not vote to reject, the contract.

Wis. Stats. [51.42\(6m\)\(i\)](#): Establish salaries and personnel policies of the programs of the county department of community programs subject to approval of the county executive or county administrator and county board of supervisors, except in Milwaukee County, or the Milwaukee County mental health board in Milwaukee County unless the county board of supervisors or the Milwaukee County mental health board elects not to review the salaries and personnel policies.

### **Fiscal Effect**

The recommended compensation contained in this report is supported by currently funded and authorized positions within Behavioral Health Services' 2024 operating budget. There is no tax levy associated with this request.

Respectfully Submitted,



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Michael Lappen, Administrator  
Behavioral Health Services

cc M. Kathleen Eilers, Chairperson, Milwaukee County Mental Health Board Finance Committee  
Shakita LaGrant-McClain, Director, Department of Health and Human Services  
John Schneider, MD, BHS Chief Medical Officer  
Matthew Fortman, DHHS/BHS Fiscal Administrator  
Pam Matthews, DHHS/BHS Sr. Budget Analyst  
Lora Dooley, BHS Director of Medical Staff Services  
Jennifer Miles, BHS Office Manager / Interim MHB Committee Coordinator

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

Date: March 27, 2024

To: Mary Neubauer, 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

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**REQUEST**

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

**Funder:** State of Wisconsin, Department of Health Services

**Funding Type:** Renewal

**BHS Department:** CARS

**Budget Period:** 1/1/2024 – 12/31/2024

**Amount:** \$493,412

**Match Required:** No

With these funds, BHS will be able to fund the Room and Board portion of Residential Treatment Services for individuals with an opioid use disorder, or at risk of an opioid overdose and has Medicaid.

**REPORT**

Existing Residential Treatment providers will all be eligible for this funding through their existing Fee for Service agreements.

**RECOMMENDATION**

It is recommended that the Milwaukee County Mental Health Board authorize the Director, Department of Health and Human Services, to accept the \$493,412 in funding from the State of Wisconsin.

**PREPARED BY:**

Jennifer Alfredson, Senior Grants Analyst

**APPROVED BY:**

*Shakita LaGrant-McClain*

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

cc: Richard Canter, Finance Chairperson

**Chairperson:** Ken Ginlack  
**Research Analyst:** Kate Flynn Post, (414) 391-7845  
**Committee Coordinator:** Jennifer Miles, (414) 257-7639

## MILWAUKEE COUNTY MENTAL HEALTH BOARD GOVERNANCE COMMITTEE

**Wednesday, March 13, 2024 – 1:30 P.M.**  
**Microsoft Teams Meeting**

### MINUTES

**PRESENT:** Ken Ginlack, Rachel Forman, Mary Neubauer

**EXCUSED:** Kathy Bottoni, Maria Perez

### **SCHEDULED ITEMS:**

- |    |   |
|----|---|
| 1. | <p><b>Welcome.</b></p> <p>Chairman Ginlack welcomed everyone to the January 10, 2024, Mental Health Board Governance Committee’s remote/virtual meeting.</p>  |
| 2. | <p><b>Minutes from the January 10, 2024 Committee Meeting.</b></p> <p>The minutes were reviewed, acknowledged, and accepted by the Committee.</p> <p>This Item was informational.</p>   |
| 3. | <p><b>Board Survey Results Follow-Up Discussion from the January 10, 2024, Committee Meeting.</b></p> <p>Additional questions need to be reviewed and Chairman Ginlack requested that the Committee email him or Interim Committee Liaison Jennifer Miles with any suggestions on questions to address before the next meeting.</p> <p>This Item was Informational.</p>   |
| 4. | <p><b>Board Member Expectations Updates.</b></p> <ul style="list-style-type: none"> <li>• Attendance Requirement</li> <li>• On-Screen Requirements</li> </ul> <p>Research Analyst Kate Flynn Post presented two updates to the Member Expectations document pertaining to Attendance and On-Screen Requirement. These recommendations originated from the October 2023 Board Survey results. The two updates were discussed at the January 2024 Governance meeting and held over to the March meeting as the committee sought clarification about virtual meeting participation for the on-screen requirement. The committee had questioned whether members can vote virtually and asked for clarification from the Office of Corporation Counsel. Ms. Flynn Post provided the update that virtual voting is indeed permissible. Reference document: OCC Open Meetings FAQ document, point 7.</p> |

### **SCHEDULED ITEMS (CONTINUED):**

	<p>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. Definition of the word “regularly” for attendance purposes was discussed. It was noted that Corporation Counsel was consulted about an attendance policy and recommended using broad language as the Board does not have authority to nominate or remove members. The Board may suggest to the nominating authority that a member be removed for non-attendance.</p> <p>Interest in hybrid board meetings as an option was voiced and working with Administrative Support to make this happen in the future would be necessary.</p> <p>The Committee unanimously approved the recommendation to the April Board to add the Attendance Requirement and On-Screen Requirements for Board Member Expectations.</p>
5.	<p><b>Hybrid Board Meetings.</b></p> <p>Item 5 is similar to Item 4, but it was intentionally added separately, since it would be a change from current practice for board meetings. Mental Health Board meetings and the structure of those meetings versus Committee Meetings differs in voting and obtaining a quorum. The fact that the Milwaukee County Board of Supervisors are allowed to hold hybrid meetings and referencing language related to virtual options in Section 7 of the Open Meetings document (included), discussions ensued.</p> <p>The recommendation is to table this Item over and resume discussion at a future meeting.</p>
6.	<p><b>Review of Board Member Terms and Vacancies.</b></p> <p>Chairman Ginlack made some remarks to open the discussion. The document associated with this item is used for tracking terms and vacancies to support the continual fulfillment of seats. Research Analyst has been tracking terms and made outreach to the nominating authorities early in the year regarding 2024 vacancies. Board members have recommended names to the County Executive's Office for consideration. The Board does not have the responsibility in recommending new Board Members, so requesting Tim Schabo's participation in the April Board meeting was suggested to support/facilitate the management of this process. Governance Chairman Ginlack requested Board Chairwoman Neubauer reach out to the County Executive's office on behalf of the board to open dialogue relative to current Board vacancies.</p> <p>This Item was informational.</p>
7.	<p><b>Bylaws Review</b></p>

**SCHEDULED ITEMS (CONTINUED):**

	<ul style="list-style-type: none"><li>• Attendance Requirements</li><li>• Officer Eligibility Requirements</li><li>• Executive Committee</li></ul> <p>Robust discussion was had about each of the proposed updates to the Bylaws.</p> <p>Officer Eligibility Requirements was unanimously decided to table for further consideration.</p> <p>Attendance Requirement and adding “Governance Committee” to the bylaws was unanimously approved and recommended for addressing at the April Board meeting.</p>
8.	<p><b>Mental Health Emergency Center Joint Venture Board Representative.</b></p> <p>With the recent change in Board positions and Dr. Perez no longer fulfilling the Board Chair, a recommendation from the Governance Committee is needed to fill the vacancy left by her departure on the Mental Health Emergency Center Joint Venture Board. Research Analyst Flynn Post noted that the board has a policy in place for External Board Appointments. The policy was created for the board to have a formal nomination step and to set expectations for board representatives to Granite Hills, the MHEC and other external boards. – See reference document.</p> <p>The recommendation for the newly appointed Mental Health Board Chair, Mary Neubauer, to serve on the MHEC Board was made, voted, and unanimously approved for recommendation to the Board.</p> <p>The recommendation for Board Chairwoman Neubauer to serve on the MHEC Joint Venture Board will be added to the April Board meeting for action.</p>
9.	<p><b>Adjournment.</b></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: 1:36 p.m. to 2:42 p.m.</p> <p>Adjourned,</p> <p><i>Jennifer Miles</i></p> <p><b>Jennifer Miles</b></p> <p>Interim Committee Coordinator Milwaukee County Mental Health Board</p>	

**SCHEDULED ITEMS (CONTINUED):**

**To Access the Meeting, Use the Link Below:**

**[Click here to join the meeting](#)**

**or call**

**(414) 436-3530**

**Phone Conference ID: 376 261 034#**

**The next meeting of the Milwaukee County Mental Health Board  
Governance Committee will be on May 8, 2024**

**To View All Associated Meeting Materials,  
Visit the Milwaukee County Legislative Information Center at:  
[Milwaukee County - Calendar \(legistar.com\)](#)**

**Visit the Milwaukee County Mental Health Board Web Page at:  
<https://county.milwaukee.gov/EN/DHHS/About/Governance>**



# 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:

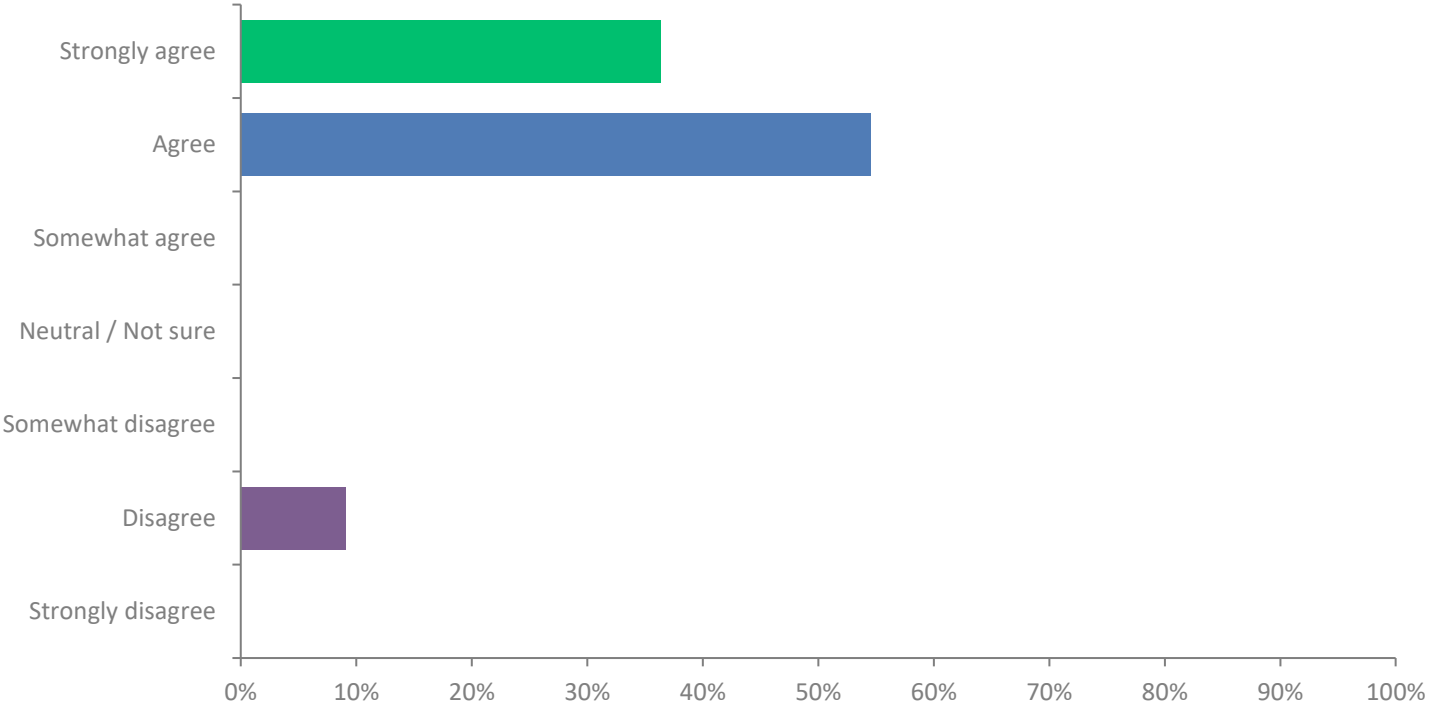
- **35 Likert-Scale Questions with Optional Comments + 1 Open-ended Question.**
- **Highlighted questions received the broadest range of responses.**

<b>Q1:</b> 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.
<b>Q4:</b> The MCMHB is able to re-allocate funds as needed between mental health functions, programs, and services within the approved mental health budget.	<b>Q13:</b> Milwaukee County programs provide early intervention to prevent the experience of more serious and prolonged episodes.
<b>Q5:</b> The MCMHB decides mental health policy for Milwaukee County.	<b>Q14:</b> 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.	<b>Q15:</b> 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.	<b>Q16:</b> 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.	<b>Q17:</b> The MCMHB has achieved cost savings in the provision of mental health services in Milwaukee County.
<b>Q9:</b> 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.

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

# 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

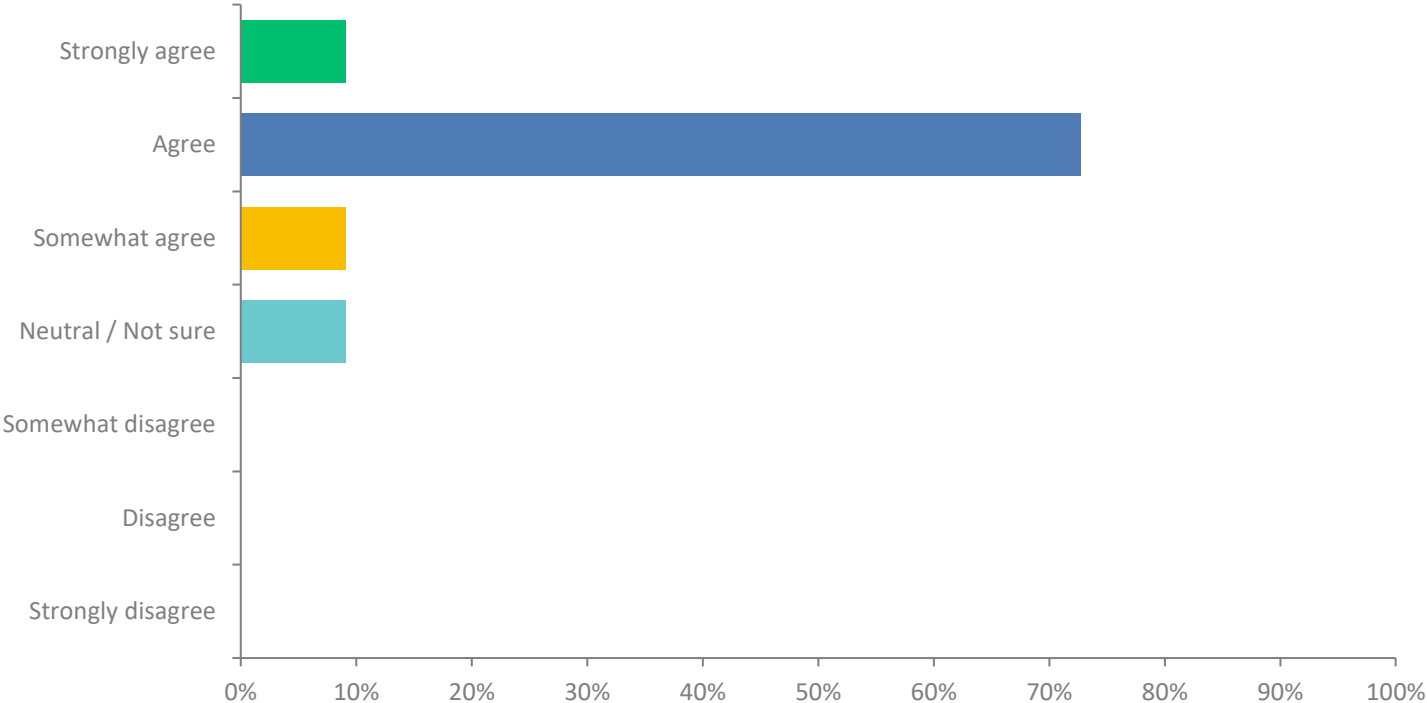
## **Q1: The MCMHB has control over the approval of contracts to support Mental Health Services in Milwaukee County.**

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

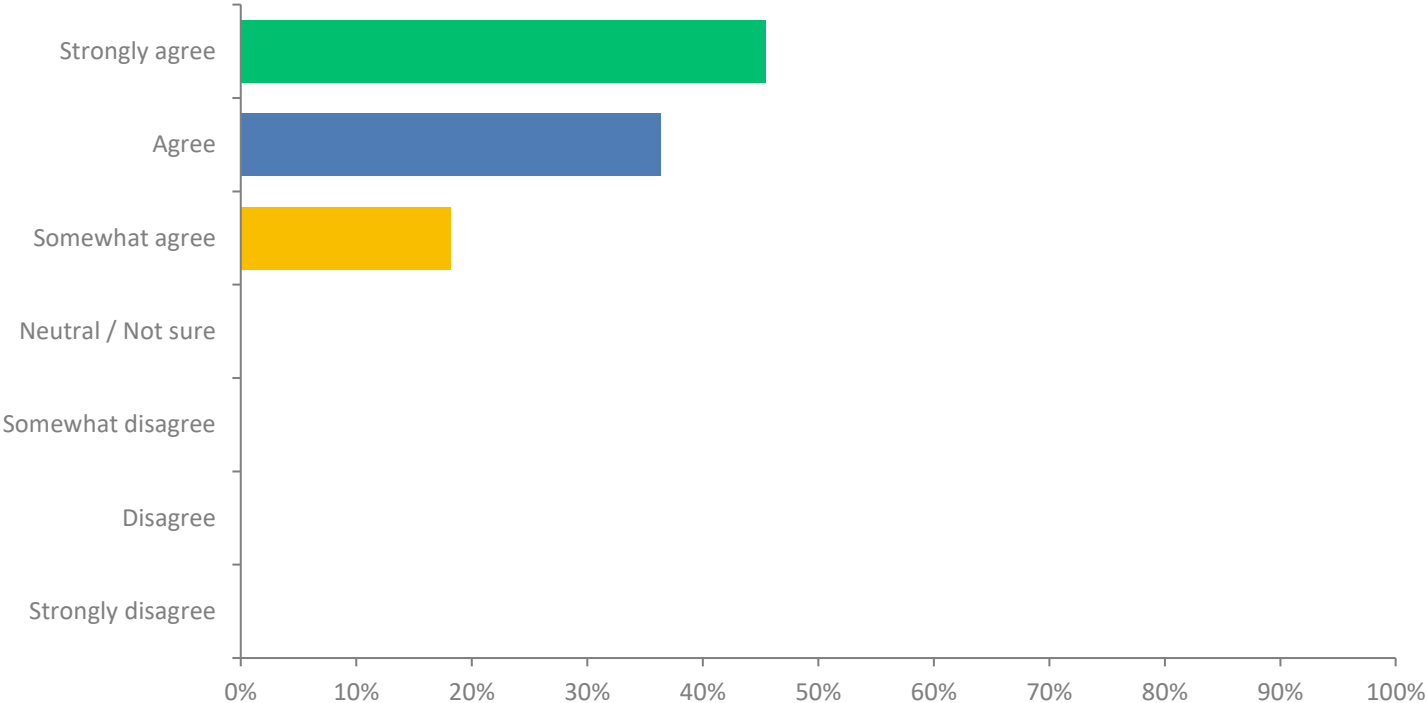
## Q2: The MCMHB has control over the quality of mental health services provided by Milwaukee County.

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

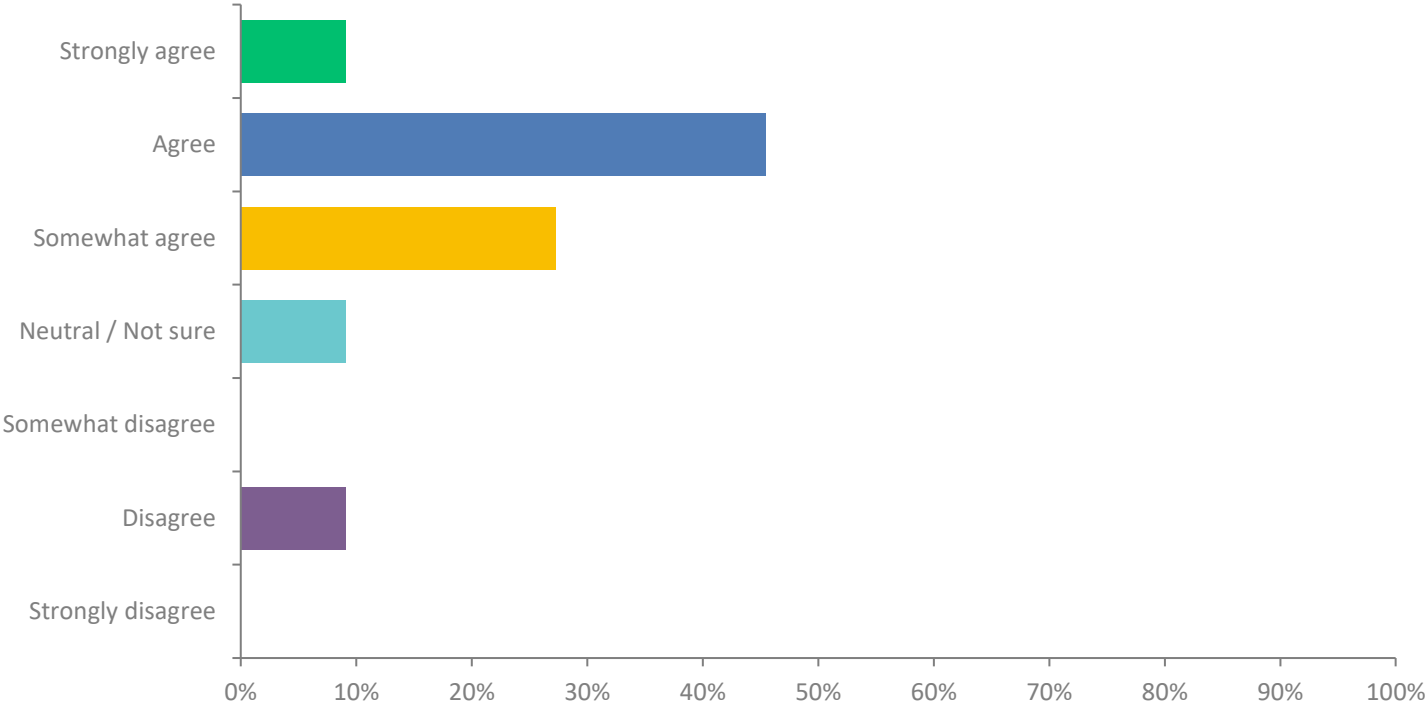
### **Q3: The MCMHB exercises oversight over the administration of mental health programs provided by Milwaukee County.**

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.**

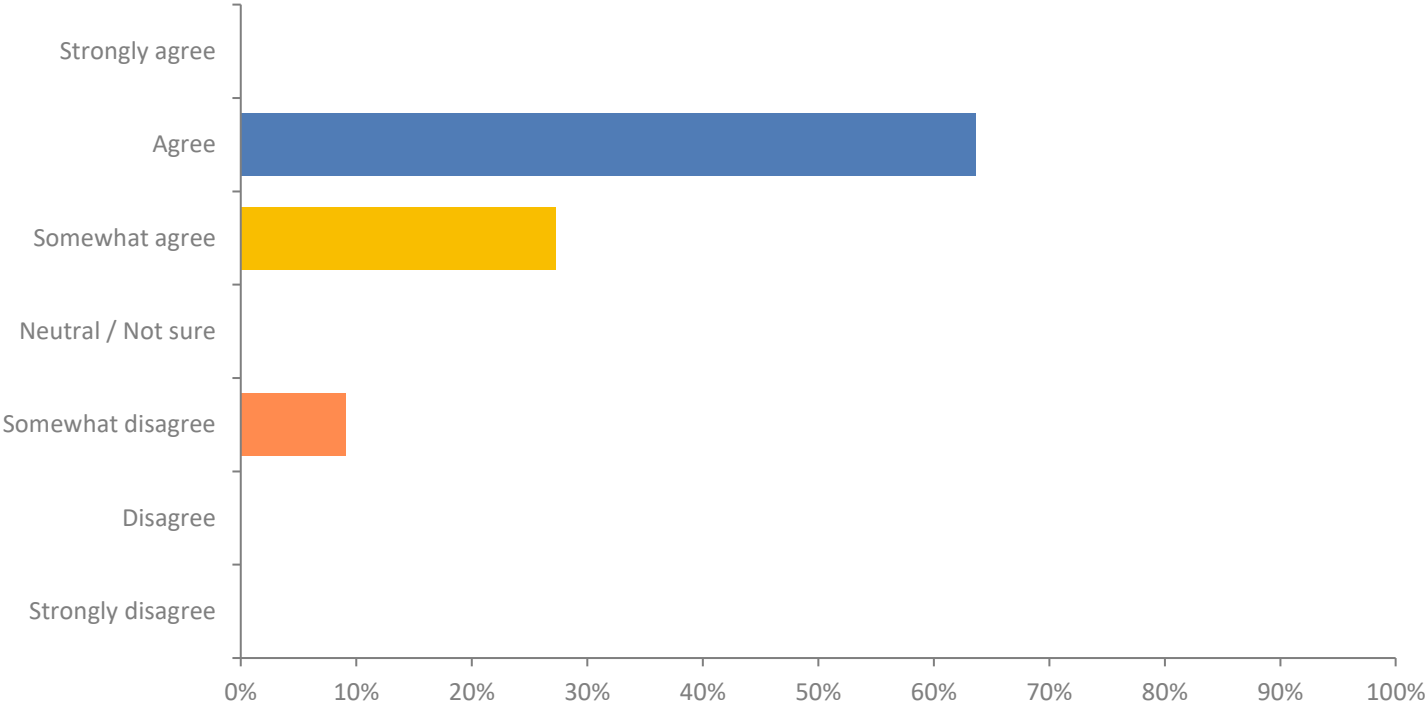
Comments: 4

- 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

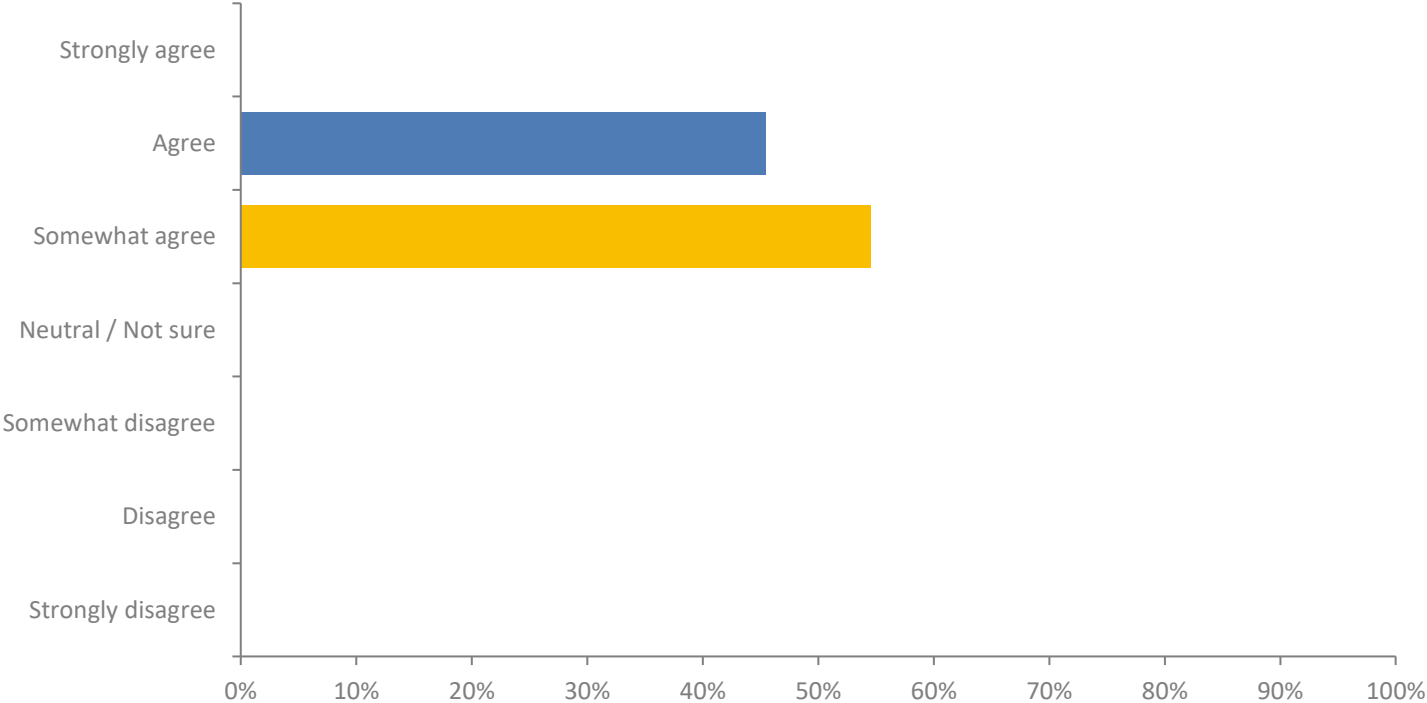
## Q5: The MCMHB decides mental health policy for Milwaukee County.

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

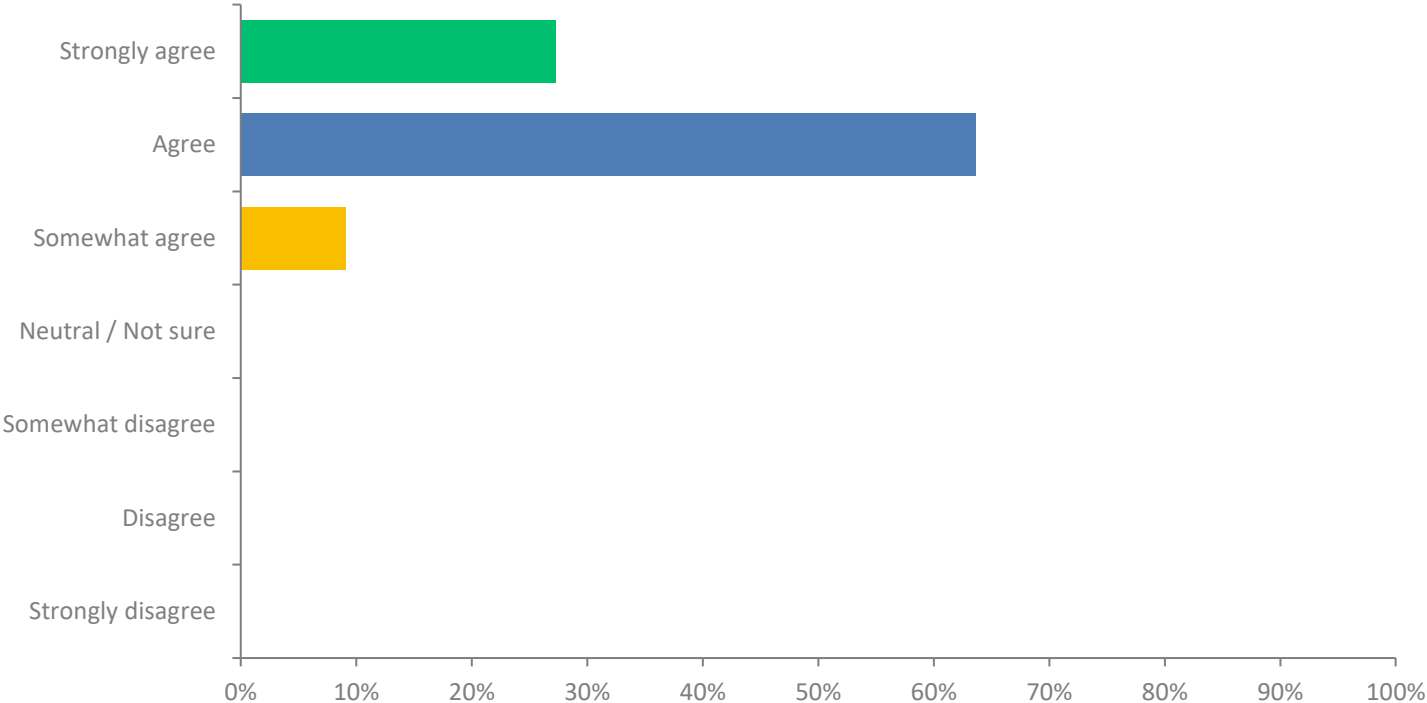
## **Q6: Mental health services in Milwaukee County are delivered in an efficient and effective manner.**

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



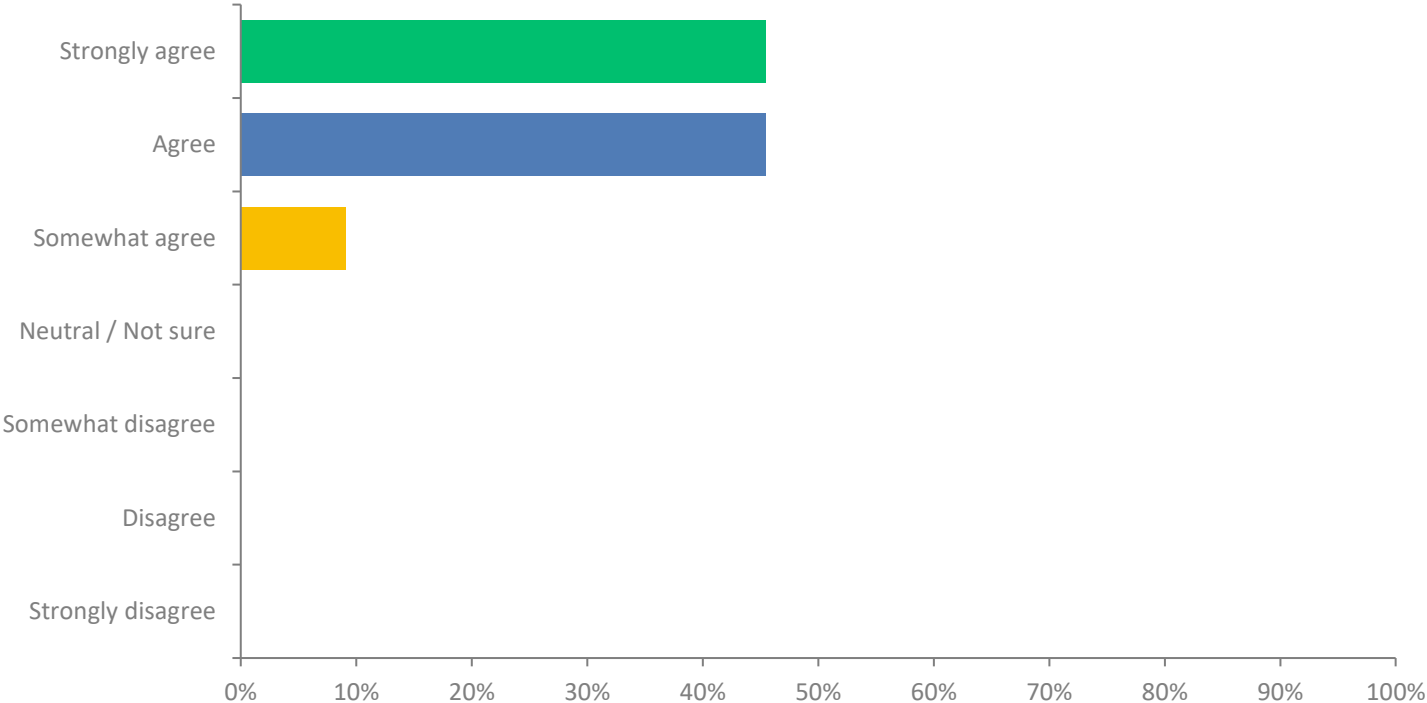
## **Q7: Milwaukee County is committed to community-based, person-centered, and recovery-oriented mental health programs.**

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

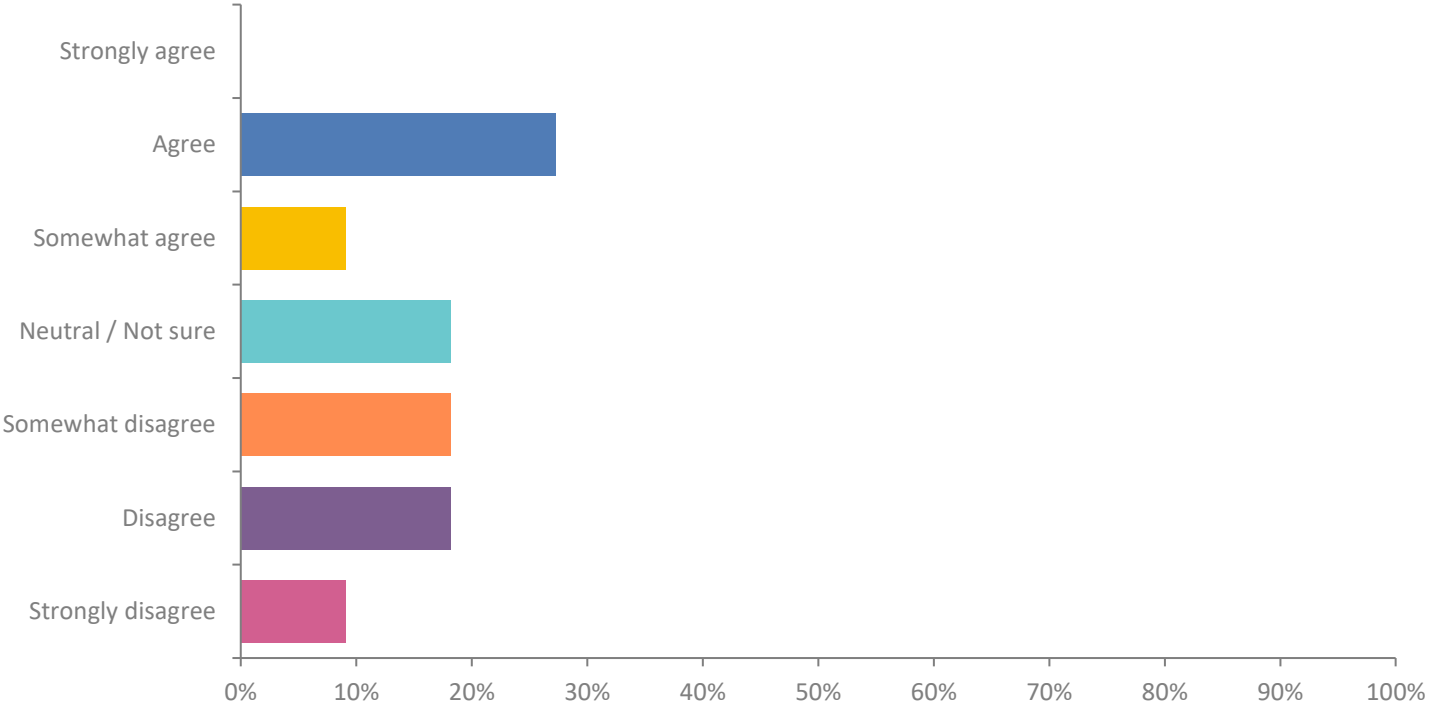
## **Q8: Milwaukee County promotes comprehensive community-based services over the use of institutional services.**

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

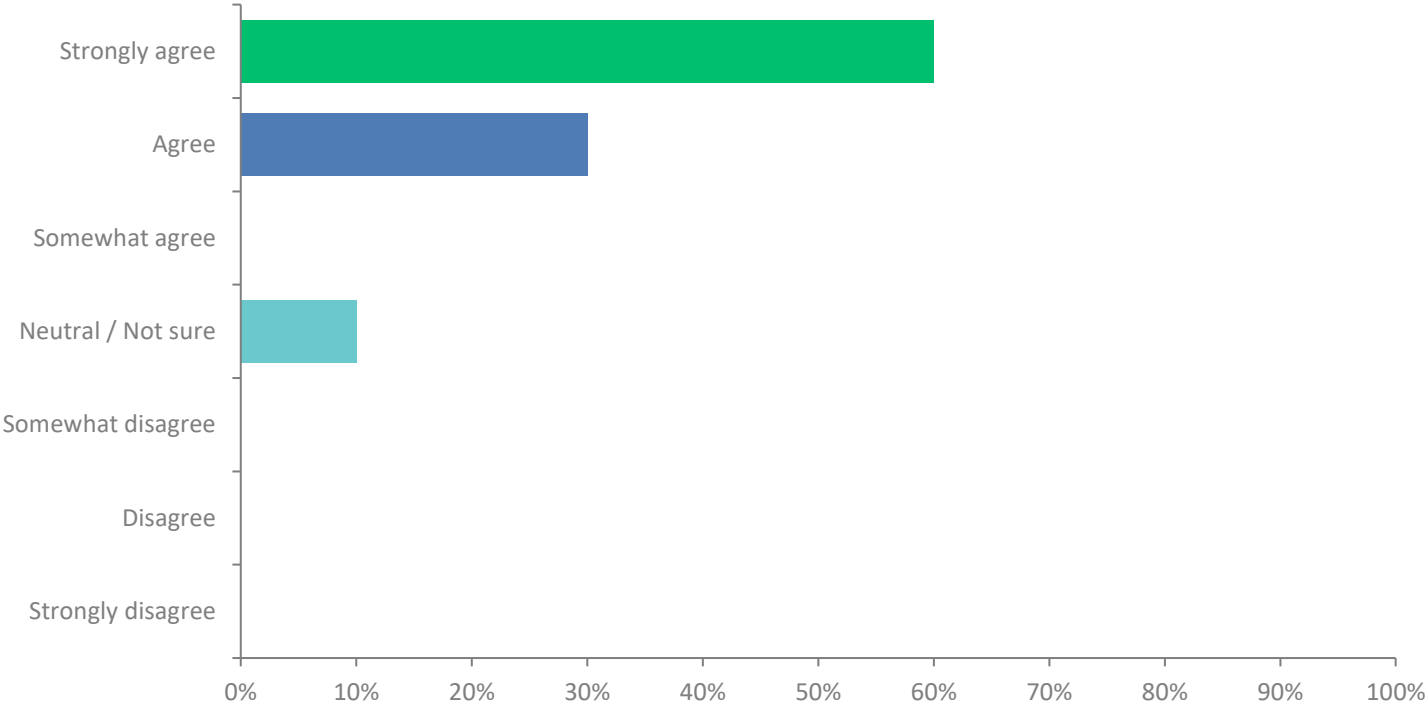
## **Q9: Institutional services remain an important part of the MCMHB's comprehensive mental health program design in Milwaukee County.**

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

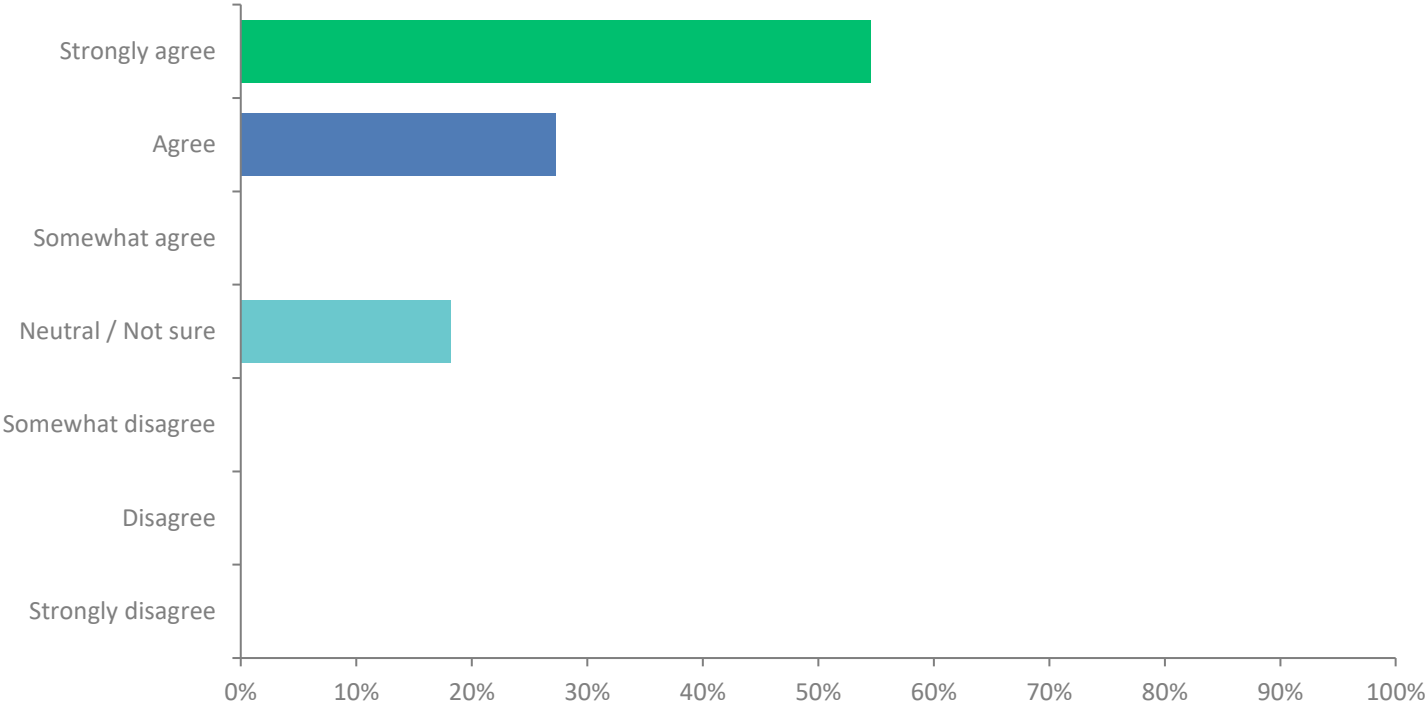
## Q10: The MCMHB has reduced reliance on the use of institutional services.

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

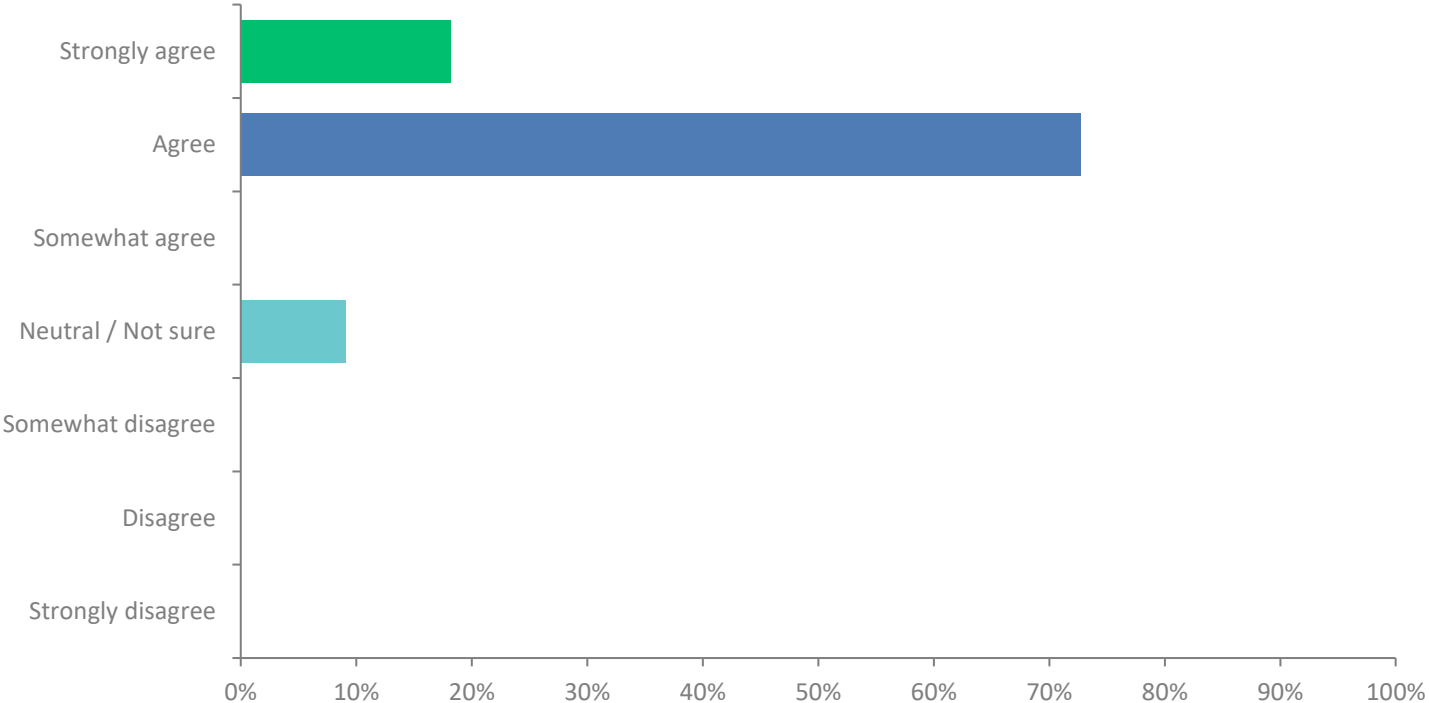
## **Q11: The MCMHB protects the personal liberty of individuals experiencing mental illness in Milwaukee County.**

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.**

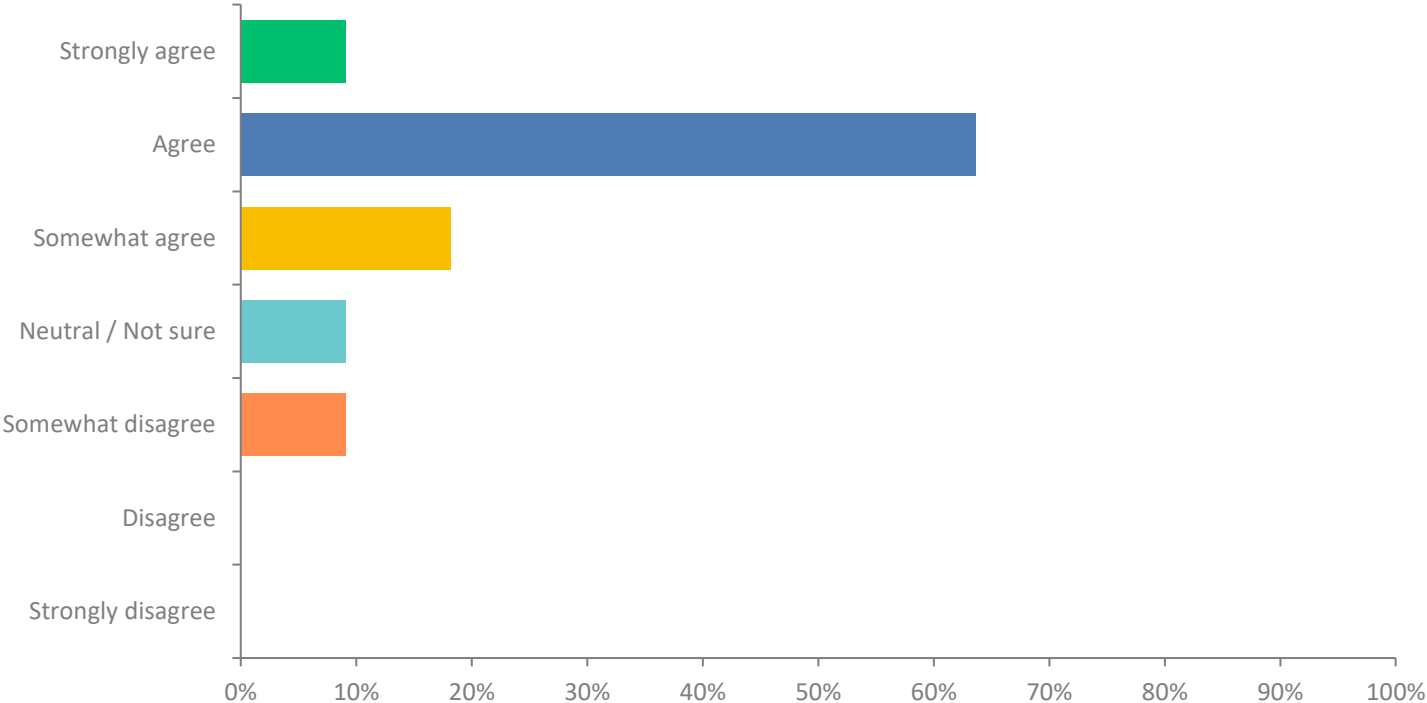
Comments: 3

- 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

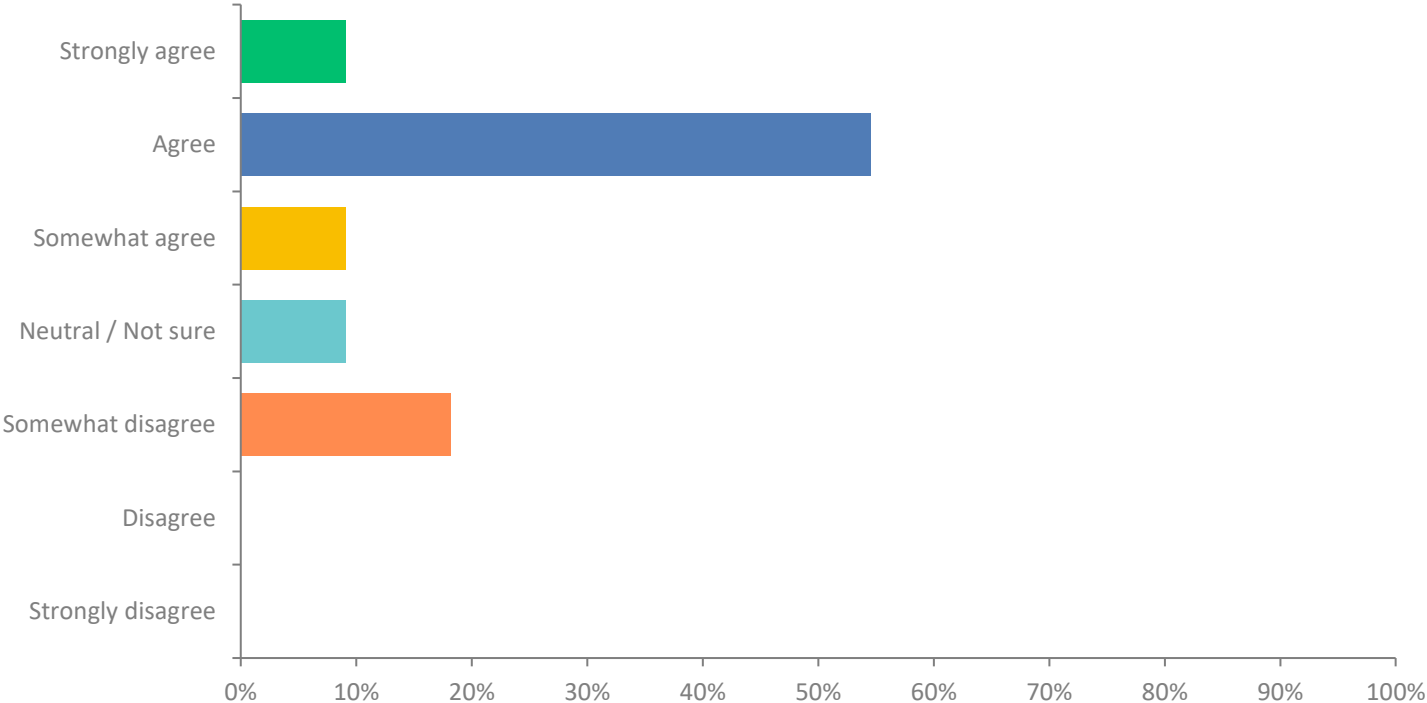
### **Q13: Milwaukee County programs provide early intervention to prevent the experience of more serious and prolonged episodes.**

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

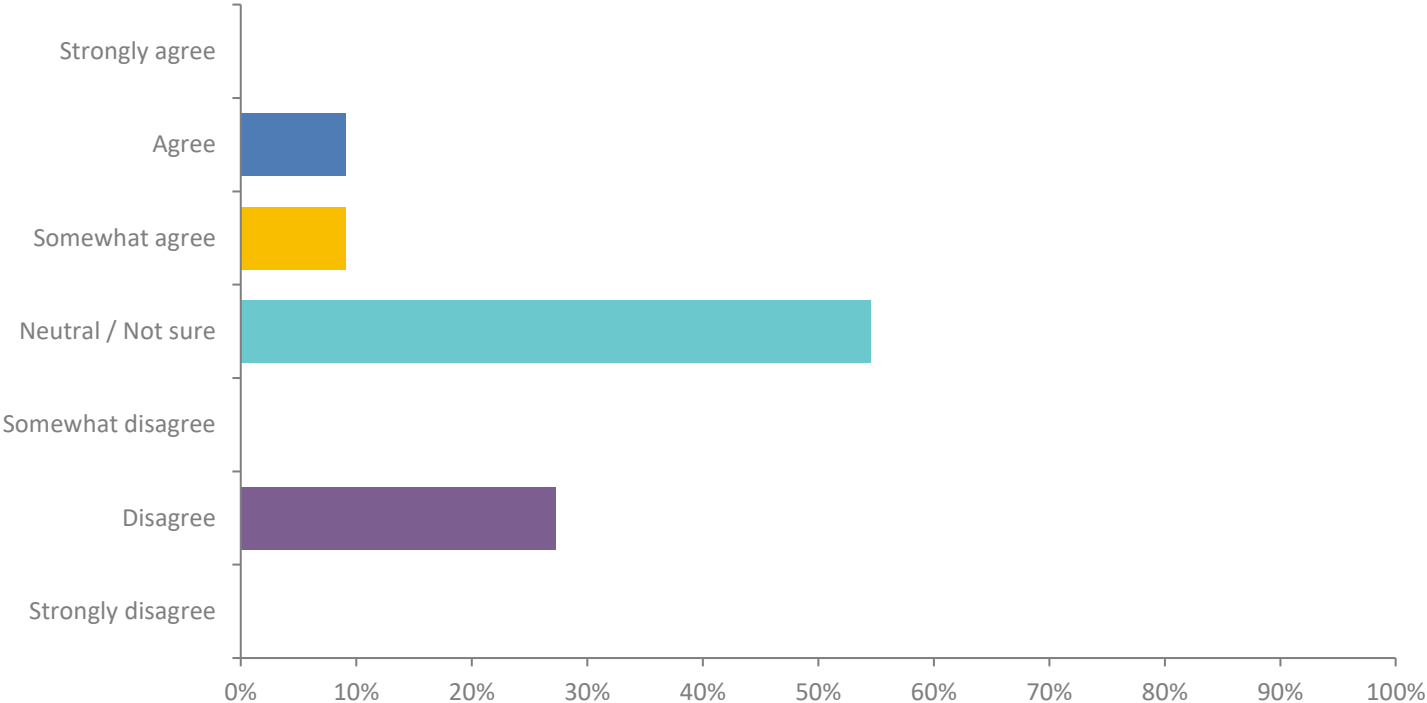
## **Q14: Milwaukee County programs divert individuals experiencing mental illness from the criminal justice system.**

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



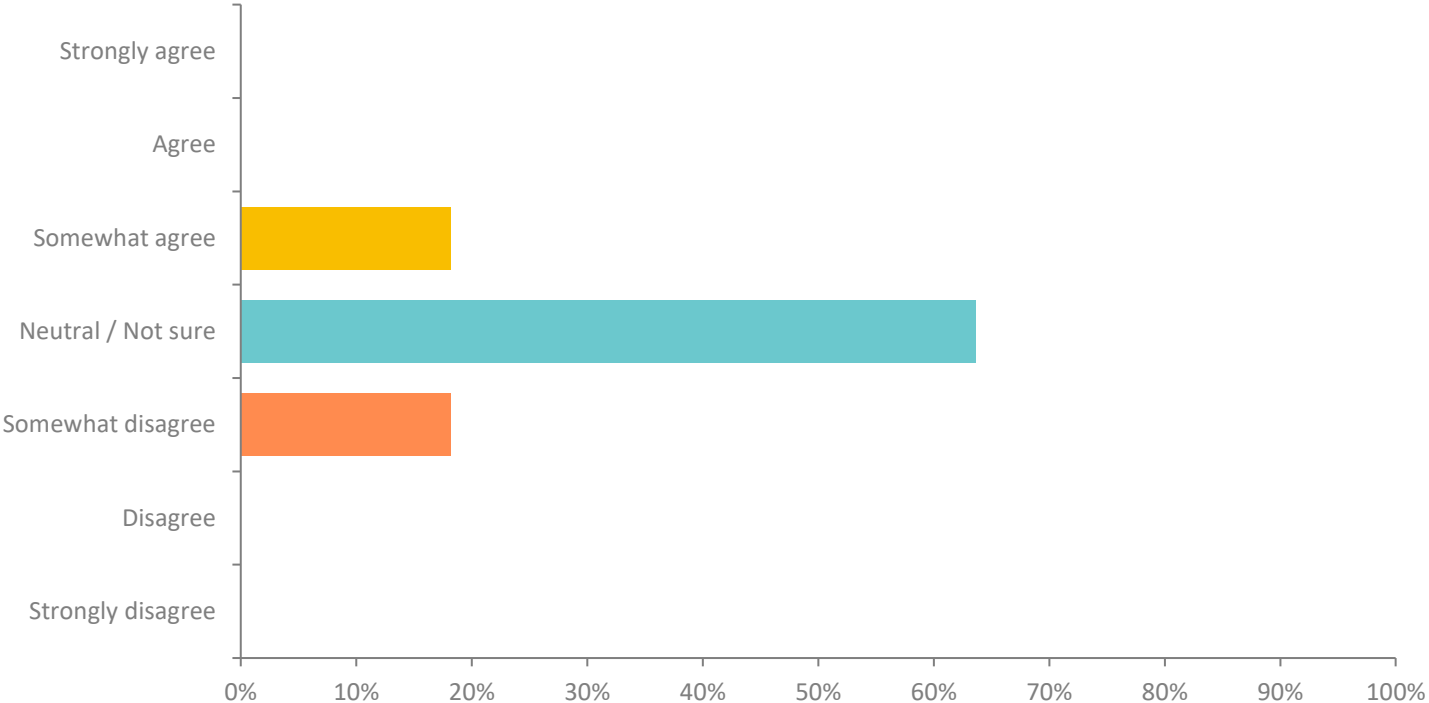
## **Q15: Milwaukee County has the right number of mobile crisis units for the community.**

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

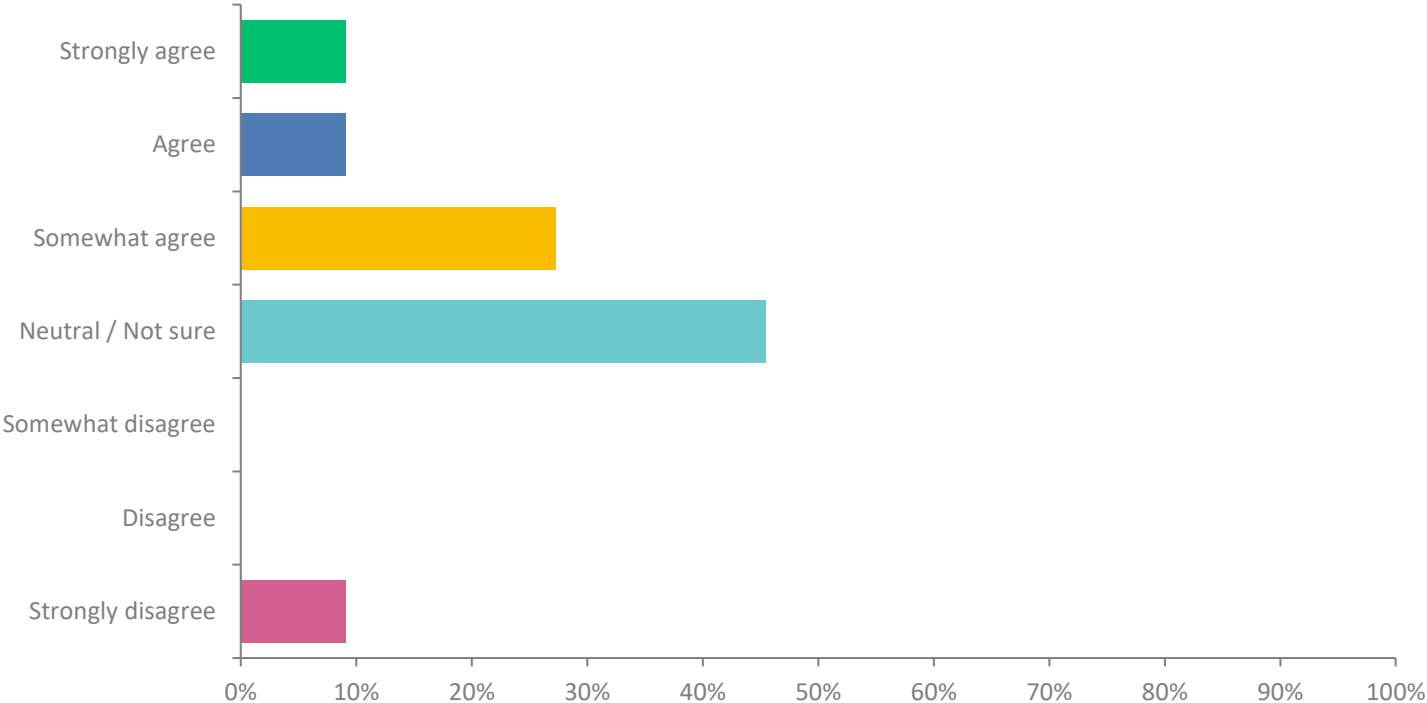
## **Q16: Milwaukee County provides the right amount of crisis intervention training to community providers and law enforcement.**

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

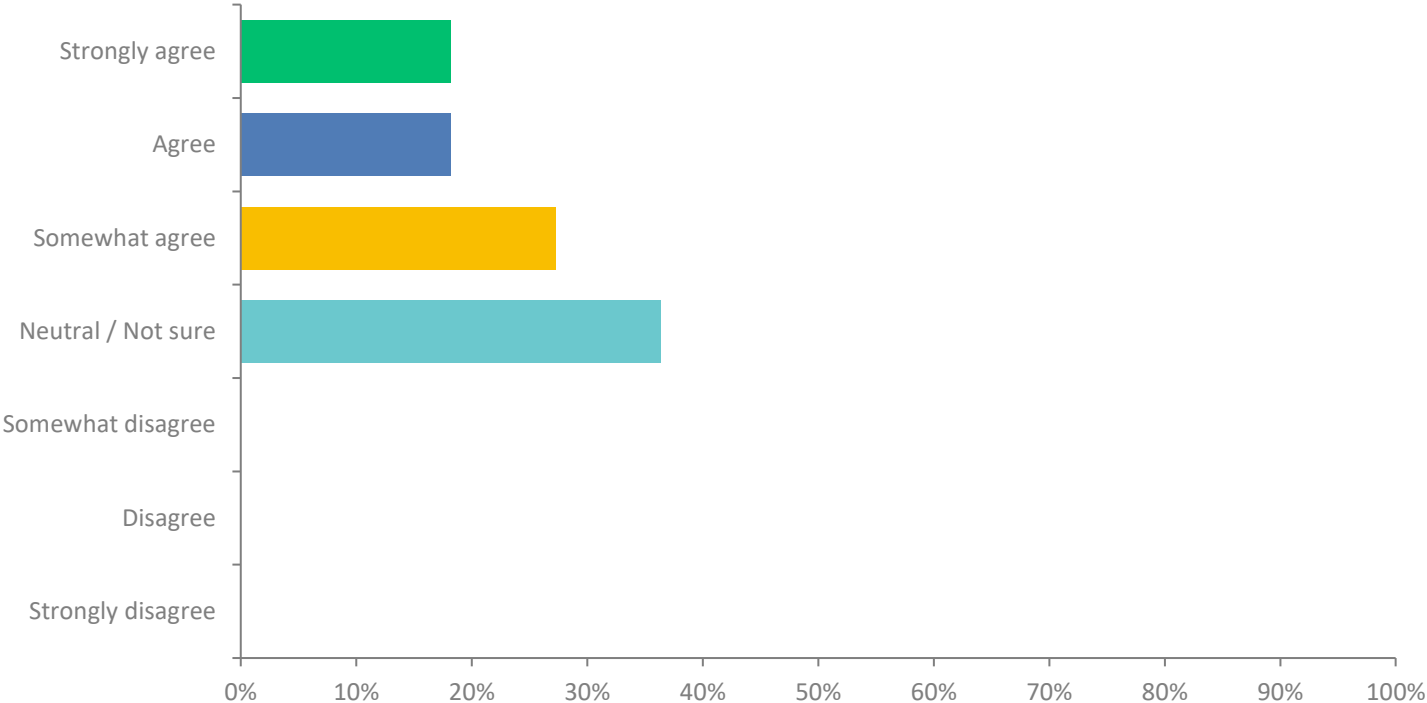
## **Q17: The MCMHB has achieved cost savings in the provision of mental health services in Milwaukee County.**

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

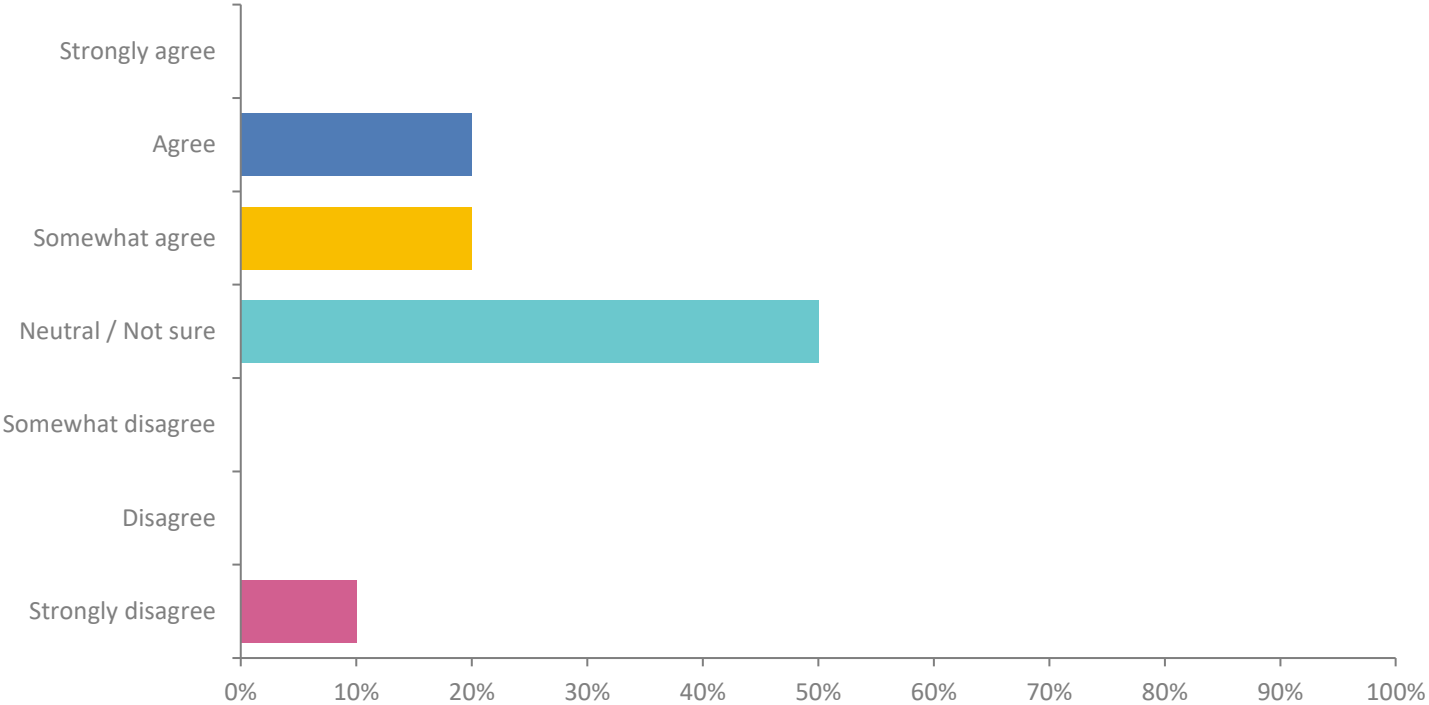
## **Q18: The MCMHB has found alternative funding for many of its mental health programs providing relief to Milwaukee County funding.**

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

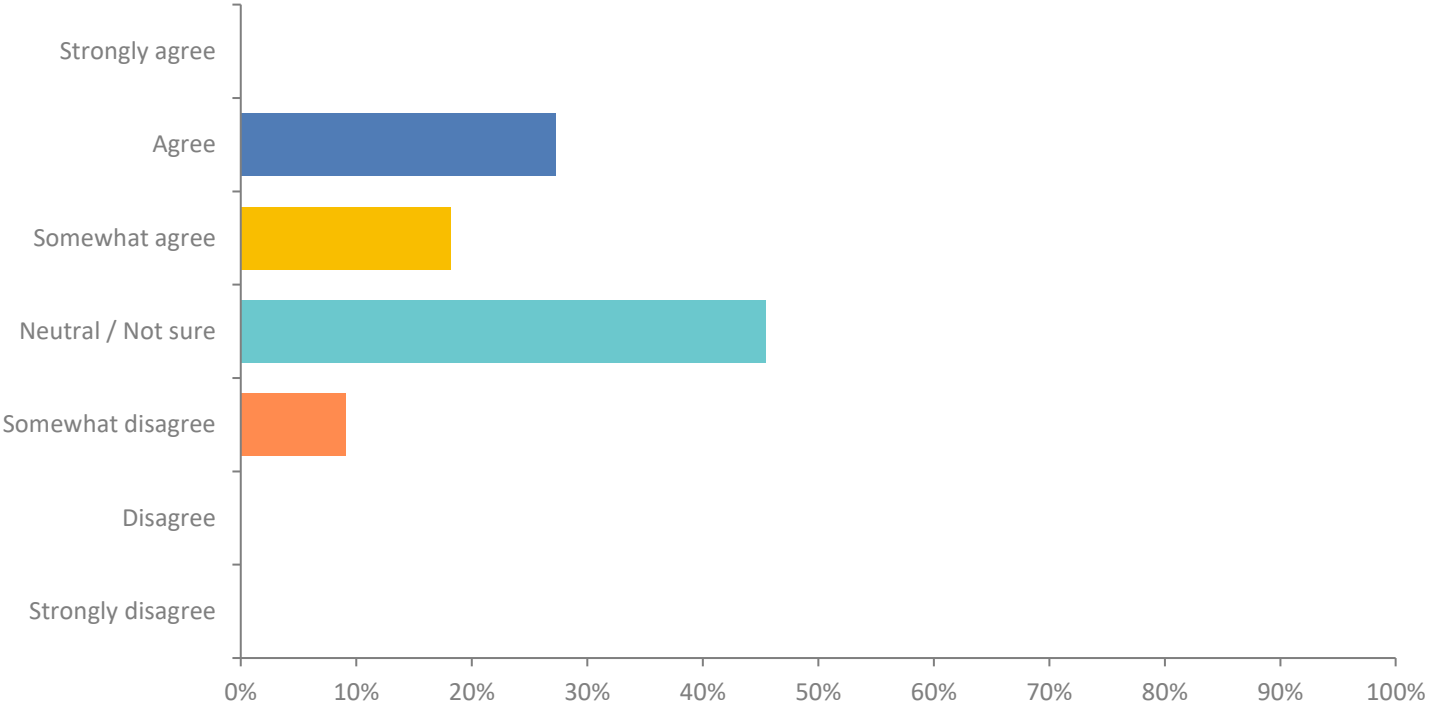
## **Q19: Milwaukee County influences the policies and practices of private inpatient facilities available to county residents.**

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.**

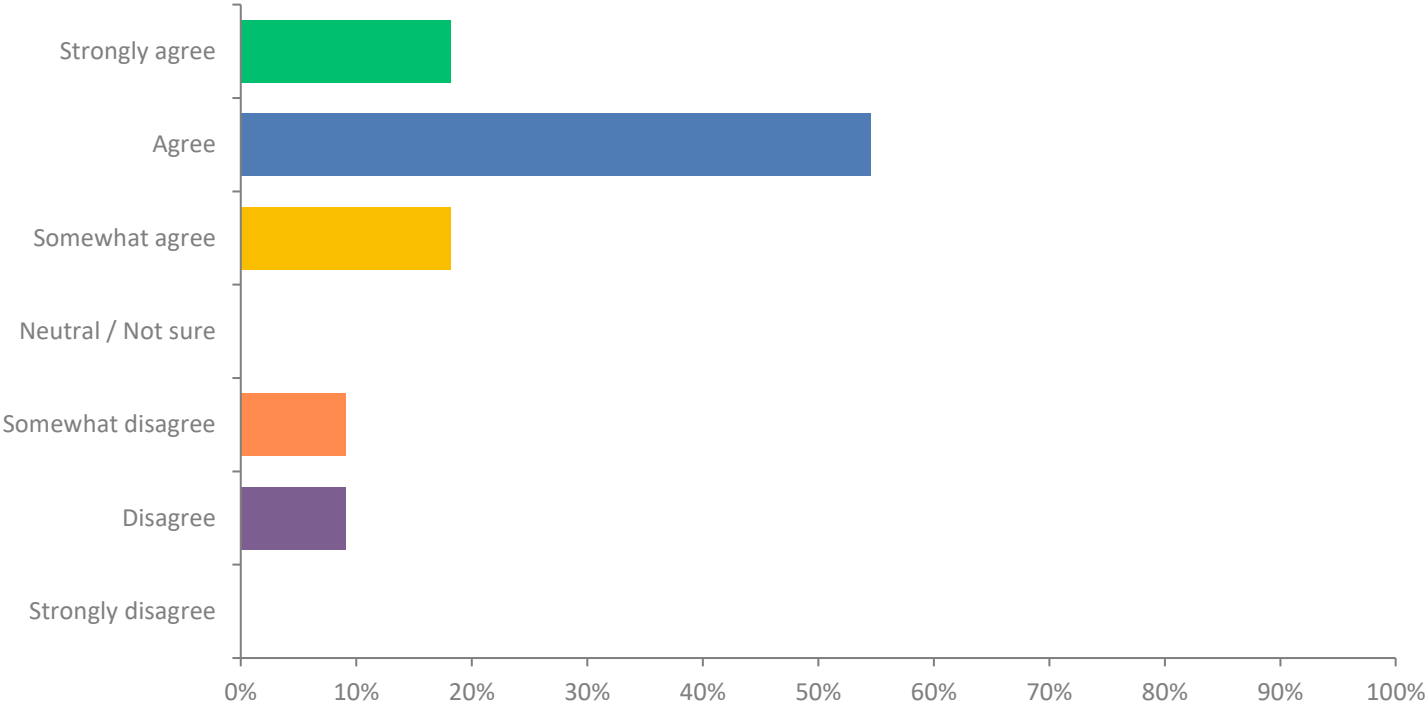
Comments: 4

- 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

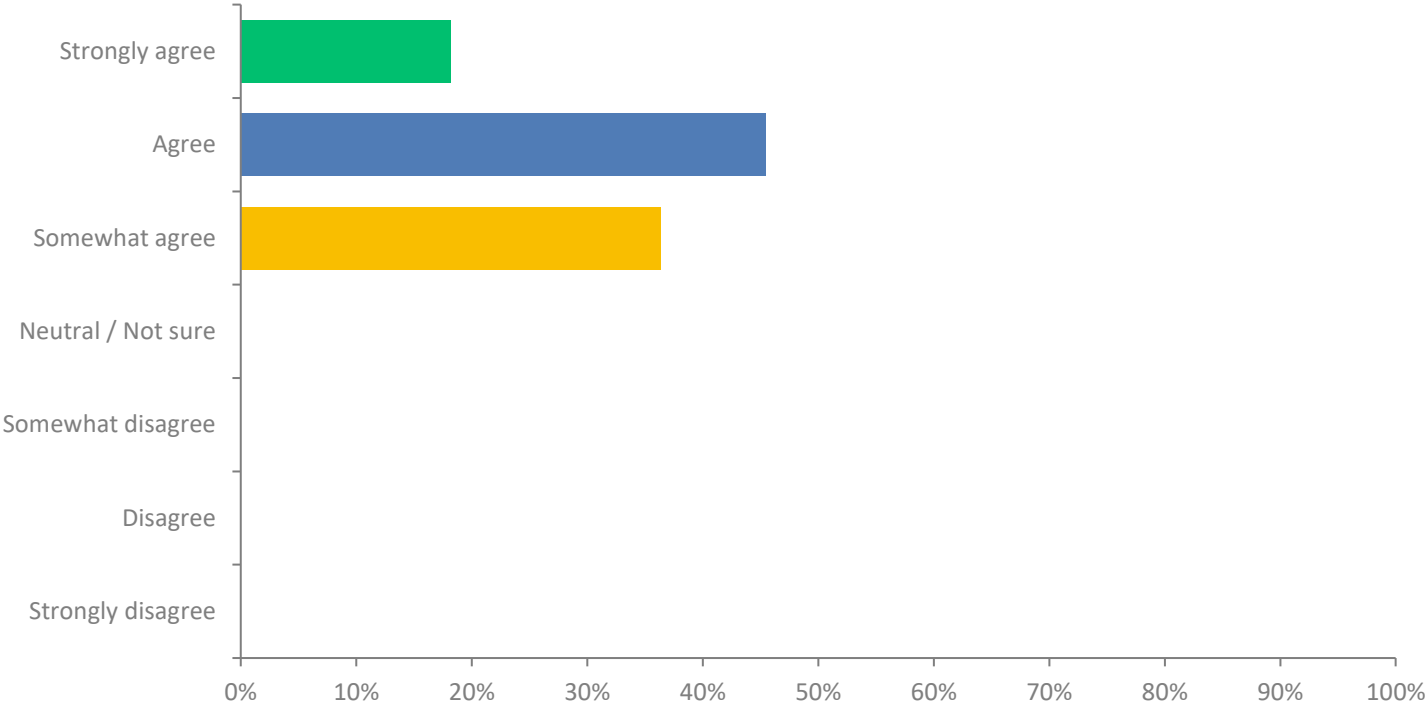
## **Q21: Milwaukee County provides individuals with immediate emergency services whenever needed.**

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

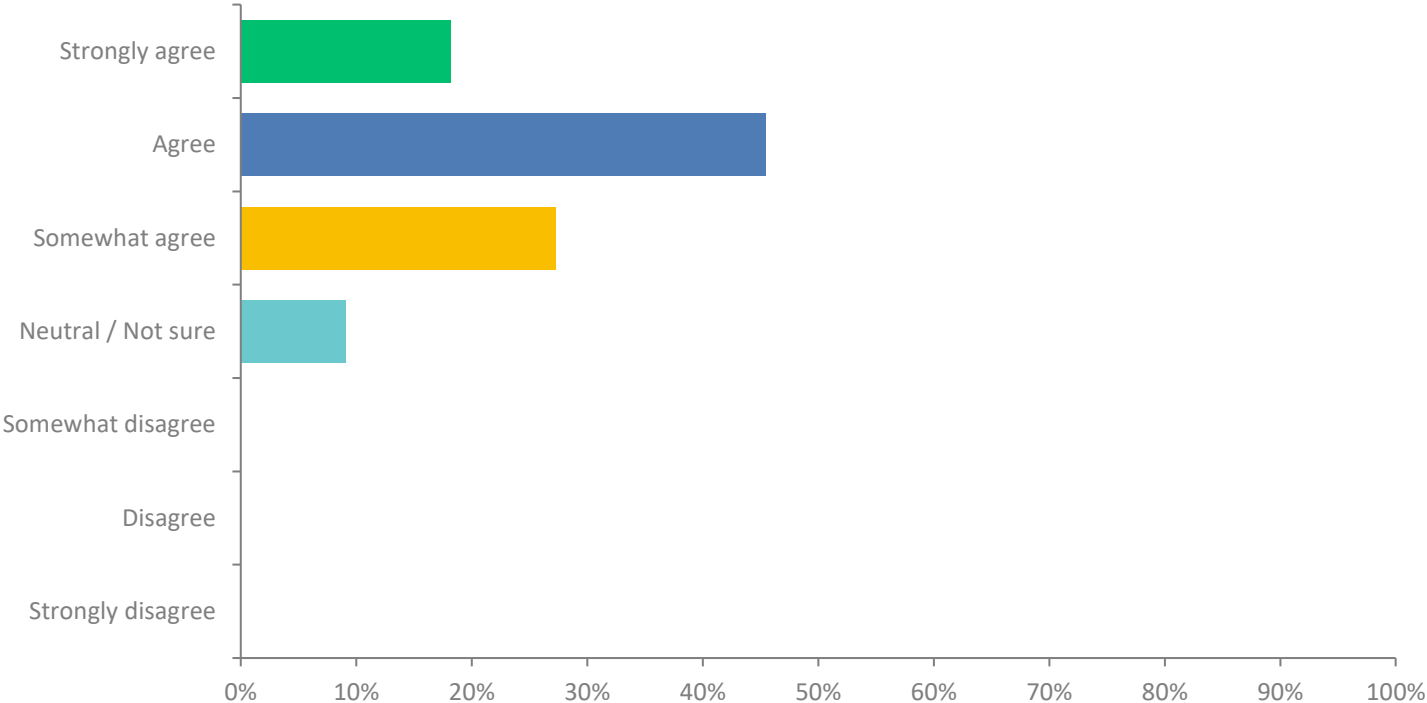
**Q22: The MCMHB is fulfilling its responsibility for the well-being, treatment and care of the mentally ill, alcoholic and other drug dependent citizens residing within Milwaukee County.**

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



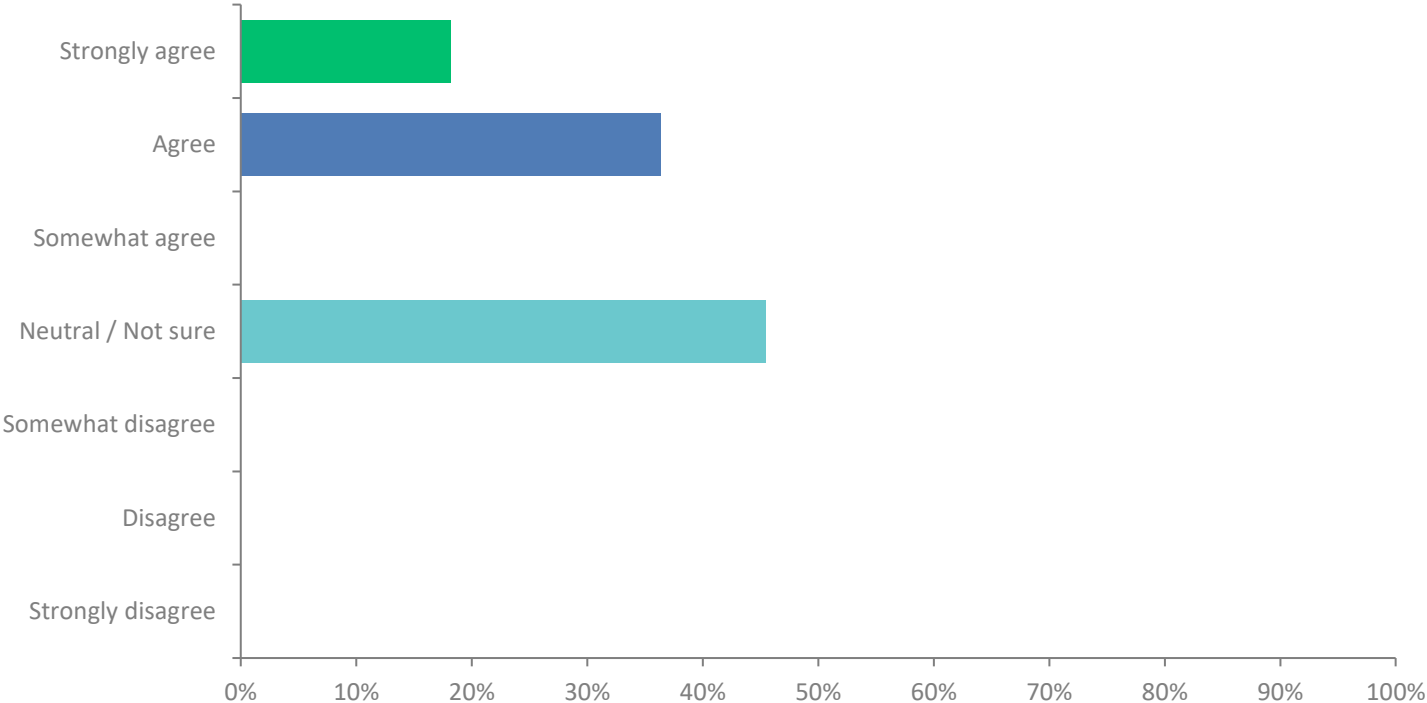
## **Q23: The MCMHB engages community representatives in its deliberative processes.**

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

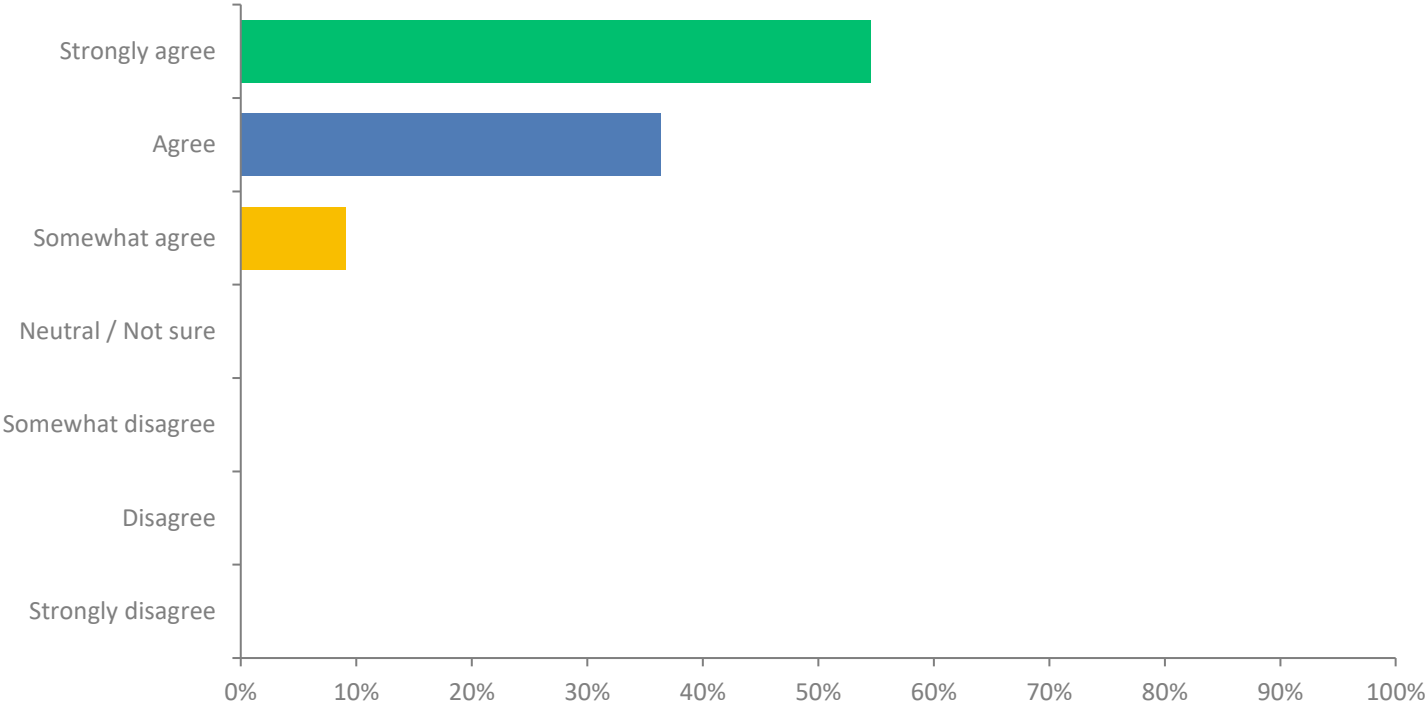
## Q24: The MCMHB is supported by Milwaukee County executive administration.

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

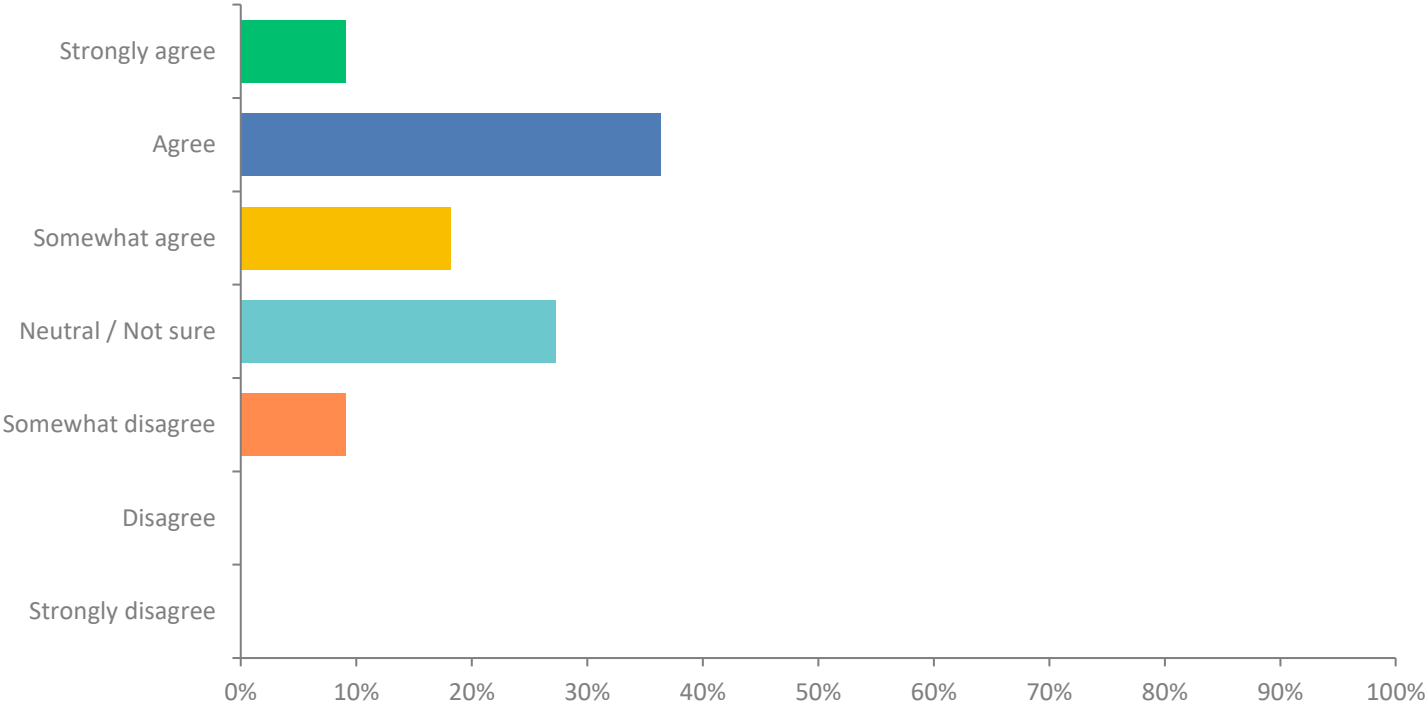
## Q25: The MCMHB is supported by Milwaukee County BHS administrative staff.

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

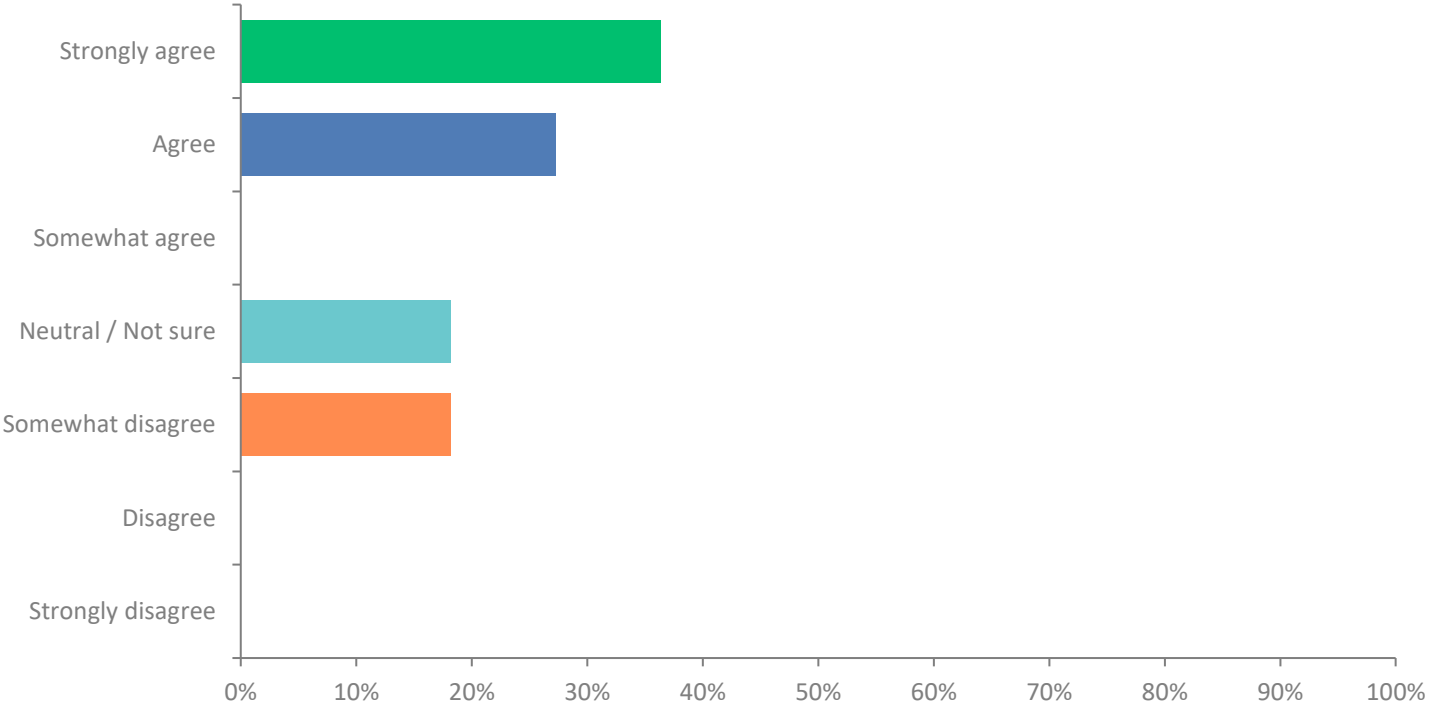
## **Q26: The MCMHB exercises oversight of Milwaukee County administrative staff responsible for Milwaukee County behavioral health programs.**

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

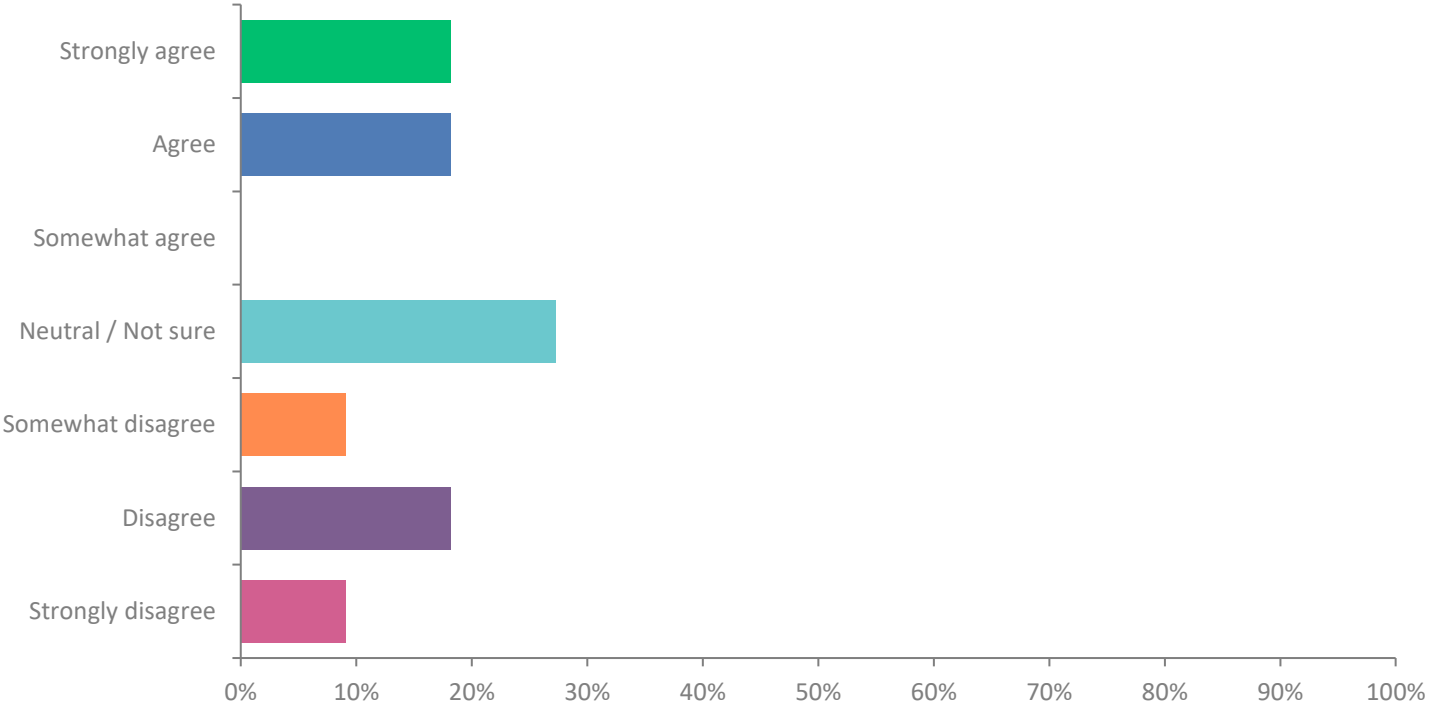
**Q27: The MCMHB has a partnership relationship with the Milwaukee County executive administration in the delivery of mental health functions, programs, and services in Milwaukee County.**

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.**

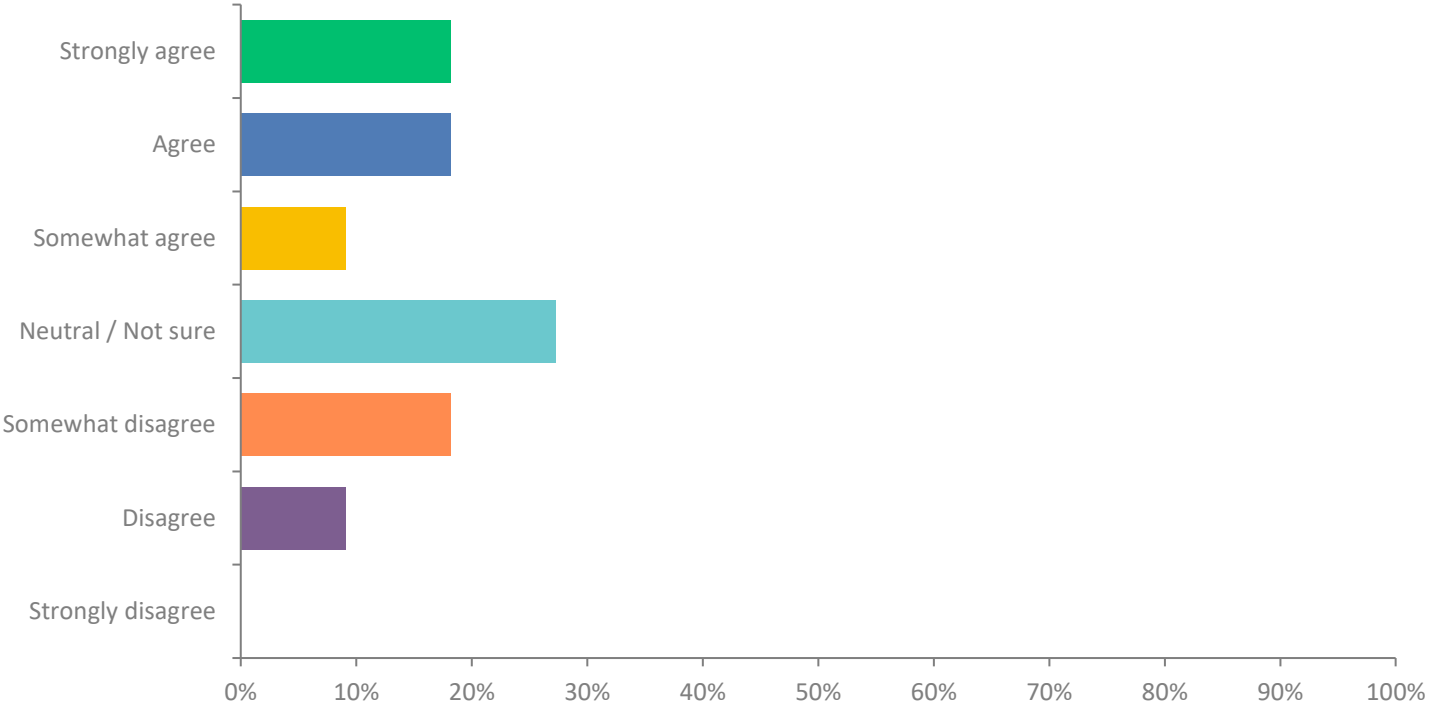
Comments: 4

- 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

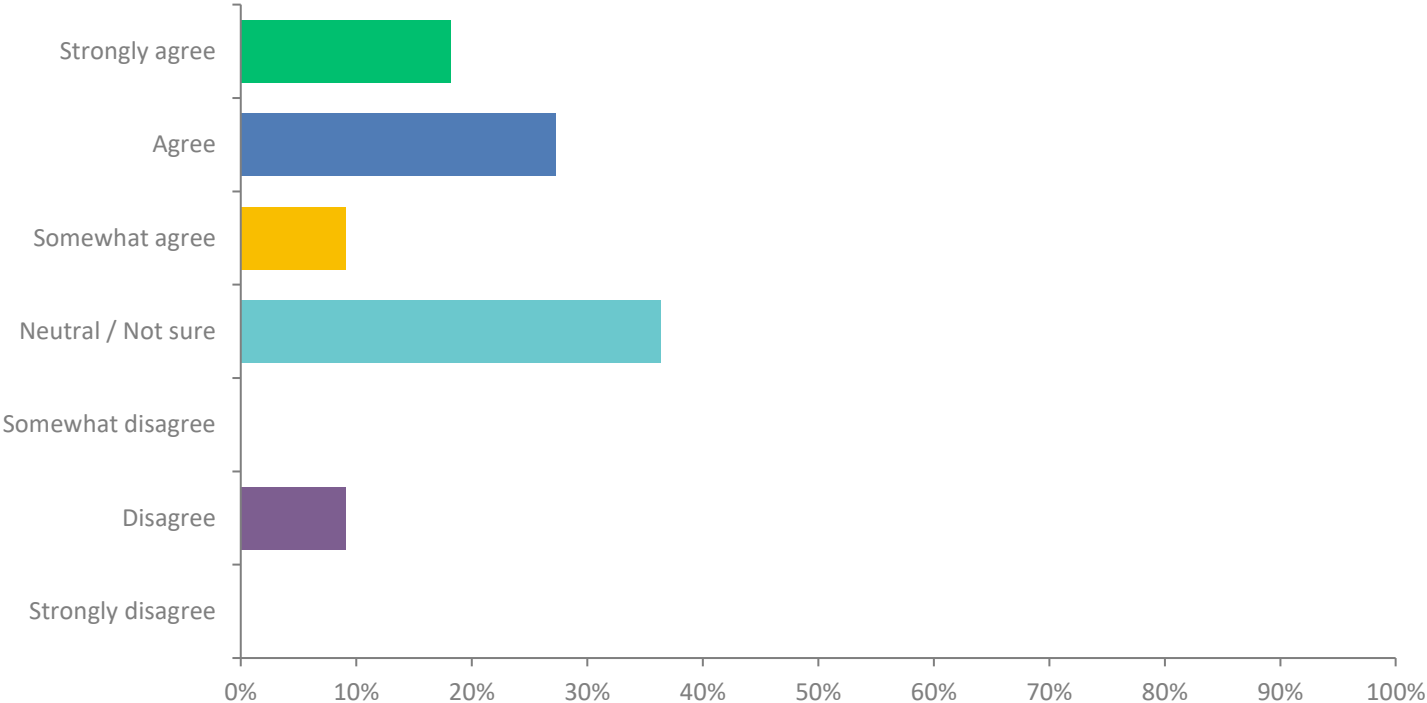
**Q29: The MCMHB has a productive relationship with the Milwaukee County Combined Community Services Board in the administration of mental health functions, programs, and services in Milwaukee County.**

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

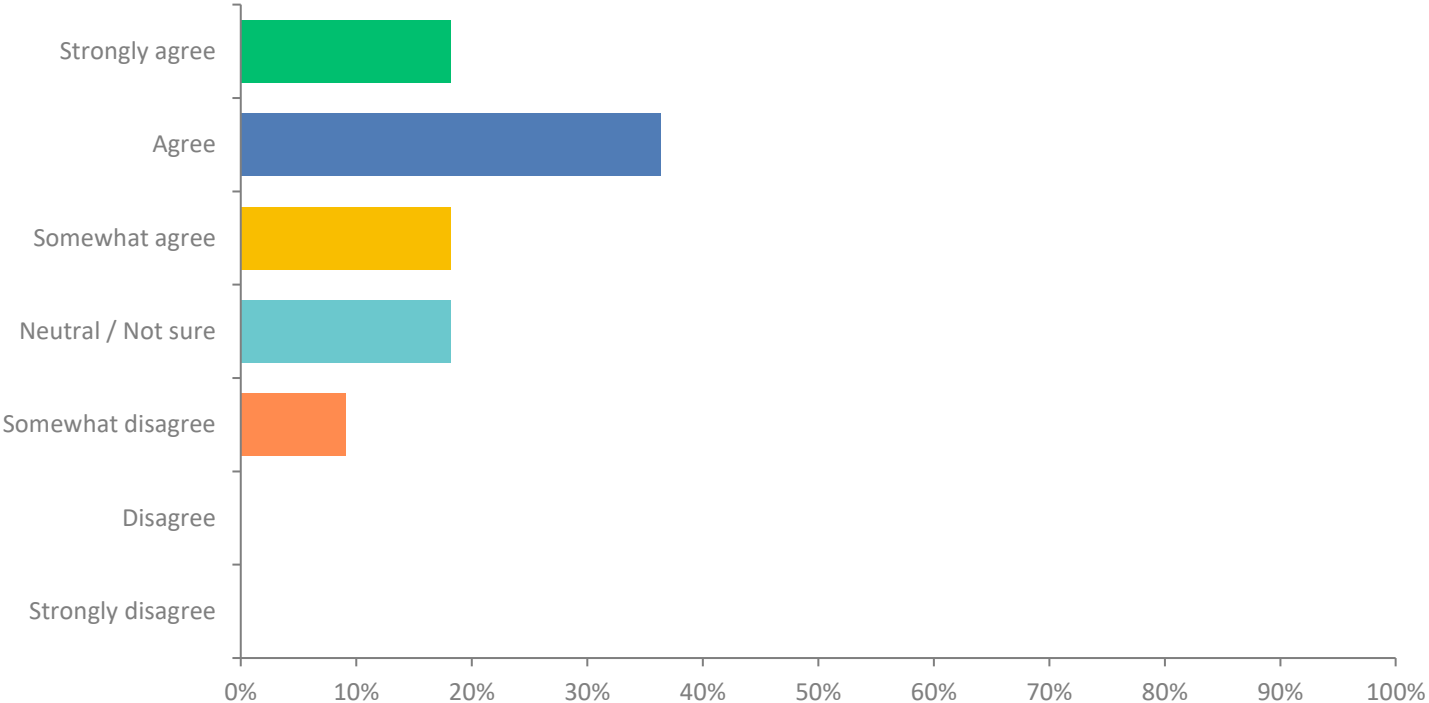
**Q30: The Milwaukee County executive administration is receptive of recommendations by the MCMHB for mental health functions, programs, and services in Milwaukee County.**

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



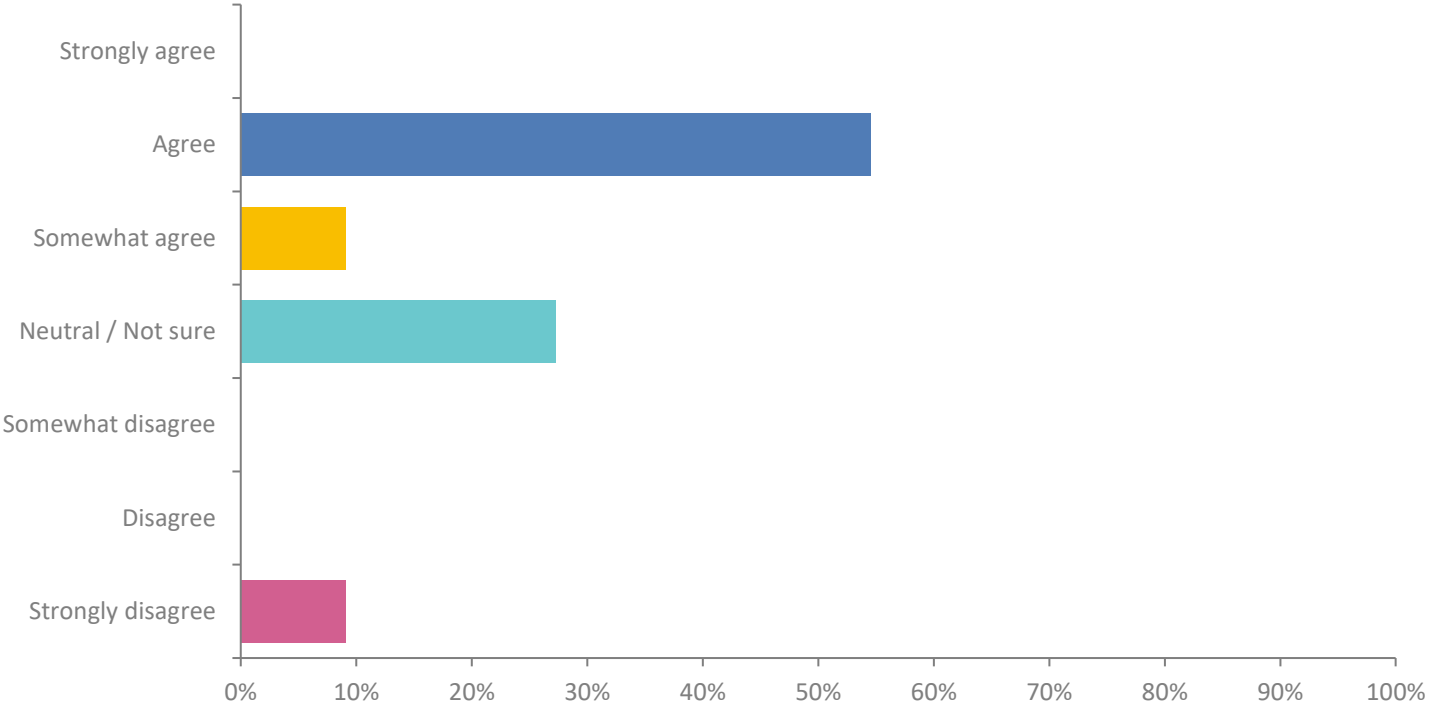
**Q31: MCMHB recommendations regarding the mental health budget, the community aids, and the tax levy amounts are considered by the Milwaukee County executive administration.**

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

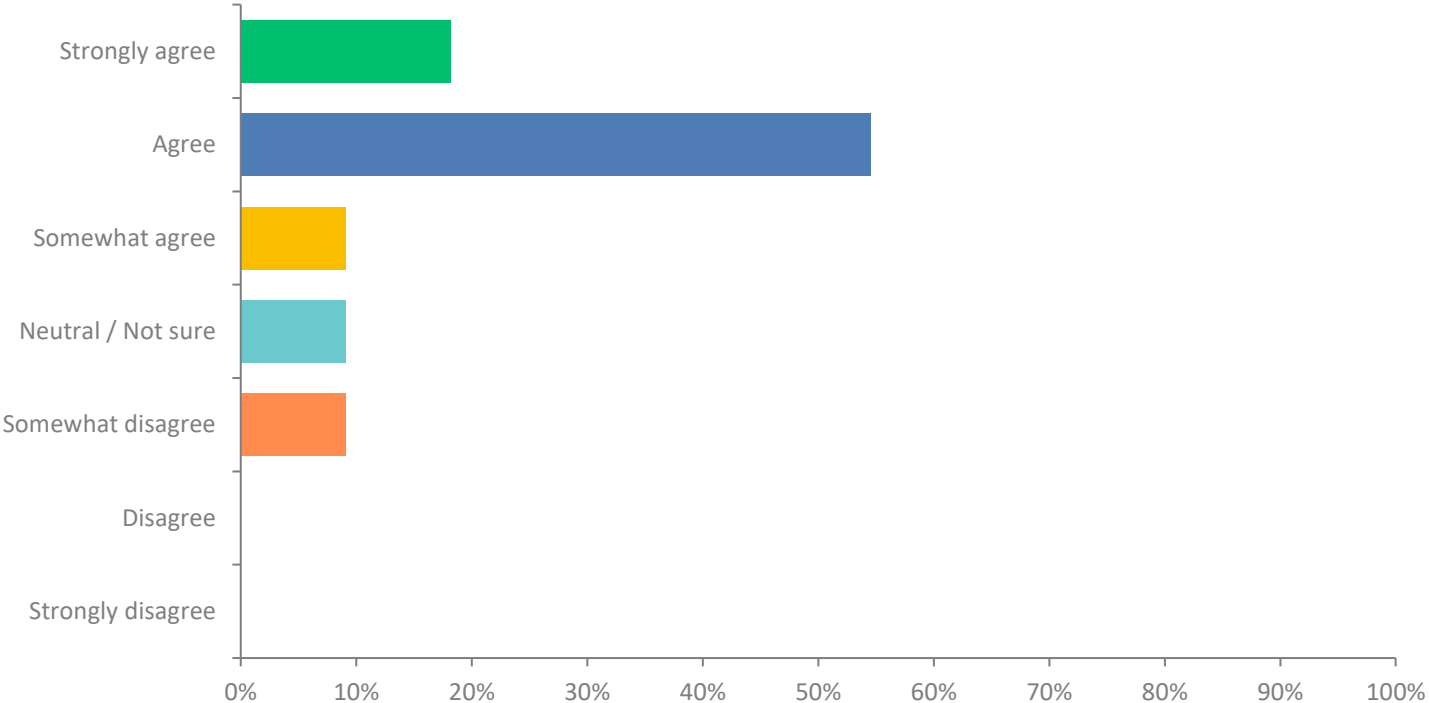
### **Q32: The MCMHB receives all of the information requested to fulfill its duties of overseeing mental health functions, programs, and services in Milwaukee County.**

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

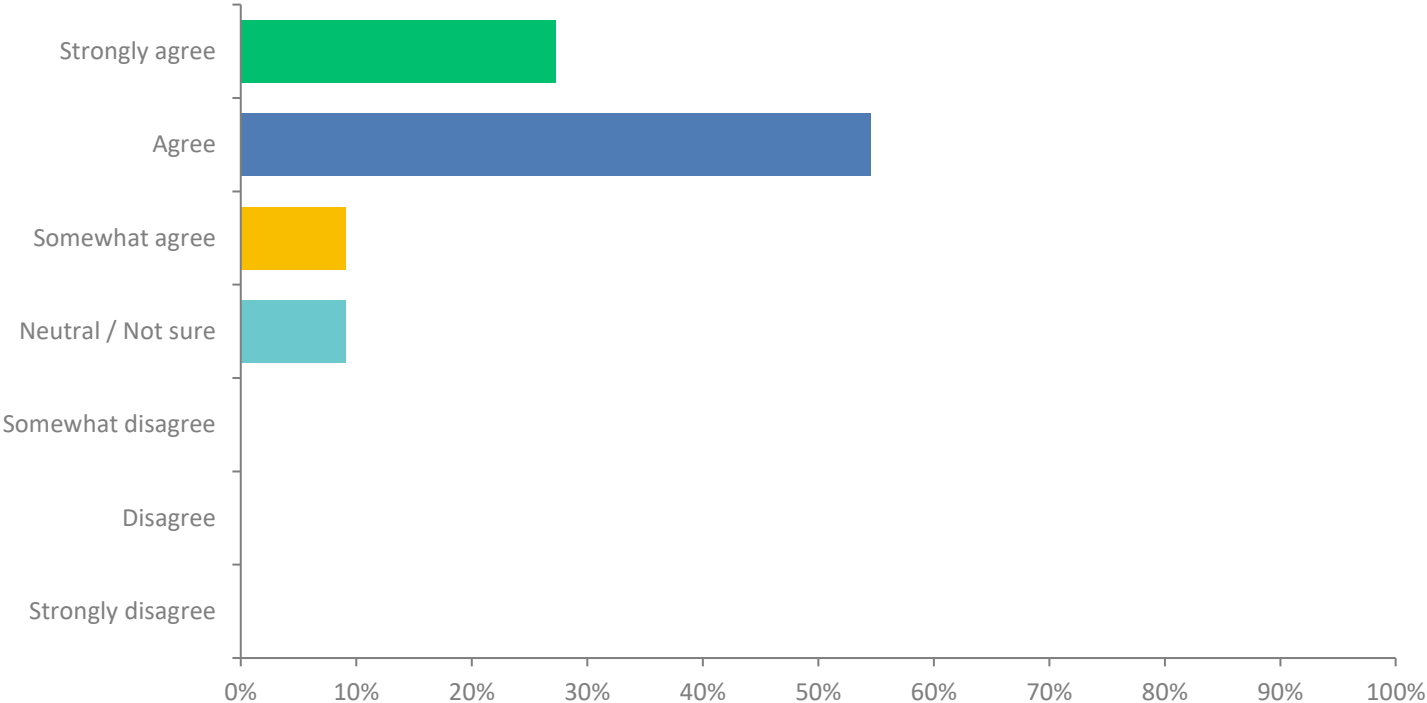
### **Q33: The MCMHB meets frequently enough to fulfill its responsibilities.**

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

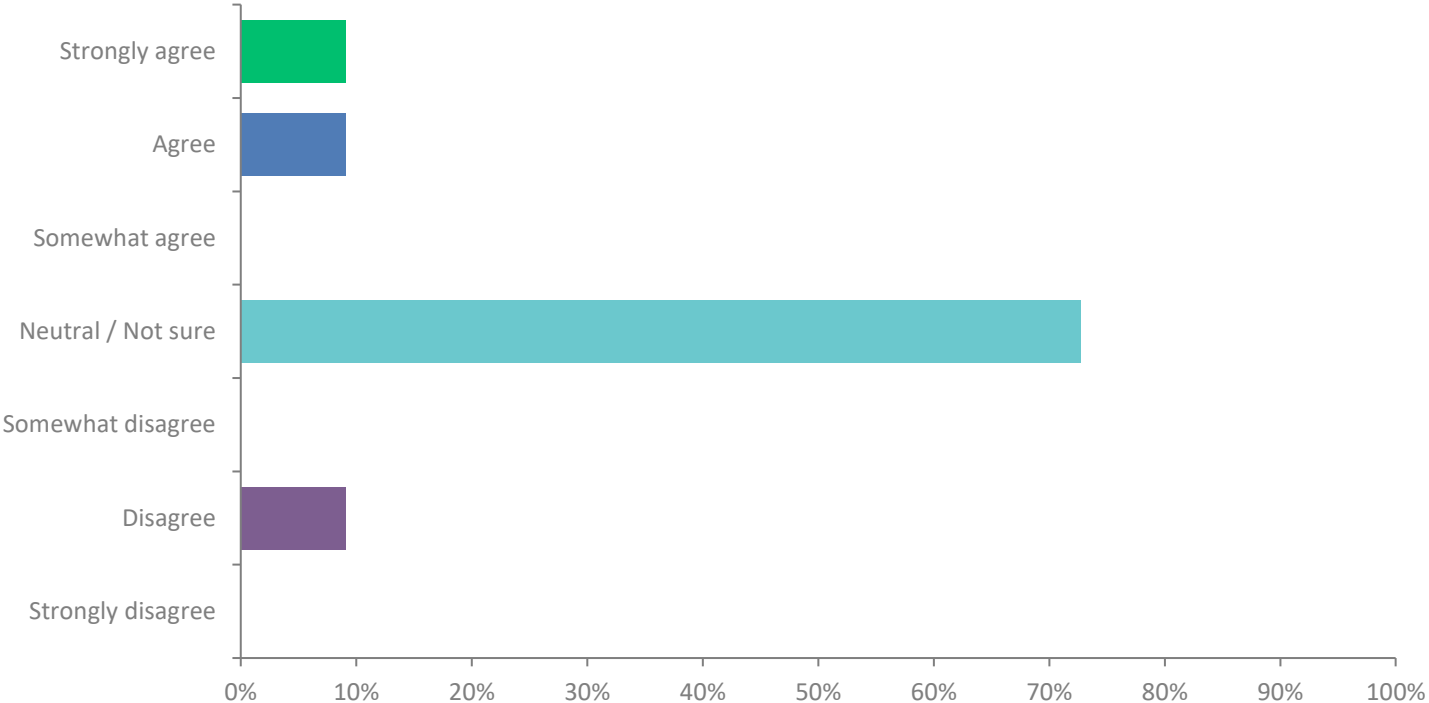
### **Q34: The MCMHB is well organized in its committee and subcommittee structures.**

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 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.



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DATE: May 14, 2019

TO: Milwaukee County Board of Supervisors  
Milwaukee County Clerk  
Interested Stakeholders

FROM: Margaret Daun, Corporation Counsel  
Anne Berleman Kearney, Deputy Corporation Counsel  
Paul Kuglitsch, Deputy Corporation Counsel

SUBJECT: FAQs on Wisconsin's Law on Open Meetings of Governmental Bodies, Sample Notices, and Hypotheticals

The following is intended to provide guidance and recommendations regarding Wisconsin's Law on Open Meetings of Governmental Bodies, Wis. Stat. §§ 19.81-19.88. Over time, the Milwaukee County Office of Corporation Counsel (the "OCC") has provided voluminous opinions on the open meetings law and, as such, please note that if a prior opinion conflicts with this guidance, this guidance controls.

Of course, not all questions or potential circumstances can be anticipated and addressed. Attachment A to this opinion is the Attorney General's most recent March 2018 guidance on Wisconsin's open meetings law. It is supplementary to and should be read in conformity with this guidance.

Ultimately, individual participants<sup>1</sup> in convened groups are responsible for compliance with the open meetings law. If a meeting is improperly convened in violation of the open meetings law and challenged, the court may award to the prevailing party "actual and necessary costs of prosecution, including reasonable attorney fees." Wis. Stat. § 19.97(4). In addition, any member participant who "knowingly attends a meeting" in violation of the open meetings law may be subject to individual liability. Wis. Stat. § 19.96 (not less than \$25 nor more than \$300 for each such violation).

<sup>1</sup> The term "participants," "members," etc. are used interchangeably unless the context connotes a specific meaning. Also, "group," "body," "committee" and the like are used interchangeably throughout unless the context connotes a specific meaning.

*In State ex rel. Hodge v. Town of Turtle Lake*, 180 Wis. 2d 62, 80, 508 N.W.2d 603, 609-10 (1993), the Wisconsin Supreme Court held that when members of a body seek the advice of counsel and, based on that advice, unknowingly violate the open meetings law, “their actions do not warrant the penalty under sec. 19.96, Stats.” In addition, a member of a body is not liable under Wis. Stat. § 19.96 when the member in attendance at a meeting held in violation of the open meetings law voted to prevent the violation from occurring. For example, if a member does not believe that the body should go into closed session, the member may state his or her reasons and vote against convening in closed session.

However, even in circumstances in which a court determines individual members cannot be personally liable for a knowing violation of the open meetings law, a court may later find that the County violated the open meetings law, and the County will be responsible for the plaintiff’s attorney fees.

Therefore, importantly, as explained above, the OCC’s guidance is not definitive because if an unnoticed meeting is challenged, an item’s closed session status is challenged, or a discussion of a noticed agenda item expands and is later challenged as discussing an unnoticed item, *even when the OCC has opined that such course of action complies with the open meetings law*, a court could conclude otherwise. In other words, the OCC’s opinions and guidance can create no “safe harbor” for *the County* with respect participants in meetings and/or chairs of meetings.

Related and finally, the OCC does not take a position regarding what level of risk is acceptable for its clients where there is no definitive bright line rule of law mandating a certain approach. Put differently, where the law is unclear or silent, different approaches to the open meetings law create different levels of risk exposure for participants. It is the responsibility of the participants to decide how to proceed and correspondingly, to decide what risk exposure, if any, is acceptable. The recommendations listed below in ***bolded italics***, if followed, represent the least risky approach to open meetings law compliance.

***If there is doubt as to the applicability of the open meetings law, convened groups should err on the side of caution and notice the meeting or consult with the OCC.*** Exhibit 1 attached hereto lists various standard and nonstandard notice types (i.e., those used for trainings, social events, or other chance/unexpected gatherings), and provides additional practical guidance on noticing and running meetings in compliance with the open meetings law.

## **1. What is the purpose of Wisconsin’s Open Meetings Law?**

The presumption should be made in favor of an open meeting: “[T]he public is entitled to the fullest and most complete information regarding the affairs of government as is compatible with the conduct of governmental business.” Wis. Stat. § 19.81(1).



To satisfy this policy, “all meetings of all state and local governmental bodies shall be publicly held in places reasonably accessible to members of the public and shall be open to all citizens at all times unless otherwise expressly provided by law.” Wis. Stat. § 19.81(2).

## 2. When does the Wisconsin’s Open Meetings Law apply?

To determine whether the Open Meetings Law applies, ask these questions (each of these questions is discussed in greater detail below):

- (a) Is the purpose to engage in “governmental body business,” *see infra* §§ 3-4?
- (b) Is there a “meeting,” *see infra* § 5?
- (c) Can the group “determine ... [a] course of action”? (i.e., is there a quorum or negative quorum, *see infra* § 10, present?)
- (d) Has there been a “convening” of members, *see infra* §§ 6-9?
- (e) Will the members be communicating with each other to exercise authority vested in the “governmental body”?

***If all these questions are answered “yes,” then this is an open meeting where public notice is required. In this case, no meeting should occur unless proper public notice (the requirements of proper notice are discussed below) has been provided.***

***If the answers to some of these questions are unknown or “maybe,” and/or the answers to the balance of the questions are “yes,” then it is recommended that a public notice be considered (see Exhibit 1).***

## 3. What is a “governmental body”?

A “governmental body” is a “state or local agency, board, commission, committee, council, department or public body corporate and politic created by constitution, statute, ordinance, rule, or order.” Wis. Stat. § 19.82(1). According to the Attorney General, a governmental body is a multi-member group that act together as a unit to perform some common purpose.

Importantly, a “governmental body” may include subunits of a larger state or local public body, such as a committee, an advisory board, or a citizen’s advisory committee. The entity need not have final authority. *See State v. Swanson*, 92 Wis. 2d 310, 317, 284 N.W.2d 655, 659 (1979).

A “governmental body” does *not* include a government department with a single member. *See Plourde ex rel. State v. Habegger*, 2006 WI App 147, ¶ 13, 294 Wis. 2d 746, 752, 720 N.W.2d 130, 133.

To determine whether a convened group is a “governmental body” under the open meetings law, ask the following questions, which **all must be answered in the affirmative for the open meetings law to apply**:

- (a) Is the convened group composed of a defined membership or a defined number of members? *See State ex rel. Krueger v. Appleton Area Sch. Dist. Bd. of Educ.*, 2017 WI 70, ¶ 24, 376 Wis. 2d 239, 258, 898 N.W.2d 35, 44; *State ex rel. Newspapers, Inc. v. Showers*, 135 Wis. 2d 77, 102, 398 N.W.2d 154, 165 (1987). (When the membership is defined, then it is more likely that the open meetings law applies. Note that this does not require that specific individual members be named. Another test for this is to ask whether there is a knowable number of this group that then permits the group to take action, i.e., a fixed number of members establishes a known quorum.)
- (b) Is the group convened under a constitution, statute, ordinance, rule, or order? (When the answer is yes, it is more likely that this is a “governmental body” to which the open meetings law applies. Note that an “order” can include a clear and specific directive from the County Executive and/or potentially a department head, under limited circumstances – see other questions. Whether an Administrative Manual of Operating Procedure (“AMOP”) creating a group to implement or review a particular question constitutes an “order” that triggers the open meetings law depends upon the other facts and circumstances of the particular AMOP.)
- (c) Does the convened group have certain “collective action” powers delegated to it or defined in a constitution, statute, ordinance, or rule? *See Wis. Stat. § 19.82(1); Krueger*, 2017 WI 70, ¶ 26. The group must be vested with identifiable powers and duties. (When the group can act without seeking further approval or authority from a parent body or other official, it is more likely that the open meetings law applies. When a rule or order exists authorizing/directing the convening group to take action or specifically granting the group certain powers, then it is more likely that the open meetings law applies. If, however, the entity must report to another official or body and has no specific duty to act or powers or authorities of its own, then it is less likely that the group is subject to the open meetings law. Note that being tasked to make specific recommendations about a certain topic may constitute “taking action” or “power or authority” as described above.)

For example,

- if the County Board enacts an ordinance, resolution, or a budget that explicitly directs the creation of a group with a defined membership to make recommendations regarding

a particular policy issue, that group's meetings are likely to be found by a court to be subject to the open meetings laws (i.e., the Domes Task Force).

- if the County Board directs the administration in a resolution to provide a report on a particular operational and/or public policy issue, but does not describe how the administration should do so, and the County Executive assigns this task to a specific group of administrative staff, and the group meets numerous times, and decides to include the Comptroller (or the office's designee) and/or the OCC (or the office's designee) and/or others (even members of the public), that group's meetings are not likely to be found by a court to be subject to the open meetings laws, absent more.
- if the County Board requests a report from a cross-sectional group of departments and elected officials regarding an operational or public policy issue, but does not define how to do so, and the departments convene a group to discuss and prepare the requested report, that group's meetings are not likely to be found by a court to be subject to open meetings law. *See* Wis. Att'y Gen. Corr. to Tykla, (June 8, 2005) (citing Wis. Att'y Ge. Corr. #980714031 to Godlewski (Sept. 24, 1998) ("open meetings law not applicable to loosely constituted group of citizens and local officials established by a mayor to consider issues related to dam closure because no rule or order defined the group's membership and no provision existed for the group to exercise collective power"))).
- if a County Board committee, during a committee meeting, orally directs the administration to provide a report and recommendations regarding a particular policy issue, and suggests a few departments that should be involved, but does not formalize that into a resolution with the requisite specifics as noted herein (i.e., membership), that group's meetings are not likely to be found by a court to be subject to the open meetings laws.
- if interested County departments form a workgroup to establish policies and procedures for operationalizing County policies or to address a particular policy issue and the workgroup meets every week, that group's meetings are not likely to be found by a court to be subject to the open meetings laws.

To be clear about the lack of clarity, caselaw and guidance and correspondence from the Attorney General's Office varies greatly in interpretation of these factors. There is, practically speaking, a totality of the circumstances approach and court rulings frequently turn based upon the unique facts of a given situation.

***The OCC recommends that if there is doubt as to the applicability of the open meetings law, convened groups should err on the side of caution and notice the meeting or consult with the OCC.***

**4. What constitutes “business” of the governmental body?**

Government business includes “formal or informal action,” which may consist of discussion, decision, or information gathering within the realm of authority of the “governmental body.” Wis. Stat. § 19.83(1).

*The OCC recommends that anything involving County operations, policies, practices, procedures, personnel, budgeting, etc. that would reasonably be considered by an ordinary person to involve County government is “business” that would be subject to the open meetings law if the other factors are satisfied.*

**5. What constitutes a “meeting”?**

A “meeting” occurs if there are sufficient members present to determine the course of action for a “governmental body” (i.e., a quorum or negative quorum, *see infra* § 10).

One-half or more of the members of a governmental body being present is presumed to be a “meeting.” Wis. Stat. § 19.82(2).

*When a quorum of the County Board or a committee is gathered to discuss County business, proper notice is required, and no meeting should be convened without it.* For instance, one-half or more of the members of a committee should not ride in the same vehicle because then a meeting is convened. Caucusing is not permitted in Milwaukee County.

*In addition, the OCC recommends that gatherings of one-half or more of the members of the County Board or a Board committee for purposes other than to conduct County business be avoided. If unavoidable, then a public notice is recommended (see Exhibit 1).*

**6. When is there a “convening” of a meeting?**

A meeting occurs with the “convening of members of a governmental body for the purpose of exercising the responsibilities, authority, power or duties delegated to or vested in the body.” Wis. Stat. § 19.82(2).

A court will determine that a meeting has been “convened” if members are gathered and their purpose is to engage in governmental business (i.e., they communicate with each other to exercise the authority of the governmental body). *Newspapers, Inc.* 135 Wis. 2d at 102-103. *See also infra* § 7 (discussing “convening” remotely via teleconference, etc.). ***Therefore, a convening of a meeting can occur even if a meeting is not formally gavelled open. See Exhibit 1*** (providing additional practical guidance on noticing and running meetings in compliance with the open meetings law, including guidance on when formal gaveling is recommended).

A social gathering/training or a chance gathering is not a “convening” of a meeting. Wis. Stat. § 19.82(2).

*The OCC respectfully advises that social events, trainings, and chance/unexpected gatherings (see below) where numerous members of a “governmental body” may be in attendance should be avoided. If such gatherings occur, members of a governmental body should not talk about the business of the governmental body.*

*If a social gathering, training or chance/unexpected gathering might occur where a quorum (or negative quorum of the County Board, see *infra* § 10) will be present, the OCC recommends that notice be provided (see sample notices at end of memorandum).*

*To avoid these issues entirely, the OCC strongly advises that careful preplanning should be undertaken to avoid any possibility that a quorum (or negative quorum) of the County Board or a County committee might be present at any social gathering, training or chance/unexpected gathering, including any type of “town hall” (discussed in greater detail below).*

In Exhibit 1, the OCC provides guidance on noticing and running meetings, particularly social events, trainings, and other chance/unexpected gatherings.

*Related but separately, never email an invitation to the entire County Board (particularly using County email addresses), regardless of the purpose of the underlying event, because this creates a strong presumption that there is a County business-related meeting subject to the open meetings law. See also *infra* § 8.*

**7. Can remote participation (via teleconferencing, videoconferencing, “Skyping,” or similar) “convene” a meeting?**

Yes, “convening” a meeting is not limited to a gathering of all participants in one place. A telephone conference call is a “convening” of members, as is video conferencing (via Skype or similar). Of course, whether the rules of the convening body permit or prohibit such remote participation is a separate question which this memorandum does not address.

*The OCC recommends that if teleconferencing or videoconferencing are permitted by the rules of a governmental body for a meeting subject to the open meetings law, care must be taken so that the public can monitor the exchanges in the meeting (such as through speakers and/or video screens in the room).*

**8. Is an email exchange a “convening” of a meeting?**

Maybe; to avoid the convening of a meeting, any information shared with a group that could potentially come under the gambit of the open meetings law should be limited to a one-way delivery of information. No exchanges of information or questions should occur. For example, the circulation of a memorandum among members, like written correspondence, is not a “convening” covered by the open meetings law. However, if the members engage in questions among themselves via email related to that memorandum, a public meeting has been convened.

Disparate exchanges of information spread out over time, (not part of the same email chain), are not likely to be considered by a court to be subject to the open meetings law.

As alluded to above, an email exchange is a “convening” of a meeting where it resembles an in-person discussion rather than written correspondence. This occurs, for instance, where there are numerous email communications exchanged among all or a quorum of members of a “governmental body.”

In determining whether the email exchange is a “convening” of a meeting, ask the following questions:

- (a) Is the email exchange about actions within the authority of the “governmental body”?
- (b) Do the participants in the email exchange constitute a quorum or negative quorum?
- (c) Is this a matter typically discussed and addressed in an open meeting, followed by a motion and/or vote?

***The OCC advises that if the answers to these questions are yes, the email communication should not be undertaken, and if it does occur, any individual involved in the communication should immediately advise all participants that the communication must cease, and its subject matter and content brought forward in full as soon as practicable at a properly noticed open meeting.***

***To transmit information related to County business to a group of people that could constitute a quorum of a governmental body, the OCC recommends that the recipients be listed in the “BCC” (blind copy) line and expressly advised not to communicate with the group nor to respond to the email.***

To ease email-related open meetings compliance, the OCC recommends that these rules of thumb be followed:

- Never send an email to the entire County Board or to all members of a Board committee;
- Never “reply all” to an email sent to the entire Board or an entire committee; and
- Avoid forwarding emails to fellow Supervisors/engaging in “chain” email communications.

**9. What is a walking quorum?**

A walking quorum exists when groups of less than a quorum of a “governmental body” meet separately, potentially over the course of hours or days, and agree to “act and vote uniformly” in sufficient numbers to affect an action of the governmental body. *See Newspapers, Inc.*, 135 Wis. 2d at 92.

***The OCC recommends that walking quorums be avoided, including inadvertent walking quorums that can occur via email communications, see supra § 8.***

**10. What is a negative quorum?**

A negative quorum occurs when there are sufficient members present for a “governmental body” to have the potential for determining not just a governmental body’s course of action – but also whether the governmental body undertakes any action at all. *See Newspapers, Inc.*, 135 Wis. 2d at 103.

One-half or more constitutes a negative quorum if a simple majority is needed to adopt a motion; one-third or more constitutes a negative quorum if a supermajority is needed to adopt a motion.

***The OCC recommends that negative quorums be avoided.*** Six Supervisors constitute a negative quorum of the County Board and therefore, Supervisors should take steps to avoid gathering together in groups of six or more without the use of one of the below-listed notices. No negative quorum can exist for Board committees because there are no minority rule referrals under applicable County parliamentary procedures. Therefore, Supervisors should take care to avoid gathering together in groups of three or more members for all committees other than Finance & Audit or as four or more members of the Finance & Audit committee without the use of one of the below-listed notices.

**11. Is a “town hall” meeting a “meeting” subject to Wisconsin’s Open Meetings Law?**

A town hall meeting is a meeting subject to the open meetings law only if a quorum (or negative quorum) of the County Board or a County committee are present (assuming that the town hall will be addressing County business) because, as noted above, government business includes “formal or informal action,” which may consist of discussion, decision, or ***information gathering*** within the realm of authority of the “governmental body.” Wis. Stat. § 19.83(1).

***The OCC recommends that town hall meetings where a quorum or negative quorum of the County Board or a County committee might attend be avoided. If unavoidable, then the OCC recommends the use of a “unexpected/chance gathering” notice described in greater***

***detail below (sample provided). Since no action is being taken by the “governmental body” at a town hall meeting, the public meeting notice should state that the “governmental body” members may attend to gather information, not convene, not to exercise authority, and not to take action.***

Please note that only the chairperson of the governmental body may direct the County Clerk to post an “unexpected/chance gathering” notice (or any other meeting notice). When no such “unexpected/chance gathering” notice has been posted, the OCC advises that to reduce the risk of an inadvertent open meetings violation at a “town hall” (or similar) meeting, Supervisors should leave the gathering if more than one Supervisor is in attendance.

For example, if Supervisor Doe attends a “town hall” type of meeting, and two other members of the Parks Committee to which Supervisor Doe belongs are in attendance at said meeting (Supervisors White and Gray), and an “unexpected/chance gathering” notice was not posted for the Parks Committee, Supervisor Doe (or Supervisor White or Gray) should immediately leave the gathering. However, if only Supervisor Posanski is in attendance in addition to Supervisor Doe, and he and Supervisor Doe do not share any committee assignments, then they both arguably could remain at the “town hall.” Notwithstanding the foregoing, at no time should six or more Supervisors be present at any such “town hall” meeting together since that number constitutes a negative quorum of the County Board. *See supra* § 10.

***This is complex. Given this complexity, the OCC respectfully emphasizes that when no “unexpected/chance gathering” notice has been posted for a “town hall”-type meeting, Supervisors may wish to simply use the rule of thumb that only one Supervisor can be present at any time at such a meeting.***

## **12. What constitutes proper public notice?**

Every meeting of a governmental body must be “preceded by public notice,” under Wis. Stat. § 19.83(1).

Notice must be provided at least 24 hours in advance of the beginning of the “meeting” unless there is “good cause” as to why at least 24 hours of notice is “impossible or impracticable.” Wis. Stat. § 19.84(3).

There must be separate public notice of each meeting. Wis. Stat. § 19.84(4).

The public notice must reasonably inform the public of the “time, date, place and subject matter of the meeting.” Wis. Stat. § 19.84(2).

The notice must be put in a place where it is likely to be seen by the general public. For standard notices, the OCC respectfully suggests that these be posted on the Milwaukee County



Legislative Information Center (“CLIC”), instead of the County Board’s webpage, since CLIC is the tool the public uses to access and view legislation, agendas, live broadcasts of meetings, and archived video footage. It would be the reasonable expectation of the public that meeting notices would also be posted to CLIC. For the nonstandard notices listed below (i.e., social gathering, training, unexpected/chance gathering notices), the OCC respectfully suggests that these also be posted on CLIC, under a newly-created, separate dropdown option to avoid confusion, since these are not formal legislative meetings and no legislative actions will be undertaken.

As for informing the public of the subject matter of the meeting, the description should be reasonably specific under the circumstances, and should consider the degree of public interest in the subject matter. *See State ex rel. Buswell v. Tomah Area Sch. Dist.*, 2007 WI 71, ¶ 3, 301 Wis. 2d 178, 187-88, 732 N.W.2d 804, 809; *State ex rel. Badke v. Village Bd. of Village of Greendale*, 173 Wis. 2d 553, 573-74, 494 N.W.2d 408, 415 (1993).

Importantly, the open meetings law does not expressly require that the notice indicate whether a meeting will be purely deliberative or if action will be taken. Furthermore, adequate notice need not include information about whether a vote on a subject will occur, so long as the subject matter of the vote is adequately specified. ***The critical test is that the information in the notice must be sufficient to alert the public to the importance of the meeting, so that they can make an informed decision whether to attend.*** Therefore, under the particular factual circumstances of the case, if the notice reasonably alerts the public to the importance of the meeting, regardless of whether the notice indicates if a vote on an action item will be taken, it is sufficient.

Members of the “governmental body” are “free to discuss any aspect of the noticed subject matter, as well as issues that are reasonably related to it.” *Buswell*, 2007 WI 71, ¶ 34. A meeting cannot address topics unrelated to the notice. *Id.*

As noted above, the test is whether the notice is sufficiently specific to allow the public to judge the importance of the meeting to determine whether they wish to attend. This is a matter of judgment and reasonable people can disagree. ***Therefore, the OCC urges governmental bodies to err on the side of caution and when in doubt, to constrain discussion to the specific topics listed on notices.*** It is a helpful rule of thumb that the greater the public interest in a given topic, the more precise the notice should be.

***If a County Board committee is trying to determine if an informational item can be turned into an action item, the OCC recommends that it is appropriate to do so only when (a) the informational item specifically indicated the precise subject matter of the proposed action item; and (b) there is a proper motion from a member of the committee to take action (it is irrelevant whether a member of the committee was responsible for the drafting of the proposed resolution). See Milwaukee County Ordinance (“MCO”) § 1.13(d)(1). If there is***

*any doubt, the OCC recommends that the committee err on the side of caution and permit an action item to be brought in the next legislative cycle.*

**13. What matters should be discussed in “open session”?**

The presumption is that every meeting of a governmental body should be “held in open session.” Wis. Stat. § 19.83(1).

All business of “any kind, formal or informal,” must be “initiated, deliberated upon, and acted upon in “open session” unless one of the exemptions set forth in Wis. Stat. § 19.85(1) applies to permit a “closed session” discussion (or vote – see additional detail immediately below). See Wis. Stat. § 19.83(1).

A “governmental body” may set aside a portion of an “open session” meeting for a public comment period, but this is not required. Wis. Stat. §§ 19.83(2), 19.84(2).

The “governmental body” must take and preserve a record of all the motions and roll-call votes taken during its meetings, which may involve the taking of minutes or video or tape recording. Wis. Stat. § 19.88(3). See also Exhibit 1.

**14. What matters are appropriate for discussion in “closed session”?**

Exemptions permitting “closed session” include the “governmental body” hearing or taking part in (1) judicial or quasi-judicial proceedings; (2) dismissal, discipline, or licensing issues; (3) performance or other employment issues; (4) deliberating on or the purchasing of public properties, the investing of public funds, or other specified public business where competitive or bargaining reasons require it; (5) unemployment; (6) workers’ compensation; (7) burial site; (8) supervision, parole, or crime detection or prevention; (9) financial, medical, social or personal information involved; (10) conferring with legal counsel with respect to litigation strategy where attorney is legal counsel for the “governmental body” and legal counsel is giving advice about a strategy related to current or likely litigation; and (11) written advice for election commission or ethics commission or board. Wis. Stat. § 19.85(1).

No final ratification or approval of collective bargaining agreement can occur in closed session. Wis. Stat. § 19.85(3).

A closed session requires a motion to convene into closed session, which must then prevail in a majority roll call vote and it must be recorded in the minutes. Wis. Stat. § 19.85(1). Importantly, the vote to go into closed session *must be taken via roll call*. *Id.*

The OCC recommends that the vicechair of the committee should make the motion to go into closed session, including reading aloud the specific statutory subsection that is the basis for the closed session. *See id.*; MCO 1.13(d)(7).

If the “governmental body” knows that there will be a closed session, it needs to so state in the meeting notice. Wis. Stat. § 19.84(2).

Under Wis. Stat. § 19.85(1), the “governmental body” is required to state the specific nature of the business requiring the closed session exemption such that the reason can be understood by the public.

*The OCC recommends that closed session be used only where necessary and expressly permitted by exemption. The OCC also recommends that closed session notices specifically list all potentially applicable exemptions permitting the use of closed session (when in doubt, the OCC recommends including potential exemptions because risk increases if a needed exemption is omitted). Wis. Stat. § 19.81(2).*

#### **15. Can a vote be taken in closed session?**

Yes, when one of the specific exemptions noted above applies and an “open session” vote could jeopardize the purpose for convening in “closed session.”

Stated simply, a vote should not be taken in “closed session” unless an exemption applies and the exemption supports voting in “closed session.” A vote may be taken in “closed session” where the reason for the “closed session” would be compromised if the vote were taken in “open session.”

*For example, the OCC recommends that where the investment of public moneys could potentially impact market prices for the relevant securities and/or potentially compromise the advantages of the transaction to the public entity, a closed session vote is likely appropriate.*

*In addition, the OCC also recommends that a closed session vote may be appropriate to confer settlement negotiation authority to legal counsel up to a certain limit or within certain parameters.*

*After the rationale for the closed session vote has expired, the OCC recommends that the vote be made part of the record in open session or otherwise ratified. Please note that ratification involves a new vote to affirm or reject the prior vote, whereas the former option involves a committee chairperson making a record of the prior closed session vote, with the aid of legislative staff, in open session.*

In the above examples, the closed session votes could be made part of the legislative record or ratified in open session after the investment had been completed and likewise, after the settlement negotiation is completed.

**16. How does a “governmental body” convene back into “open session”?**

The “governmental body” convenes back into “open session” by motion and by majority vote in a roll call vote, which is recorded in the minutes.

### **TIPS FOR COMMITTEE CHAIRS**

- Keep discussion reasonably limited to the agenda item.
- It is permissible for an informational item to become an action item if so moved by a member of the committee, but if the topic is of keen public interest, consider delaying the action item to the next cycle or a special meeting.
- If an item is highly contentious, a chairperson may:
  - suggest that committee members constrain comments to the specific motion pending (i.e., if the motion is to hold the item to the call of the chair or to refer it to the OCC, then debate should be about those procedural motions, and should not be about on the underlying merits);
  - suggest that committee members keep their comments to a given timeframe and remind the member when that timeframe has been reached;
  - enforce time limits for public comments and invite members of the public to supplement the record with written comments;
  - rigorously enforce decorum (i.e., no public outbursts and no interactions either on or off the record between members of the public and committee members), intercede in the case of *ad hominem* attacks or members of the public trying to engage committee members or County employees in “cross examination-styled” question-and-answer exchanges on the record; and
  - adjourn the meeting to maintain decorum and to ensure the safety of members of the public and/or County elected officials/staff if necessary (consider asking members of the Milwaukee County Sheriff’s Office to be present).
- Do not engage in substantive discussions during agenda setting meetings.
- As to closed session:
  - The Vice Chair should make the motion to go into closed session, reading into the record the statutory subsection(s) that permit the use of closed session;
  - A roll call vote must be taken in open session before convening into closed session; and
  - A committee may conclude its proceedings in closed session, but if doing so, the Chair or Vice Chair should make clear the committee’s intention to do so in open session before going into closed session.

**EXHIBIT 1 – NOTICE TYPES AND GUIDANCE ON CONDUCTING MEETINGS**

1. **STANDARD MEETING NOTICE** – This notice is used in the ordinary course for a typical County Board, committee, task force, or other public meeting where County business will be addressed, over which the governmental body has jurisdiction. This notice requires the posting of a formal agenda at least 24 hours in advance of the meeting, the formal convening of the meeting (quorum required), the taking of attendance, and (typically), the creation of a record of the meeting (minutes or other recording). Public notice of a governmental body’s meeting must reasonably apprise members of the public of the subject matter of a meeting under the circumstances. Wis. Stat. § 19.84(2); *Buswell*, 2007 WI 71.

Guidance on conducting County Board meetings with “standard notice:”

- Notice of the meeting and its agenda must be publicly made at least 24 hours in advance.
- Regular meetings of the County Board must begin at 9:30 a.m. unless otherwise designated. MCO § 1.01(b).
- This meeting is formally convened by the Chairperson gaveling the meeting to order.
- The County Clerk must take roll call marking supervisors “present,” “absent,” or “excused.” MCO § 1.03(b).
- The County Clerk must record roll call votes. MCO § 1.03(b).

Guidance on conducting County committee meetings with “standard notice:”

- Notice of the meeting and its agenda must be publicly made at least 24 hours in advance.
- Regular committee meetings must be begin on the days and hours designated in the notice. MCO § 1.13(a)(1).
- This meeting is formally convened by the Chairperson gaveling the meeting to order.
- The committee coordinator (from the Clerk’s office) must (*see* MCO § 1.13):
  - Maintain and publicly post appropriate files related to the committee meeting;
  - Create and keep a complete record of all committee meetings;
  - Keep a record of committee member attendance;
  - Keep a record of appearances by the members of the public wishing to take a particular position on a topic (including nonspeaking “appearances”); and
  - Keep a record of votes and final actions.
- All votes must be by roll call.
- All action items must be in writing.
- Minority rules do not apply.
- It is not legally required that a committee receive oral testimony from the public. If such testimony is permitted, the committee chairperson should:
  - Tell all speakers that they have [##] minutes each.

- Ensure that all speakers are given a strictly enforced time limit.
- Rigorously maintain decorum.
- Disallow questions and answers between and among the public, committee members, and/or County employees.

Guidance on conducting “special” (i.e., out of the regular legislative cycle) County committee meetings:

- The special meeting must be requested in writing by a majority of the committee.
- Notice shall be publicly made at least 24-hours in advance where practicable, unless such notice is for good cause impracticable and, in that case, notice shall not be less than 2 hours.

2. **NOTICE OF POTENTIAL NONMEMBER ATTENDANCE AT A STANDARD MEETING** – This notice is included currently on all County Board committee agendas to avoid any legal risks when Supervisors who are *not* members of the committee that is formally meeting and noticing their meeting *might attend* and might unintentionally and without foresight constitute a quorum of the County Board or a committee but will not act as the County Board or as any committee.

**PLEASE TAKE NOTICE that Members of the Milwaukee County Board of Supervisors (County Board) who are not members of the Committee may attend this meeting to participate or to gather information. Therefore, notice is hereby given that this meeting may constitute a meeting of the County Board of Supervisors and/or one or more of the Board’s other committees, commissions or task forces, although no action will be taken at the meeting by the County Board or any of its other committees, commissions or task forces.**

This notice is currently used for all committee meetings. There is no additional attendance taken of the unforeseen attendees, and no additional meeting is convened beyond the actual, formally-noticed underlying meeting. The formally-noticed underlying County Board committee meetings are recorded and agendas posted. Supervisors providing testimony or observing committee meetings where they are not a member are strongly advised to avoid being in the committee room at the same time any other non-committee member Supervisor is present. This has never been challenged and it is now a standard practice.

The OCC opines that this has low risk when used as described.

3. **NONSTANDARD GATHERINGS/MEETINGS**

- a. **NOTICE FOR TOWN HALLS, LISTENING SESSIONS, ETC.** – This notice may be used for official County events where information gathering, listening sessions, constituent feedback, etc. occurs, but where the events are not formally convened

public meetings of the County Board, County committees, commissions, or task forces, where numerous Supervisors might attend and might unintentionally and without foresight constitute a quorum of the County Board or a committee, but will not act as the County Board or as any committee. Examples of these sorts of events include the 2018 Fall budget town hall convened by the County Executive, the current Fair Share community meetings, as well as information gathering outings coordinated by various Supervisors over the past year.

**PLEASE TAKE NOTICE that Members of the Milwaukee County Board of Supervisors (County Board) may attend this event to gather information. Therefore, notice is hereby given that this meeting may constitute a meeting of the County Board of Supervisors and/or one or more of the Board's other committees, commissions or task forces, although no action will be taken at the meeting by the County Board or any of its other committees, commissions or task forces.**

As to the relative risk of violating the open meetings law, the only way to eliminate risk entirely for these sorts of information gathering events, is for Supervisors to *not* attend unless they are hosting the gathering.

Importantly, in no circumstances related to events like those described herein should Supervisors carpool or share, coordinate, or otherwise travel together to such events. *See Wis. Att'y Gen. Corr. to Musolf (July 13, 2007); Wis. Att'y Gen. Corr. to Rappert (Apr. 8, 1993);*

If Supervisors wish to attend, the OCC recommends that the following steps will maximally reduce risk of open meetings violations. The OCC further opines that if Supervisors plan to attend these sorts of informational gathering sessions or listening sessions, there is a high risk of an open meetings violation without using these recommendations.

- use of this type of notice;
- to work carefully with their colleagues to avoid the creation of a committee or Board quorum;
- if attending and no such notice has been posted, to immediately leave the gathering if two or more other Supervisors are present with whom they sit on the same committee;
- Supervisors should not talk with one another about County business or the subject matter being addressed at the meeting; and
- no more than six Supervisors can be in attendance at one time regardless of whether the notice is given.



*Notwithstanding the foregoing, Supervisor participation in these types of gatherings, even if these recommendations are implemented, still creates risk. The only way to eliminate risk entirely is to avoid participation by any Supervisor in any gathering or event or committee meeting unless the Supervisor is a formal member of the committee, commission, or task force and that meeting is formally noticed (or if the Supervisor is the host of the information gathering session and no other Supervisors are in attendance).*

Guidance on conducting town halls/listening sessions:

- No agendas are required.
- Attendance is not required to be taken unless requested by the chairperson. If the chairperson of the body that attendance be taken, the chairperson should so notify the Clerk in writing. If so, the chairperson shall begin the meeting at the appointed time provided in the notice, and the Clerk shall take and keep a record of attendance.
- No action or informational items may be introduced.
- No votes may be taken on any item.
- No minutes are required unless requested by the chairperson. If so requested, the Chairperson shall notify the clerk in writing. The minutes shall indicate the date and time of the meeting, its location, its topic, and attendance, but shall then state no more than as follows, as applicable:
  - “Information presented by [Supervisor Jones/County Executive/ Department of Administrative Services/etc.] regarding \_\_\_\_\_.”
  - “Information received from the public regarding \_\_\_\_\_.”

- b. **NOTICE FOR SOCIAL EVENTS** – This notice may be used where a social gathering will occur, attendees are likely to include numerous County Board Supervisors, but no County business will be discussed.

**PLEASE TAKE NOTICE** that members of the Milwaukee County Board of Supervisors may attend this social gathering. Therefore, notice is hereby given that this social gathering or portions of the social gathering, may constitute a meeting of the County Board of Supervisors and/or a meeting of one or more of the Board’s other committees, commissions or task forces. However, these entities will not be convened, will not exercise their respective authority, and no action will be taken by the County Board or any of its other committees, commissions, or task forces.

This notice is used regularly. There is no agenda, no attendance, and no formal convening of a meeting. This has never been challenged and it is now a standard practice. The OCC opines that this sort of gathering with this type of notice has virtually zero risk, so long as no County business is discussed. Examples of these sorts

of events include the County Board annual budget dinner and the County Board golf outing.

Guidance on conducting social events:

- No formalities are required.

- c. **NOTICE FOR TRAININGS** – On an ongoing basis, a variety of ad hoc meetings may occur that clearly require notice of some kind, where numerous Supervisors are nearly certain to be in attendance (i.e., new Supervisor training, etc.).

**PLEASE TAKE NOTICE** that members of the County Board of Supervisors may attend the following public meeting. Therefore, notice is hereby given that the following public meeting may also constitute a meeting of the County Board and/or one of its committees, and must be noticed as such, although no action will be taken by the County Board or any of its other committees, commissions, or task forces. A quorum of the County Board and/or its committees may be present.

Guidance on conducting trainings:

- No formalities are required.

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**REVISED**

**Milwaukee County Mental Health Board**  
**Current Member Terms**  
(as of 3/1/2024)

**6**

	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)	
3.	Consumer Experience	County Board	Shirley Drake	10/26/2020 (A) 10/26/2024(TE)	Secretary
4.	Psychiatric Mental Health Advanced Practice Nurse	County Board	Kathleen Eilers	03/01/2018 (A) 03/01/2021 (R) 03/01/2025 (TE)	Vice Chair
5.	Finance / Administration Expertise	County Executive	Richard Canter	08/21/2023 (A) 10/26/2027 (TE)	
6.	Health Care Provider – Substance Abuse	County Executive	Kenneth 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)	

(A) Appointment

(R) Re-appointment

(TE) Term Expiration

10.	County Community Programs Board Chairperson (or designee)	Ex-Officio	Dennise Lavrenz	09/01/2021 (A)	
11.	Mental Health Task Force Chairperson (or designee)	Ex-Officio	Mary Neubauer	05/01/2014 (A)	Chair
12.	Medical College of WI Health Care Provider (non-voting)	County Executive	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)	County Executive	Vacant		

(A) Appointment

(R) Re-appointment

(TE) Term Expiration

**BYLAWS OF THE MILWAUKEE COUNTY MENTAL HEALTH BOARD****ARTICLE I.****NAME**

The name of this board shall be the Milwaukee County Mental Health Board.

**ARTICLE II.****OBJECT**

The object of this board is to fulfill the duties placed on it by Wisconsin Statutes with a commitment to all of the following: Community-based, person-centered, recovery-oriented, mental health systems; Maximizing comprehensive community-based services; Prioritizing access to community-based services and reducing reliance on institutional and inpatient care; 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; Providing early intervention to minimize the length and depth of psychotic and other mental health episodes; Diverting people experiencing mental illness from the corrections system when appropriate; Maximizing use of mobile crisis units and crisis intervention training; and Attempting to achieve cost savings in the provision of mental health programs and services in Milwaukee County. In addition, the board will monitor the quality, safety, and effectiveness of all contracted services.

**ARTICLE III.****MEMBERS**

The members of this board shall be appointed to and removed from office under the express authority of Wisconsin State Statute 51.41(1d)(i)1 and 2, as applicable. Member terms are for 4 consecutive years, with a maximum tenure of 2, 4-year consecutive terms for voting members unless the voting member serves 3 consecutive terms totaling less than 10 years pursuant to Wisconsin Statute 51.4(1d)(d)6. A voting member who has served 2 consecutive 4-year terms or 3 consecutive terms totaling less than 10 years is again eligible to be suggested for nomination as a voting member after the individual has not served on the board for 12 months.

Members shall be subject to the Code of Ethics for Public Officials and Employees and the Code of Ethics for Local Government Officials as stated in Wisconsin Statutes, Chapter 19, as applicable. Effective January 1, 2015, this board declares all members shall be subject to the provisions of Wisconsin Statutes 19.59(3)(a) & (e), and 19.59(5) requiring submission of statement of economic interests, disclosure of conflicts, and authority for the soliciting of advisory opinions, public and private, on ethics matters.

Members who fail to attend meetings regularly may be subject to removal by the nominating authority.

**ARTICLE IV.****OFFICERS**

From among its voting members, at the first regular meeting of the board in each calendar year, the board shall elect by majority vote a chair, a vice-chair, and a secretary. The chair shall

preside at the meetings of the board. The vice-chair shall preside in the absence of the chair. The secretary shall keep an accurate account of actions of the board and may employ the assistance of staff of the Behavioral Health Division ("BHD") to assist in notetaking and transcription. The term of office for each officer shall expire upon election of a successor. Election shall be at the first regular meeting of the board in each calendar year.

**Members must meet the following minimum service requirements to be eligible for board officer roles:**

- 1) Chair: X year(s) of board service with at least X year(s) as a committee chair.
- 2) Vice-Chair: X year(s) of board service with at least X year(s) as a committee chair.
- 3) Secretary: X year(s) of board service.

In the event of the vacancy of the member elected as chair or incapacity to discharge the office of chair as determined by a 2/3 vote of the board, the vice-chair shall assume the office of chair and serve in that role for the balance of the term for that office.

In the event of the vacancy of the members elected as vice-chair or secretary or incapacity to discharge the office of vice-chair or secretary as determined by a 2/3 vote of the board, the chair shall appoint a voting member to serve in that office for the balance of the term for that office.

#### **ARTICLE V. MEETINGS**

Regular meetings of the board are those which are called by the chair. The Milwaukee County mental health board shall meet 6 times each year and may meet at other times on the call of the chairperson or a majority of the board's members. Special meetings are those which are called for by the chair or a majority of the voting members of the board. Special meetings may take action only on items which are expressly noted in the petition of the voting members calling for the meeting. In the matter of regular and special meetings, the chair shall prepare an agenda for the meeting in consultation with the BHD administrator and staff and provide for distribution to the members and public in accordance with Wisconsin statutes.

Meetings of the board shall be conducted in accordance with Wisconsin Open Meetings Law.

#### **ARTICLE VI. QUORUM & VOTING**

A quorum of the board shall be a majority of the voting members appointed to the board. A majority of those members present and voting shall be sufficient to adopt or approve actions, unless a different number is expressly required by statute or these by-laws. The method of voting shall be determined by the chair. Voting members may abstain from any vote, and the chair shall include a call for any members to abstain during the conduct of voting.

## **ARTICLE VII. COMMITTEES**

There is created an Executive Committee of the board consisting of the chair, vice-chair, and secretary of the board, and the Chairpersons of the Finance, Governance, and Quality Committees as voting members. The immediate past chair of the board serves in a non-voting chair-emeritus position if board term of service has not expired. The Executive Committee shall exercise the power of the board between meetings of the board, but such action by the Executive Committee is provisional only and expires at the next meeting of the board, at which time, however, the board may choose to ratify the action of the Executive Committee and may, if the board desires, make the action retroactive to the time of the Executive Committee action. Ratification by the board is subject to any limitation placed on said powers by statute or these by-laws. The chair of the board shall chair the Executive Committee and the secretary shall provide for written minutes to be prepared.

There is created a Finance Committee appointed by the Chairperson. The Committee shall consist of five (5) members who have exposure to the areas of budgets and finance. The purpose of the Committee is to review quarterly financial statements and the divisional budget to make sure resources are spent in accordance with budget targets and the mission of the Division. The Finance Committee shall report on the results of their analysis and any recommendations to the full board. The Committee shall meet quarterly but may meet more often during budget preparation time.

There is created a Governance Committee appointed by the Chairperson. The Committee shall consist of five (5) members for the purpose of assessment of overall board function including evaluation of the fulfillment of board legal and ethical issues; board member recruitment; new member orientation; and board self-development activities to ensure effective board governance practices in support of the mission of BHD. The Governance Committee shall report on the results of their analysis and any recommendations to the full board. The Committee shall meet six (6) times per year.

There is created a Quality Committee appointed by the Chairperson. The Committee shall consist of five (5) members for the purpose of assessing or measuring quality of care and Implementation of any necessary changes to maintain or improve the quality of care rendered by BHD and its contractors. The Quality Committee shall report on the results of their analysis and any recommendations to the full board. The Committee shall meet 4 (four) times per year.

The board may create ad-hoc committees to prepare recommendations on matters for the board's consideration. Ad-hoc committees will be charged with specific issues or tasks to address and confine their work to those issues or tasks and shall be discharged upon the final report of the committee to the board. The board chair shall appoint an odd number of voting members of the board to the ad-hoc committee and name the chair and secretary for the committee. Non-voting members of the board may be appointed as non-voting members of the committee. The committee chair shall be responsible for convening and operating the committee as well as delivering the report of the committee to the board. The committee

secretary shall prepare minutes of the committee's action and prepare the report of the committee as approved for the board's consideration. No action of an ad-hoc committee shall become the action of the board without an affirmative vote of the board.

## **ARTICLE VIII.**

### **DECLARATIONS OF POLICY**

All declarations of policy adopted by the board shall be codified in these by-laws and derive their function and power from and remain subservient to the authority of Wisconsin Statutes and the by-laws of this organization.

#### **1) EMPLOYEE RELATIONS**

It is the policy of the board that employment within BHD be subject to administrative procedures developed by the administration, which comply with federal and state laws, including Wisconsin's statutory Civil Service system, and that BHD recruit, employ, and retain high-quality professionals delivering quality service for the clients of the county. The administration of BHD is charged with creating a safe and accountable workplace.

#### **2) PROCUREMENT**

It is the policy of the board that all procurement operations be conducted through an administrative procedure developed by the administration which shall conform to the American Bar Association's Model Procurement Code (2000).

## **ARTICLE IX.**

### **PARLIAMENTARY AUTHORITY**

The board may adopt procedural rules to govern the conduct of its meetings and committees. Any procedural rule so adopted may be suspended or modified at any time by a majority vote of the board. The rules contained in the current edition of Robert's Rules of Order shall govern the board meetings where the board's procedural rules, these bylaws or the statutes of the State of Wisconsin do not apply or provide guidance. Committee meetings shall be governed by an informal process wherein committee members shall report findings or recommendations to the board for its consideration.

## **ARTICLE X.**

### **AMENDMENT OF BYLAWS**

An amendment to these bylaws may be adopted by a majority vote at any regular meeting of the board providing the amendment has been submitted in writing seven (7) calendar days prior to the next regular meeting.





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

Status **Active** PolicyStat ID **10695220**



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

Date Issued 11/9/2021

Last 11/9/2021

Approved

Date

Effective 11/9/2021

Last Revised 11/9/2021

Date

Next Review 11/8/2024

Owner Kathleen Flynn

Post: Mental

Health Board

Research Analyst

Policy Area Mental Health  
Board

## Mental Health Board Policy on External Board Appointments

### Purpose:

The purpose of this policy is to ensure that MHB appointments to other Boards is done in accordance with its statutory and regulatory requirements and in accord with our mission.

### Scope:

Mental Health Board and external Advisory Boards / Task Forces requiring MHB representation.

### Policy:

- A. The Mental Health Board has the overall responsibility for the safety and quality of care, treatment, and services provided by BHD.
- B. The Mental Health Board identifies those responsible for the planning, management, and operational activities of the Behavioral Health Division.
- C. The Mental Health Board may nominate representatives to participate in advisory leadership groups which are aligned with the mission of the MHB.
- D. The Mental Health Board representatives to other Boards will provide ongoing reports to the full Governing Body MHB or relevant committee in a timely manner.

### Definitions:

N/A

## Procedure:

1. Nominations for such external Board positions and/or Task Force memberships may come from the requesting agency, the Office of the County Executive, Board members or BHD administration.
2. Nominations will be reviewed by the Governance Committee to be sure that those nominated are representative of those we serve and share the values of person centered, recovery-oriented services.
3. After the slate of nominees is approved by the County Executive, if needed, and the Governance Committee, the slate will be presented to the full MHB for approval which will not be unreasonably withheld.
4. Appointed representative(s) will hold the responsibility to report pertinent facts from the outside group to the appropriate committee or to the whole MHB Board in a timely manner.

## References:

N/A

## Monitors:

MHB will solicit reports from appointed representatives as needed.

## Approval Signatures

Step Description	Approver	Date
Mental Health Board	Michael Lappen: BHD Administrator	11/9/2021
	Michael Lappen: BHD Administrator	11/8/2021
	Kathleen Flynn Post: Mental Health Board Research Analyst	11/5/2021



# Milwaukee County Mental Health Board

Overview



# Formation of the Mental Health Board

## **Prior to 2014:**

- County Board of Supervisors held the oversight responsibility for mental health functions, programs and services for the County.
- County Board of Supervisors set the budget for behavioral health and substance use funding as part of the overall County Budget.
- County Board's Health and Human Needs Committee often requested additional information slowing the contracts approval process
- In 2013, County Executive Chris Abele and state-level leaders called for mental health care reforms to address problems with the County-run hospital and involuntary detention services.

- A legislative task force recommended that mental health services be removed from the purview of the County Board and instead administered by a board of mental health experts.
- State legislation drafted to form a new oversight body comprised of mental health professionals, stakeholders, and advocates
- Led by State Representatives Joe Sanfelippo, Sandy Pasch, Leah Vukmir, and others

## **2014:**

- 2013 Act 203 was passed by the state legislature and signed into law by Governor Scott Walker on April 8, 2014 – creation of the Milwaukee County Mental Health Board

# 2013 Act 203 Defines Mental Health Board Functions & Structure

- Board oversees Behavioral Health Services (BHS) of the Milwaukee County Department of Health and Human Services, which is responsible for ensuring the provision of behavioral health services for county residents.
  - Sets policy regarding BHS programs and services
  - Provides effective fiscal stewardship of the BHS budget
  - Reviews the quality of BHS services for the County's diverse population
  - Maintains a community-based, person-centered, recovery-oriented approach
- Thirteen-member board comprised of:
  - mental health professionals, advocates, consumers/family members, and providers representing the continuum of care within Milwaukee County.
- Four-year terms with limit of two terms (or up to ten years if partial term)
- Reference: [More details in State Statutes Chapter 51.41](#)

# Board Seats Represent Constituencies

Seat	
1.	Psychiatrist/Psychologist – Child
2.	Psychiatrist/Psychologist - Adult
3.	Consumer Experience
4.	Psychiatric Mental Health Advanced Practice Nurse
5.	Finance / Administration Expertise
6.	Health Care Provider – Substance Abuse
7.	Legal Expertise
8.	Community-Based Mental Health Service Provider
9.	Consumer/Family Member Representing Community-Based Mental Health Service Providers
10.	County Community Programs Board Chairperson (or designee)
11.	Mental Health Task Force Chairperson (or designee)
12.	Medical College of WI Health Care Provider (non-voting)
13.	UW-Madison Health Care Provider (non-voting)

# Mental Health Board

First Meeting  
July 2014

Governor Scott Walker made the initial member appointments to form the board in 2014 (excluding ex-officio members).

1. Peter Carlson
2. Robert Chayer
3. Ronald Diamond
4. Jon Lehrmann
5. Thomas Lutzow
6. Lyn Malofsky
7. Jeffrey Miller
8. Mary Neubauer (ex-officio)
9. Maria Perez
10. Duncan Shrout (ex-officio)
11. Kimberly Walker -- Chair
12. Brenda Wesley
13. Nathan Zeiger

Transitional Liaison Kathleen Eilers hired to facilitate board launch and develop board governance policies.

# 2024 Mental Health Board

(as of 3/1/24)

	Seat	Nominating Authority	Member Name
1.	Psychiatrist/Psychologist - Children	County Board	Amy Ridley Meyers
2.	Psychiatrist/Psychologist - Adult	County Board	Maria Perez
3.	Consumer Experience	County Board	Shirley Drake -- Secretary
4.	Psychiatric Mental Health Advanced Practice Nurse	County Board	Kathleen Eilers – Vice Chair
5.	Finance / Administration Expertise	County Executive	Richard Canter
6.	Health Care Provider – Substance Abuse	County Executive	Kenneth Ginlack
7.	Legal Expertise	County Executive	Katharine Bottoni
8.	Community-Based Mental Health Service Provider	County Board	Rachel Forman
9.	Consumer/Family Member Representing Community-Based Mental Health Service Providers	County Executive	LaNelle Ramey
10.	County Community Programs Board Chairperson (or designee)	Ex-Officio	Dennise Lavrenz
11.	Mental Health Task Force Chairperson (or designee)	Ex-Officio	Mary Neubauer -- Chair
12.	Medical College of WI Health Care Provider (non-voting)	County Executive	Jon Lehrmann
13.	UW-Madison Health Care Provider (non-voting)	County Executive	Vacant

# Board Committees

## Standing Committees

- Executive Committee — meets if board action required
- Finance — meets quarterly plus 6-7 additional meetings for contracts and budget approval
- Governance — meets bi-monthly
- Quality — meets quarterly

## Ad Hoc Committee (meets as needed)

- Community Engagement

# BHS Leadership & Board Staff

## BHS Administrator

- Michael Lappen serves in this role which has shared oversight by the Department of Health and Human Services Director and the Mental Health Board.

## BHS Leadership Team

- provides regular reports to the Mental Health Board and its committees.

## Board Staff

- Research Analyst provides independent research and analysis to support board governance
  - Kate Flynn Post serves in this role which reports to the Board Chairperson.
- BHS Staff provides administrative support including committee coordination
  - Jennifer Miles serves as Interim Board Liaison.

# Connect with the Mental Health Board

- Share questions and comments with the board via email: [MHB@milwaukeecountywi.gov](mailto:MHB@milwaukeecountywi.gov)
- The general public is welcome to attend Mental Health Board and Committee meetings. Board meetings convene in-person. Committee meetings convene virtually. Meeting schedule, links, and agenda can be found here: [Governance \(milwaukee.gov\)](https://www.milwaukee.gov/Governance)
- The Mental Health Board convenes several special **public comment hearings** each year to hear direct input from community members on a regular basis. The Mental Health Board invites community feedback into the budget development process each year.
- **2024 Mental Health Board Public Comment Hearings**
  - Budget Input: March 21, 4:30pm – Washington Park Senior Center
  - General Comments: Sept. 26, 4:30pm – Washington Park Senior Center



# Behavioral Health Services Budget

## 2025 Budget Development Timeline

### Public Comment Opportunities

- March 21, 4:30pm: Mental Health Board Public Comment Meeting – Washington Park Senior Center
- Spring: Departments receive tax levy targets and fringe benefit allocations from County Executive's central budget office
- June 6: Finance Committee preliminary budget proposal presentation
- June 11, 4:30pm: Finance Committee: Formal budget overview and public comment – Washington Park Center
- Late-June: MCMHB members have opportunity to put forth formal budget recommendations that are voted on by Finance Committee
- June 27, 1:30pm: Finance Committee: Budget presentation and public comment – Washington Park Senior Center
- July 11: Mental Health Board budget consideration/approval – Budget sent to County Executive
- Summer: County Executive may adjust BHS budget based on policy recommendations, updated fringe benefit assumptions, etc.
- October 1: County Executive recommends final BHS budget as part of overall County budget. County Board may not reduce amount of BHS budget per state statute.



# Comments/Questions for the Mental Health Board?

[MHB@milwaukeecountywi.gov](mailto:MHB@milwaukeecountywi.gov) (general)

[Mary.Neubauer@milwaukeecountywi.gov](mailto:Mary.Neubauer@milwaukeecountywi.gov) (Board Chair)

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

Date: April 16, 2024

To: Milwaukee County Mental Health Board

From: Mary Neubauer, Chairwoman, Milwaukee County Mental Health Board

Subject: Informational Update from the Chair regarding June 11, 2024, MCMHB Finance Committee Public Budget Comment Meeting and Meet and Greet

File Type: Informational Report

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**REPORT**

The Milwaukee Mental Health Task Force meeting (MMHTF) is held the 2nd Tuesday of each month from 3:00 p.m. - 5:00 p.m. Chairwoman Neubauer represents the MMHTF on the Milwaukee County Mental Health Board (MCMHB). Due to the MCMHB Finance Committee Budget Public Comment Meeting occurring the same day and time frame, the MMHTF are moving their meeting to the Washington Park Senior Center.

The June 11, 2024, Milwaukee Mental Health Task Force (MMHTF) Meeting will be held at the Washington Park Senior Center and overlap with the June 11, 2024, Milwaukee County Mental Health Board Finance Committee Budget Public Comment Meeting.

Special Guests will be invited to the MMHTF meeting and may be in attendance for the MCMHB Finance Committee meeting. The guests include the Milwaukee County Board of Supervisors, Council on Aging, Combined Community Service Board, and Aging Disability Resource Governing Board and public that attend the MMHTF meeting.

**Milwaukee Mental Health Task Force Agenda:**

3:00p- 3:07p- Welcome

3:07p-3:40p - Department of Corrections - Community Forensic Peer Specialists Presentation

3:40p-4:00p-Wisconsin Community Services - Hub and Spoke Presentation

4:00p-4:25p Meet and Greet – MC3 Steering Committee with MCMHB

5:00p-6:30p MCMHB Finance Committee Budget Public Comment Hearing

Upon conclusion of the MCMHB Finance Committee Budget Public Comment Meeting, there will be a one hour Meet and Greet with the entire MCMHB, Support Staff, and DHHS Staff in attendance. Plan out your schedule and rides to be able to stay for one hour.

Beverages will be provided.

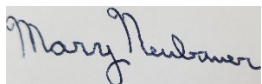
Thank you in advance for your participation in our first 2024-2025 board outreach to the

community. This effort will build exposure, input, and contribute to the overall success of our Milwaukee County Mental Health Board.

**PREPARED BY:**

Jennifer Miles, Interim Board Liaison

**APPROVED BY:**

A handwritten signature in blue ink, reading "Mary Neubauer". The signature is written in a cursive style with a large initial "M".

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

**DATE:** March 22, 2024

**TO:** Mary Neubauer, Chairwoman – Milwaukee County Mental Health Board

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

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

**Background**

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

**Discussion**

**High Quality and Accountable Service Delivery**

- **Mental Health Emergency Center (MHEC)**

As was shared with the MHB Quality Committee, the MHEC provided a full, first-year snapshot of operations at the end of 2023. There were 7163 patient visits with 4166 unique patients in the first year (9/22 to 9/23). Mode of arrival for patients was 69% law enforcement, 29% walk-in, and 2% ambulance. Discharge destinations were 80% community-based care or home, 20% inpatient care. The average length of stay was 13.5 hours in the first year (although preliminary Q1 2024 data shows that this has been reduced significantly). February 2024 MHEC data shows 583 encounters (461 adults and 122 youth), 298 voluntary and 285 involuntary. Police accompanied 453 individuals, 121 walked-in on their own or with family, and 9 arrived via ambulance. At discharge, 477 cases were voluntary with 106 involuntary. Average length of stay was 7.5 hours for adults (56% reduction from the first year of operations) and 11.0 hours for youth. Adult discharge locations were: Granite Hills 47, Aurora Health 29, Rogers Memorial 1, Ascension 7, MHEC Inpatient 10, and Winnebago Mental Health Institute 4. Youth discharge locations were: Granite Hills 16, Aurora 7, Rogers Memorial 1, and Winnebago 1. MHEC staff meet monthly with the Milwaukee Police officials monthly. In a recent conversation with Assistant Chief Nicole Waldner, it was reported that MHEC

is performing at a high level with occasional busy periods that lead to longer wait times for law enforcement. She indicated that there was a challenging period around Thanksgiving 2023 where there were no local inpatient beds available, which drove up the census at MHEC, as there were limited discharge options, which in turn, made it more difficult to manage admissions even at normal volumes. Chief Waldner cited two episodes of longer wait times in March 2024, but indicated that MPD feels like MHEC is effective and a good partner with MPD.

- **UHS Granite Hills**

Granite Hills is operating 36 adult inpatient beds and 12 youth beds (age 12 and older). At a recent governing board meeting, CEO Angela Sanders indicated that staffing was stabilizing after experiencing very significant turnover since the facility opened. Although Granite Hills is still well below their projected 120 bed capacity, their business plan for 2024 calls for adding 20 more adult beds in 2024. Administrative staff at the Mental Health Emergency Center and the BHS team managing involuntary cases, report that Granite Hills has been taking more higher-acuity patients and has reduced the number of cases they are unable to admit. Some fourth quarter 2023 data: 368 admissions, 379 discharges, and 2914 inpatient days. Average daily census was 31.67, with an average stay of 7.73 days.

- **Bloomberg Overdose Prevention Initiative**

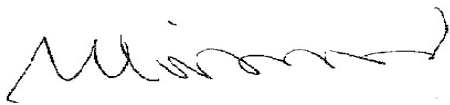
As a result of a very successful and well-received NACo Opioid Solutions Network event in Milwaukee County late last summer, BHS has been invited to participate in the Bloomberg Philanthropies Overdose Prevention Initiative in New York May 9th and 10th. The meeting “will include representatives from Federal, State and local government, community-based organizations, and other partners and allies working towards addressing the overdose crisis in the United States.” Milwaukee County continues to be recognized as a national leader in substance use prevention, awareness, and especially for our pioneering harm reduction efforts.

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

- **Staffing**

Over the past several months, BHS has seen an uptick in successful recruitment, with successful new hires in the Milwaukee Mobile Crisis and Access Clinic units which have experienced significant staffing shortages over the past several years. Several large community providers have reported anecdotal successes in filling long-vacant positions,

and larger pools of quality candidates for posted openings. CART positions remain difficult to fill—both clinicians and officers—as the “power shift” and required nights and weekends are still limiting interested candidates. Third shift mobile crisis has been almost impossible to staff for several years now—despite substantial hourly shift differentials—but recently, a contracted solution has emerged to solidify third shift coverage in the near future.

A handwritten signature in black ink, appearing to read "Michael Lappen", written in a cursive style.

---

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



MILWAUKEE COUNTY  
DEPARTMENT OF  
HEALTH & HUMAN  
SERVICES

# ANNUAL REPORT 2023

Together, Creating Healthy Communities





MESSAGE FROM MILWAUKEE COUNTY EXECUTIVE  
DAVID CROWLEY



In 2023, we celebrated a new day in Milwaukee County. By deploying tax revenue generating tools and maintaining our track record of thoughtful, fiscally responsible budgeting, we created the opportunity to invest in our community to benefit residents, families, and neighborhoods for many years to come. My vision for Milwaukee County is by achieving racial equity, we will become the healthiest county in the State of Wisconsin, and the work of DHHS is integral to making that vision a reality. By putting people at the center of service delivery, through its **“No Wrong Door”** model of customer service, DHHS has created greater access to critical health and human services, while continuing to address social determinants of health and providing support and resources to our most vulnerable residents.

Last year, DHHS and Child Support Services (CSS) began the work on integrating CSS into DHHS. The integration was official as of January 1, 2024. This move is the result of Milwaukee County’s first strategic planning process in 20 years and will ensure the county is first and foremost designed to meet customer needs and create better coordination and delivery of services by enhancing cross-departmental collaboration.

In June, **Milwaukee County’s American Rescue Plan Act (ARPA) Annual Recovery Plan** was ranked in the top five in a Results for America Assessment. We were ranked third out of 93 counties across the country receiving ARPA State and Local Fiscal Recovery Funds. For their part, DHHS has used the funds to develop innovative programs and

partnerships to support the community by advancing our strategic vision to **Bridge The Gap** and **Invest in Equity** through capacity building and a focus on prevention.

Milwaukee County received the largest amount of Opioid Settlement Funds recovered by any local government in the history of Wisconsin, and the settlement represents the largest recovery of any Wisconsin local government in active opioid litigation. DHHS Behavioral Health Services immediately created a **harm reduction strategy** and Harm Reduction Vending Machine program, which, to date, has deployed **11** machines throughout our community. They demonstrate an urgent response to this crisis facing our community with an evidence-based strategy.

I’m impressed by the internal changes DHHS is making by prioritizing culture, change management, and staff development. By supporting a strong internal culture, they are leading by example to **Create Intentional Inclusion**, furthering the county’s vision.

As DHHS continues the implementation of its strategic plan, the transformation that has taken place, and continues to take place, is making us a stronger Milwaukee County. We are focused on providing more support to individuals and families to ensure they have a place to live and continuing to provide supportive services for children, youth, young adults, people with a disability, older adults, anyone in need of behavioral health services, and our veterans. As the largest department in Milwaukee County, DHHS continues to have an incredible impact on our community, and I’m inspired by their commitment to meet the moment with tremendous momentum.

David Crowley  
Milwaukee County Executive

MESSAGE FROM DHHS LEADERSHIP



DHHS is building on its successes and momentum, while realizing our strategic vision. In our third year of operationalizing the **DHHS Strategic Plan** and implementing our **No Wrong Door** philosophy, we closed gaps in service delivery, invested in physical infrastructure, and were recognized as a national leader by our peers.

We created positive change, further setting us on a course to future success. We looked at how to improve synergy across the department and how to amplify programs and initiatives, leading to system improvement, and moving us toward creating a healthy community, together.

In October, we celebrated the groundbreaking for the new **Marcia P. Coggs Health and Human Services Center**, continuing the legacy and work of the building’s namesake who was a political trailblazer and tireless advocate for human needs. Milwaukee County will finally have a building dedicated to delivering health and human services, designed for the community and with the community.

Milwaukee County DHHS is the only health and human services department in the nation to include

Housing Services. This unique structure creates the perfect environment to deliver person-centered care to unsheltered individuals. We’ve received praise from around the country citing our Housing work as a national example with our multi-faceted approach featuring new system navigation and investment in affordable housing.

There was true intentionality in responding to the public health emergency of youth gun violence. We were agile in creating efficiencies and capacity building with program expansion, community feedback, greater access for families and real-time responsiveness to situations in the community.

We continue to make robust investments in quality of life programming for our older adults and persons with disabilities. The ongoing work of the behavioral health care system redesign is bringing more mental health resources into the communities we serve. With new investment, we supported **4,100** veterans and their families in the last year.

As of January 1, 2024, we welcome **Child Support Services** to the DHHS family! We look forward to greater alignment to the No Wrong Door model of customer service with a strong family-centric approach to best serve children and families in our community.

Read on to learn how we are building a foundation for a legacy of exceptional human services for future generations.

Shakita LaGrant-McClain  
Executive Director

David Muhammad  
Deputy Director



» DEPARTMENT OF HEALTH & HUMAN SERVICES

Consisting of the following areas: Aging & Disabilities Services, Behavioral Health Services, Children, Youth & Family Services, Housing Services, Management Services, and Veterans’ Services. As of January 1, 2024, Child Support Services.

The Department of Health & Human Services serves **95,000+** residents annually with a budgeted staff of **920** and a network of community-based partner agencies.



The Workforce Training & Development (WTD) team was established and built capacity into a team of six. This team serves to provide trainings to all DHHS employees and will continue to grow to better serve the provider network. WTD provides DHHS New Employee Orientation, professional development opportunities for staff and the provider network, manages the HealthStream Learning Management System (LMS), and offers internship and practicum placements through the Professional Training Program.

» **The Workforce Training & Development Team onboarded 209 employees in 2023**

» NEW AND IMPROVED EMPLOYEE ORIENTATION

The newly revamped Employee Orientation features an overview of DHHS, the department’s Strategic Plan, Work Guide, Computer Use 101, and Destigmatization of Mental Illness. The goal of New Employee Orientation is to give new employees the opportunity to meet and connect with each other and department leaders to further integration of DHHS and advance the **“No Wrong Door”** model of customer service.



» DIVERSITY, EQUITY AND INCLUSION TRAINING EXPANSION

WTD was awarded a **\$100,000** grant from the State of Wisconsin Department of Health Services to support Diversity, Equity and Inclusion training expansion to the provider

network. DHHS contracted with Uplifting Impact to create all content and facilitated the sessions. The content and sessions were open to all DHHS employees and community providers.

» DHHS OFFERS PROFESSIONAL COACHING

Further investing in the success and advancement of DHHS staff, in 2023 individual coaching was offered to new and emerging leaders. Five groups participated in small group change management work with 23 employees in those groups. Five staff members received individual coaching. This professional coaching received rave reviews.

**44**  
DHHS EMPLOYEES  
PROMOTED IN 2023

**Employee testimonial: Coaching provided by Denisha Tate-McAlister**

*“My experience with Denisha was amazing and unexpected. . . within the first two minutes of talking with Denisha, I knew that this is what not only I, but every employee, needs. I was impressed with her ability to put me at ease but also dig deeper to find the why. Denisha is like a therapist and a life coach as well as a career coach rolled into one. She is a gem in her field!”*

**Employee testimonial: Coaching provided by Gary Hollander**

*“Leadership coaching with Gary has been awesome and it was an enlightening experience. I came into the experience thinking I would complete some activities that would make me a better manager, but I completed coaching with tools to make me a better person and community member. He pushed me to go deeper and to dream bigger of my impact within DHHS and the community we serve.”*

» MILWAUKEE COUNTY BREAKS GROUND ON NEW MARCIA P. COGGS HEALTH AND HUMAN SERVICES CENTER

Milwaukee County Department of Health and Human Services (DHHS) is building a healthy community. On October 2, 2023, a groundbreaking ceremony was held for the new **Marcia P. Coggs Health and Human Services Center**, located at 1230 W. Cherry Street. For the first time, Milwaukee County will have a building designed specifically to deliver health and human services, eliminate physical barriers, create a warm and welcoming location, and improve access for families and individuals to resources and services that address social determinants of health. The new Marcia P. Coggs Center, home to DHHS, will continue to be a trusted location to access services, as it has been for more than 50 years, in the King Park neighborhood with the inherent benefits of walkability and public transportation.

The Marcia P. Coggs Health and Human Services Center will be a four-story, 60,000 square foot building with the first floor intended to be a warm, welcoming, and accessible entry point for information and access to services, as well as a community space. Its proximity to the Mental Health Emergency Center is intentional and will serve as a human services campus. The anticipated completion date for the center is early 2025.

The building was designed to help Milwaukee County achieve the goals of its **Climate Action 2050 plan**, including achieving carbon neutrality. The building design was recently approved by the U.S. Environmental Protection Agency to receive *Designed to Earn the ENERGY STAR®* recognition.

The building’s namesake Marcia P. Coggs was a political trailblazer and strong advocate for human needs. She was the first African American woman elected to the Wisconsin State Assembly, and the first Black person to sit on the state Legislature’s Joint Finance committee. She served on the Health and Human Services Committee the entire time she was in office, and many of the committees she served on were focused on children, families, and employment. Coggs was famously quoted as saying, **“You cannot legislate the heart, but you can legislate laws. My mission is to work for social change. Period. When I say social change, that is self-explanatory—human needs.”**





» DHHS BUILDS CAPACITY, CULTURE AND CHANGE MANAGEMENT

**THE DHHS OPERATIONS TEAM** was established to address organizational capacity and implement the department’s strategic vision to create healthy communities, together. This team leads department-wide change management and integration efforts, evaluates the impact of services from a population health lens, supports the provider network, and uses technology to improve care coordination ensuring there is No Wrong Door for quality services across systems. Additionally, this work is supported by the creation of a DHHS learning culture that is a major part of workplace development efforts and supports expanding person-centered care across service areas.

**The Operations Team Includes:**

- Communications
- Contract Administration
- Measurement & Evaluation
- Strategic Plan Implementation
- Technology and Informatics
- Workforce Training and Development



DHHS Operations Team (left to right): TJ Cobb, Melissa McGaughey, Jess Kowalski, Dr. Martha Badger, Jill Lintonen, David Muhammad, Dennis Buesing, and Katie Cox.

As part of ongoing change management, DHHS is breathing new life into a previously successful initiative: **Change Champions**. The Change Champions program provides an opportunity for staff, in any position within DHHS, to influence workplace culture surrounding change. Individuals from direct service staff to leadership are eligible to participate, with an emphasis on mid-level management. Cohort one launched at the beginning of 2023 and during the ten months in the program, staff worked to investigate current department initiatives and goals, identifying from among them one or more to prioritize by championing daily. The projects identified ranged from stay conversations with all staff to having inclusive restrooms across Milwaukee County. A second cohort will launch in 2024 with 26 staff members participating, 18 of whom are in direct service positions.



Change Champions were introduced at the department’s People Leaders’ Meeting.

» MILWAUKEE COUNTY SHOWCASES INNOVATIVE WORK AS THE HOST OF THE NATIONAL ASSOCIATION OF COUNTIES CONFERENCE

DHHS Behavioral Health Services (BHS) and Children, Youth & Family Services (CYFS) hosted attendees from **30** counties during the National Association of Counties (NACo) conference August 29-31, 2023, a joint convening of county leaders from the Opioid Solutions Leadership Network and Prenatal-to-Three County Leaders Academy. The multidisciplinary gathering of experts from across county government explored cross-sector initiatives that focus on the unique needs of parents and children affected by the overdose crisis.

The three-day event included a welcoming event at the Harley Davidson museum, a joint session with a **Prenatal-to-Three** group focusing on families afflicted by Opioid Use Disorder, a panel presentation of individuals serving Black communities, presentations on the use of data by Dr. Matt Drymalski and Dr. Ben Weston, and a panel presentation by the MAT Behind the Walls project collaborators.



DHHS Executive Director Shakita LaGrant-McClain speaks at the joint reception with Opioid Solutions Network and Prenatal-to-Three Academy; Jennifer Witwer, BHS, Director, Community Access to Recovery Services (CARS) and Dr. Ben Weston, Milwaukee Chief Health Policy Advisor present on day one; conference attendees listen to a panel discussion on preventing overdose deaths at Coffee Makes You Black.

Milwaukee’s famed Hoan Bridge was lit purple for International Overdose Awareness Day, which coincided with the NACo conference, on August 31, 2023. International Overdose Awareness Day (IOAD) is the world’s largest annual campaign to end overdose, remember without stigma those who have died from overdose, and acknowledge the grief of the family and friends left behind. In recognition of this day of awareness, the Hoan Bridge was lit purple August 30 and 31.

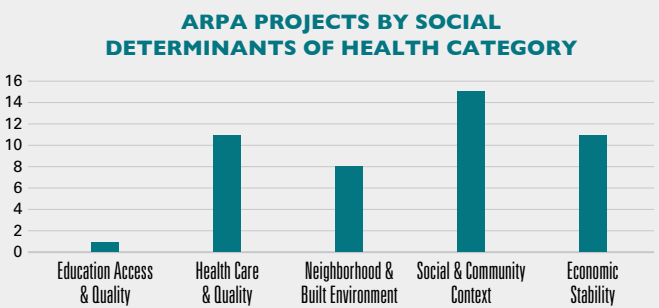


The Hoan Bridge lit purple for International Overdose Awareness Day; Opioid Solutions Leadership Network attendees in front of the Hoan Bridge at dusk.



» AMERICAN RESCUE PLAN ACT PROJECTS  
ADDRESS COMMUNITY NEEDS

American Rescue Plan Act (ARPA) funding is providing needed resources to bridge gaps in services, allowing DHHS to create innovative programming focused on prevention as well as addressing our community’s most pressing needs.



DHHS is investing **\$86M** in community health through **25** projects. As the bar chart illustrates, **100%** of DHHS’ non-administrative ARPA projects address social determinants of health in some way, including everything from the economic stability that comes with being able to have food stamps matched when used at a local farmer’s market to improving neighborhoods by rehabbing foreclosed homes.

In 2023, DHHS invested **\$3.7M** of ARPA funds in community violence intervention and youth justice programming, with nearly **\$1M** impacting the **284** youth referred to the Credible Messenger Program. In August, the Credible Messenger Program expanded to include a “Response Team,” a coordinated effort to collaborate with the other Credible Messenger teams to respond to youth public safety situations. In addition, ARPA funds enabled the launch of the first Credible Messenger team to focus specifically on serving girls, including addressing their unique needs and helping to prevent contact with the youth justice system.

In 2023, DHHS invested **\$18M** of ARPA funds in eight housing-related ARPA projects. Nineteen homes have been identified for rehabilitation, with eventual sale of the homes being prioritized for first-time homebuyers of low to moderate income. New affordable housing in the suburbs aims to create opportunities to end racial disparities in homeownership. New housing is being built in the neighborhood around the Marcia P. Coggs Human Services Center, with 19 homes already completed and another nine homes with completed foundations.

In 2023, DHHS also invested **\$2.28M** of ARPA funds in Aging & Disabilities Services, Behavioral Health Services, and administrative support. These projects are addressing gaps in behavioral health care, ensuring that projects are effectively implemented, and helping Milwaukee County residents avoid losing Medicaid coverage during the period in which reenrollment is required. DHHS has trained more than **200** professionals in how to help county residents in need navigate the reenrollment period, with a bus campaign and partnerships with community-based organizations to spread the message more broadly.



» ARPA BY THE NUMBERS »

**25** DHHS ARPA Projects, totaling **\$86M** in multi-year funding.

**2** of the 25 projects are state grants using ARPA.

**20** of the 25 were designed by DHHS.

**5** of the 25 projects were designed and submitted by community-based organizations, and are being administered through DHHS.

Projects are implemented through coordination with **22** Project Leads in four service areas (BHS, Housing, CYFS and ADS).

More than **40** contracts executed with community-based providers.

» INVESTING OPIOID SETTLEMENT FUNDS  
TO COMBAT DEATH FROM OVERDOSE

Opioid settlement funds are a game changer in the fight against overdose deaths. These monetary settlements resolve litigation over the role of companies in contributing to the opioid crisis. The resulting investment in preventing and treating substance abuse has brought an infusion of resources to Milwaukee County, allowing the team to move urgently and strategically to combat the overdose epidemic. In 2023, there were 568 confirmed overdose deaths, 480 of which were opioid-related, with an additional 98 cases still pending further toxicology. DHHS’ goal is to build capacity to maximize prevention and treatment activities while partnering with community-based organizations on new and innovative approaches to harm reduction and amplifying effective strategies currently underway.

In February, DHHS held two virtual community conversations to solicit input from the community on how the funds reserved for regranting should be invested. DHHS convened **80** community partners across two, two-hour listening sessions to hear the services they see as most needed and innovative, how to reach underserved populations, and how best to structure the application for funds. DHHS has developed a regranting process to take place in 2024 that reflects their input and will result in contracts with community-based organizations and service providers.

Harm reduction is an evidence-based public health strategy to prevent death and lessen the negative consequences associated with substance use. In August, DHHS announced the placement of **11** Harm Reduction Vending Machines to reduce injury and death from overdose at locations across the county, informed by data and need. The machines provide free access to harm reduction and



Jeremy Triblett, Prevention Integration Manager, speaks at a press conference announcing Harm Reduction Vending Machines.

DHHS OPIOID  
SETTLEMENT PROJECTS

Through a competition internal to Milwaukee County, in 2023 DHHS had **7** three-year projects gain awards totaling **\$10,288,394**.

When fully implemented, projects will have more than **15** contracts in place with community-based organizations.

Projects specifically address needs of youth, adults, and older adults.

Projects touch on topic areas including prevention, education, harm reduction, treatment, homeless outreach, and medication-assisted treatment.

prevention supplies, including fentanyl test strips, nasal naloxone, medication deactivation pouches, medication lock bags, and gun locks. DHHS has also launched the [HarmReductionMKE.org](https://HarmReductionMKE.org) webpage and will be placing eight more machines in 2024 to ensure people have access to overdose prevention supplies.

Capacity is increasing through settlement-funded projects in the areas of homeless outreach, addressing substance abuse treatment needs in the youth justice setting, and addressing needs for opioid-related education and prevention among Milwaukee County’s older adults.

The settlement funds are also allowing for the continuation of a successful program, **MAT Behind the Walls**, which served **98** people in 2023. This program reduces risk of overdose deaths for incarcerated individuals by offering the evidence-based practice of Medication-Assisted Treatment. The program will offer each of the three key medication options for individuals with opioid use disorder, an evidence-based practice that is rarely realized in correctional settings.

DHHS is committed to implementing strategies and prevention efforts to reduce death from overdose through innovative and collaborative investment of settlement funds over their 18-year span to save lives.



Over the past three years, DHHS has operationalized its Strategic Plan by advancing two primary strategies: a No Wrong Door model of customer service, and a focus on improving community health. Fundamental

to this work is internally building culture, training, professional development, and change management. DHHS has built internal capacity in these key areas and is working toward becoming an employer of choice.

### CHILD SUPPORT SERVICES INTEGRATES WITH DHHS

Throughout 2023, DHHS worked on the process of integration with Child Support Services (CSS), effective January 1, 2024. By integrating CSS within DHHS it creates greater alignment to the **No Wrong Door** philosophy with a strong family-centric approach to best serve children and families in our community.

In 2019, Milwaukee County formally began its first strategic planning process in 20 years. Outcomes from this Organizational Design Project included ensuring the

organization first-and-foremost is designed to meet customer needs, creating better coordination and delivery of services by enhancing cross-departmental collaboration. A result of this process is the integration of CSS within DHHS. The goal is to better connect residents to a broader array of programs, create easier access to services regardless of the point of entry, and mission alignment focusing on how to best serve families.



### STAFF PROFESSIONAL DEVELOPMENT DAY

In May, the Director’s Office organized a Staff Professional Development Day to invest in employees' success and upward advancement at Milwaukee County. The event provided resources, tools, and tips to help DHHS employees be successful in their careers at Milwaukee County and be ambassadors for working at the county. In collaboration with the County Executive’s Office

team who provided photography services, everyone had the opportunity to get a professional headshot taken, attend professional development sessions on interviewing, how to write you bio and others, and learn how to amplify their online presence from keynote speaker Clarene Mitchell.

### NO WRONG DOORS AT DHHS

The philosophical shift to DHHS’ **No Wrong Door** model began implementation during the pandemic without the opportunity for an in-person launch. At the May People Leaders’ Meeting, the Director’s Office re-launched this core strategy for the department, featuring expanded language and definition, fanfare including a trivia contest, cake, and No Wrong Door



keychain giveaway. A yearlong internal communications campaign is underway including employee engagement, development of resources, and collecting success stories.



In August, two employee engagement events were organized by the Love, Peace, and Happiness and Do The Right Thing Committees, which featured taco/nacho bar fundraisers and a “This Is The Right Door” decorating activity.

### MANAGEMENT SERVICES

In the **2020-2025 DHHS Strategic Plan**, a key indicator of success in the **Focus Area: Racial and Health Equity**, is to gather data to assess how our vendors reflect the diversity of our community. The below table shows the data over the past three years on race, ethnicity and gender, both composition of provider agency leadership, and composition of provider agency staff.

DHHS ENTERED INTO OVER **700** CONTRACTS FOR OVER **\$300M** IN 2023, AND PROCESSED AND EXECUTED OVER **1,000** CONTRACTS OR CONTRACT AMENDMENTS.

DHHS ONBOARDED AND IMPANELED OVER **4,000** DIRECT SERVICE PROVIDERS IN 2023, OF WHICH **98.5%** WERE COMPLETED WITHIN 5 BUSINESS DAYS.

Measure	Performance Indicator	Measure construction	2020	2021	2022
Proportion of racial/ethnic diverse led agencies to agencies contracted	% of racial/ethnic diverse led contracted agencies	# of BIPOC vendor leaders contracted / total number of vendors leaders contracted	28%	42%	42%
Proportion of annual budget supporting racial/ethnic diverse led agencies	% of annual budget awarded to racial/ethnic diverse led agencies	# of dollars from annual budget awarded to BIPOC led agencies / # of dollars from annual budget awarded to external agencies	n/a	26%	26%



Aging & Disabilities Services (ADS) includes the Office for Persons with Disabilities and the Aging Unit for the Area Agency on Aging (AAA)

ADS connects older adults and individuals with disabilities to resources that promote independence and inclusion, giving them choices for living in and giving to our community.



ADS staff Mike Bonk, Andy Bethke and Bekki Schmidt participate in outreach events.

### MILWAUKEE COUNTY AGING & DISABILITY RESOURCE CENTER (ADRC) INCREASES ENGAGEMENT

The ADRC provides information and assistance on a broad range of programs and services for older adults and adults with disabilities to meet their needs and help them remain independent. **In 2023, increased outreach by the ADRC has resulted in:**



### TRANSITIONAL YOUTH SERVICES SERVING MORE CHILDREN

During listening sessions, the ADRC staff identified that disabled children on the cusp of adulthood were at risk of losing benefits and were not being properly supported with transitional youth services. In 2023, the ADRC began working with the local school districts in Milwaukee County and established active relationships with Transition Coordinators and have a goal of reaching **20%** more children of color for the 2024 school year.

### MILWAUKEE COUNTY AWARDED INDEPENDENT LIVING SUPPORTS PILOT (ILSP) PROGRAM

The ADRC has been awarded the American Rescue Plan Act Independent Living Supports Pilot (ILSP) program which will serve **1,700** Milwaukee County residents. The program offers short-term, flexible, and limited services and supports for people at risk of entering Medicaid long-term care. It will help improve people’s ability to stay in their own homes, potentially easing the increased burden on Wisconsin’s long-term care system as the population ages. This pilot will provide invaluable insight about how people seek information from the ADRC about services and supports. It will also help staff better understand potential barriers in accessing those services.

### AAA ADVANCES COUNTY VISION

The AAA Unit advanced racial equity by extending the Dine Out Program to five minority-owned restaurants that provide nutritious food options to hundreds of new diners, most of whom are from communities of color and contracted with community health and marketing firms. Additionally, AAA renewed a partnership with the Milwaukee office of the Wisconsin Alzheimer’s Institute to enhance culturally tailored caregiver outreach in the African American community.



Senior diners enjoy a meal at the Rise & Grind Café as part of the Dine Out Program. In collaboration with Serving Older Adults, and made possible with ARPA funds, quilters at Clinton Rose Senior Center got new sewing machines. This need was identified through a process driven by Senior Center participants.

### DINE OUT PROGRAM SERVES UP SUCCESS

Milwaukee County AAA’s Dine Out program continues to offer delicious and culturally diverse meal options while supporting minority-owned restaurants. Rise & Grind Café served **101** meals to **62** individual diners and attracted **25** brand new participants in their first month, primarily serving individuals from communities of color. Since opening for in-person meals July 1, Daddy’s Soul Food has attracted **185** brand new participants, **96%** of which are people of color. Both restaurants are senior dining options in the Area Agency on Aging’s Dine Out program.

### ADULT PROTECTIVE SERVICES (APS) REDUCE RISK

APS conducts risk assessments at the beginning and end of each case in an effort to measure the level of stability reached as a result of APS intervention. The risk assessments address the social determinants of health and impact on the customer’s safety and stability. The goal is to reduce risks by case closure. More than **90%** of customers assessed have a reduced risk score at the time of case closure due to the interventions and long term supports put in place in partnership between the assigned APS team member and the client.

### ADAPTIVE SAILING PROGRAM SETS SAIL

The Office for Persons with Disabilities (OPD) worked with the Milwaukee Community Sailing Center to create the Adapted Sail Away Program. In the summer of 2023, OPD had **314** persons with disabilities go sailing, a major accomplishment. ADS Recreation Coordinator Jacqueline Formanek led the effort to bring the free Adaptive Sail Away program to group homes, community members, Goodwill, and others.



### « 2023 SUCCESSES »

THIS YEAR THE AAA VENDORS

SERVED  
**543,001** MEALS

PROVIDED  
**47,027** RIDES

AND PROVIDED  
MORE THAN **1,000** HOURS  
OF CORE SERVICES

FOR NEARLY  
**200** OLDER ADULTS



### MENTAL HEALTH EMERGENCY CENTER (MHEC) MARKS ONE YEAR

In its first year of operation, MHEC has had over **7,000** visits – with nearly the same number of voluntary and involuntary (emergency detention) visits, consistent with the experience at the previous Milwaukee County Behavioral Health Services (BHS) hospital. The vast majority of patients served live in zip codes proximate to the facility, which is located at 1525 N. 12th Street on Milwaukee’s north side. The emergency center was intentionally located in this neighborhood to ensure it was convenient to access for patients and families as well as countywide law enforcement who often accompany patients to the center.

MHEC is a critical piece of a decade-long endeavor to improve the mental health delivery system in Milwaukee County. The Milwaukee County BHS hospital, located in Wauwatosa for more than 140 years, permanently closed its emergency department and inpatient hospital on September 15, 2022, transitioning emergency services to the MHEC, and high acuity inpatient services to Granite Hills Hospital and other inpatient receiving facilities. Concurrently, BHS is working to expand community-based services, including mobile crisis teams, walk-in access clinics co-located at select Federally Qualified Health Centers, and outpatient care for youth. This new care delivery model creates easier access to care and the expansion of mental and behavioral health services for county residents.

### MEDICATION-ASSISTED TREATMENT “MAT” BEHIND THE WALLS

The opioid settlement funds have allowed Milwaukee County the opportunity to continue funding the *MAT Behind the Walls* project, which was initiated in 2019 with a grant from the Bureau of Justice Assistance. The program offers all three approved forms of Medication-Assisted Treatment – Suboxone, Vivitrol, and methadone – to individuals who are incarcerated at the Community Reintegration Center or Milwaukee County Jail. While many correctional facilities offer Vivitrol, the Milwaukee County project is unique in offering all of the available options. This life-saving treatment is able to provide individuals living with opioid use disorder the opportunity to embrace recovery and significantly reduce risk of relapse and subsequent overdose upon release. The MAT Behind the Walls



Community Reintegration Center Superintendent Chantell Jewell highlights MAT Behind the Walls success while she introduces a panel discussion on the topic at the NACo conference.

program served **98** individuals in 2023. In August, Milwaukee County’s program was featured on Wisconsin Public Radio in the story, “Incarcerated people are at risk of opioid overdose after release. This Milwaukee County program aims to help.”



DHHS Executive Director Shakita LaGrant-McClain speaks at a press conference in March to announce the Harm Reduction Vending Machine Program.

### OPIOID SETTLEMENT FUNDS HARM REDUCTION VENDING MACHINES

In 2023, Milwaukee County DHHS Behavioral Health Services (BHS) placed **11** Harm Reduction Vending Machines to reduce injury and death from overdose at locations across the county, informed by data and need. A map of the locations can be found at [HarmReductionMKE.org](https://HarmReductionMKE.org). The machines provide free access to harm reduction and prevention supplies, including fentanyl test strips, nasal naloxone, medication deactivation pouches, medication lock bags, and gun locks. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), harm reduction is an evidence-based practice to prevent death for people who use drugs. The process has begun to place eight more machines in 2024. In 2023, there were 568 confirmed overdose deaths in Milwaukee County, with 98 cases pending further toxicology. To date for 2023, 480 are confirmed opioid deaths.

### TWO NEW BHS STAFF POSITIONS BUILD DEPARTMENT CAPACITY

#### SUICIDE PREVENTION COORDINATOR

We doubled down on the commitment to get to zero suicides in Milwaukee County by creating and filling the role of Suicide Prevention Coordinator. This full time position will not only assist with existing efforts toward suicide prevention education, outreach and support, but also enhance efforts in the Zero Suicide initiative. This will benefit young and old across Milwaukee County, as well as raise awareness and support for those working within DHHS.

#### PREVENTION INTEGRATION MANAGER

This new position is one of many positive investments resulting from the opioid settlement funds. This opportunity leverages the ability for all of DHHS to learn more about and embrace the science of prevention, using evidence-based strategies to positively impact the populations being served. Milwaukee County is furthering its investment in upstream activities with the ultimate goal of reducing death from overdose and helping the people in the community live healthier lives.

### BHS INTEGRATES MILWAUKEE MOBILE CRISIS PROGRAM TO ENHANCE “NO WRONG DOOR” SERVICES

Milwaukee County BHS’ adult Crisis Mobile Team merged services with Children’s Mobile Crisis Team to form one program, rebranded as Milwaukee (MKE) Mobile Crisis. Previously, these separate mobile teams were contacted through different crisis lines depending on the age of the individual needing services. The merger into one comprehensive program delivers easier access to care for adults, youth and families by providing community members with one crisis number to call for mental health support regardless of age. Individuals and family members of any age facing a mental health or co-occurring crisis can call **414-257-7222** to reach Milwaukee Mobile Crisis 24/7.



The adult Crisis Mobile Team and Children’s Mobile Crisis Team combined services to provide mental health support for all ages.

### ACCESS CLINIC NORTH OPENS IN JUNE

BHS, in partnership with Milwaukee Health Services, Inc. (MHSI), celebrated the opening of Access Clinic North, 8200 W. Silver Spring Drive, a new location providing mental health and substance use disorder services to the community surrounding the Isaac Coggs Heritage Health Center. The grand opening was held in June, PTSD Awareness Month, and also highlighted mental health needs for veterans. The partnership with MHSI brings greater access to crisis behavioral health resources and services, meeting residents where they are. This is the third Milwaukee County Access Clinic to open in the past two years. Opening Access Clinics in neighborhoods across the county is part of the overall redesign of the behavioral healthcare system.







Birth to 3 Team

## BIRTH TO 3 PROGRAM LAUNCHES “EARLY START, BRIGHT FUTURE” AWARENESS CAMPAIGN TO EMPOWER FAMILIES

The *Early Start, Bright Future* campaign ran from mid-March through the end of June and featured increased social media presence, classes to provide tips for parents and families, a celebration event at Milwaukee County Zoo, and summer events at parks throughout the county. Each of these places provided encouragement and educational and social opportunities for parents and their children. Some families went above and beyond as advocates for their children. *Birth to 3* developed the Early Start, Bright Future Family Appreciation Award to honor the impact those families made on the entire program.

## “THURSDAYS TOGETHER” CREATES A SUPPORTIVE ENVIRONMENT

Birth to 3 partnered with The Parenting Network to provide space for parents to foster social connections and build parenting confidence. Thursdays Together is a family engagement program that supports child well-being and learning readiness, while empowering parents. Tiffany Williams, a parent, shared that Thursdays Together “was like a big support group because everybody needed help with something,” and Erica Derpinghaus, a parent, shared, “this is the first time I felt so nice being somewhere and everyone’s like this is my child and not my child with a problem.”



Tiffany Williams, a parent, at Birth to 3’s family engagement program, “Thursdays Together.”



Friday Fun in the Park with the Betty Brinn Wonder Wagon.

## FRIDAY FUN IN THE PARK

*Friday Fun in the Park* was launched in response to requests from parents in the Birth to 3 Program asking for opportunities for their children to play with other children who may be experiencing similar delays and/or disabilities. Birth to 3 hosted four events throughout Milwaukee County Parks, each event offering a different activity. Some activities included Storytime with the Milwaukee Public Library, and Arts & Crafts with the Betty Brinn Children’s Museum Wonder Wagon.

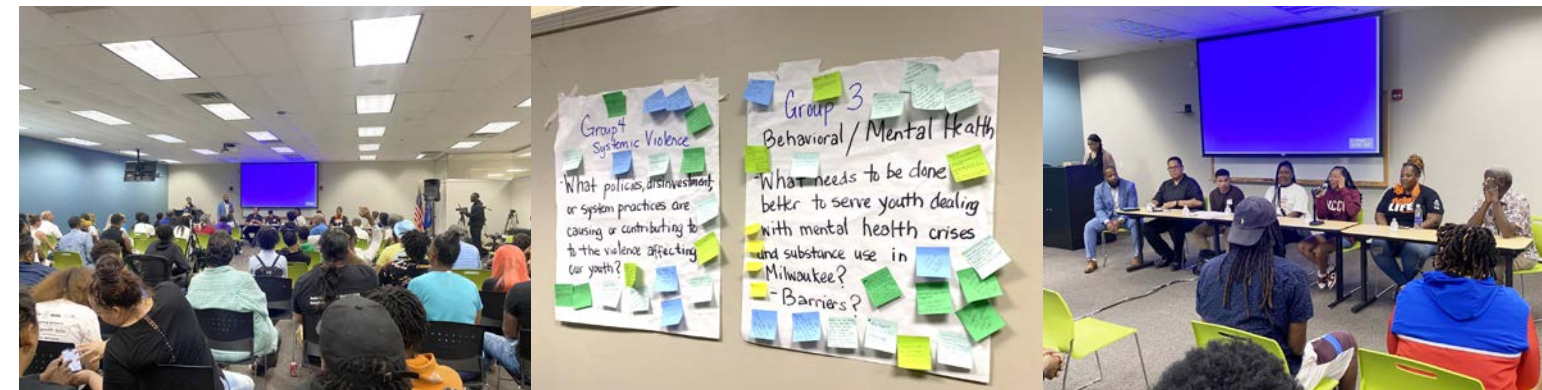
## THE CHILDREN’S DISABILITIES PROGRAMS (CDP) has experienced exponential growth over the past couple of years. In an effort to address this growth, CYFS onboarded three new provider partners in 2023 to support and serve the children eligible for the Children’s Long-Term Support Waiver program. Together with the CYFS Quality Assurance Department, CDP staff partnered to develop and facilitate a three-week onboarding training program for the new provider partners. Staff at all levels collaborated to make this an effective, organized effort. Existing internal and contracted staff were also able to benefit from these training efforts.

## CREDIBLE MESSENGER PROGRAM EXPANSION

In August, Children, Youth & Family Services (CYFS) expanded the Credible Messenger Program, which involved creating a “*Response Team*” to respond to youth public safety situations, adding the ability for community members to make referrals to the program, and forging a new partnership with GLOW 414 to specifically serve girls.

## HEALING 4 OUR YOUTH

As part of the county’s community coordination to address youth gun violence, CYFS hosted the “*Healing 4 Our Youth*” event in June to capture concerns, ideas, and issues from the community. The event featured a panel discussion with community influencers and was live streamed. More than **100** people attended in-person, including dozens of young people. A call to provide more support to young people was a main theme.



DHHS Deputy Director David Muhammad leads the panel discussion moderated by Deonte Lewis, VP of Operations of Boys & Girls Clubs of Greater Milwaukee; more than 100 people were in attendance; attendees participated in a facilitated activity to inspire ideas.

## “TRAP THERAPY” MAKES AN IMPACT

In July, CYFS partnered with Speak Wellness Behavioral Health Consulting to introduce a uniquely designed new program called *Trap Therapy* to the youth at Vel R. Phillips Detention Center. Trap Therapy offers evidenced-based activities in a non-traditional format. Speak Wellness provided a 90-minute session of cognitive behavioral therapy to young people in each pod in the detention center. Each session was paired with a panel of professionals in the community to help promote the power of the mind with positive thinking and stories of resilience from other people in the community. This culturally relevant event was very well received. In September, CYFS was able to implement Trap Therapy workshops on a weekly basis for all girls at Vel R. Phillips and is currently in the process of implementing Trap Therapy workshops for boys at the detention center.



Trap Therapy Team



Milwaukee County DHHS is the only health and human services department in the country to include Housing Services. Through this unique structure and with a multi-pronged approach, DHHS Housing Services is building a community. Housing Services is addressing housing insecurity holistically, from increasing affordable housing in the suburbs, building homes to increase BIPOC homeownership, obtaining the lowest unsheltered count of any city of comparable size in the nation with the Housing First approach, to hiring community intervention specialists to bridge the gaps in services.



In March, County Executive David Crowley joined municipal leaders, affordable housing advocates, and Milwaukee County Housing Services officials to sign legislation executing nearly \$10M in affordable housing contracts. The projects are part of \$15M in ARPA dollars allocated toward the expansion of affordable housing opportunities throughout municipalities within Milwaukee County.

### HOUSING FOR FAMILIES IMPACTED BY COMMUNITY VIOLENCE

Advancing the No Wrong Door model to bridge the gap in services, a Community Intervention Specialist-Housing was hired in January of 2023 to provide support for families impacted by community violence. This position is a partnership between CYFS and Housing Services working collaboratively with partners involved in local violence reduction efforts, providing housing navigation and placement services. Families impacted by community violence are connected with education, employment, health and wellness, and caring connection resources. As a result, for just under **\$14,000**, **27** families were placed in safe and secure housing last year.

### FUNDING AFFORDABLE HOUSING DEVELOPMENTS IN MILWAUKEE COUNTY

**\$15M** in American Rescue Plan Act (ARPA) funds has been allocated to affordable housing developments in five different suburbs generating **38** units for seniors and **80** units for persons with disabilities within Milwaukee County. Housing is a key social determinant of health. This investment will move the needle on giving all county residents the opportunity to live with their families in quality homes.

### GROUNDBREAKING FOR 120 SINGLE-FAMILY HOMES IN KING PARK NEIGHBORHOOD

In June, DHHS celebrated a groundbreaking for **120** new single-family homes in the King Park neighborhood. Funded in part by a grant from the State of Wisconsin Neighborhood Investment Fund, **\$6M** of that award is being invested in developing single family homes in the neighborhood surrounding the Marcia P. Coggs Health and Human Services Center to increase BIPOC homeownership. An additional **\$1.5M** will go toward upgrading King Park through a partnership with the Parks Department. These developments are part of an economic development transformation, taking place just west of downtown, which includes a new Marcia P. Coggs Health and Human Services Center, adjacent to the Mental Health Emergency Center, which opened September 2022.



Deputy Director David Muhammad, Executive Director Shakita LaGrant-McClain, Housing Services Administrator Jim Mathy and County Executive David Crowley break ground for new homes.

### \$1.8M IN FEDERAL FUNDING TO EXPAND AFFORDABLE HOUSING OPTIONS FOR RESIDENTS AND FAMILIES

In November, the U.S. Department of Housing and Urban Development (HUD) awarded **\$1.8M** in Housing Mobility-Related Services funding to Milwaukee County Housing Services. These funds will expand housing choices for Housing Choice Voucher (HCV) families with children by increasing access to opportunity neighborhoods with high-performing schools, access to jobs, low crime rates, parks, and other amenities. Milwaukee County was one of seven communities nationwide to receive this federal funding in 2023.

### LEADING THE COUNTRY TO END HOMELESSNESS THROUGH HOUSING FIRST

**Housing First** has significantly reduced Milwaukee's homeless population, generated millions in taxpayer savings, reduced the burden on public safety services, and helped most participants move on from county services to independence. Since implementing the Housing First policy in late 2015, Milwaukee County has become a national leader in ending homelessness, being recognized as the lowest per capita unsheltered population in the nation twice - and second lowest twice. Housing First benefits essential public safety services as it reduces further strain on already overburdened resources such as EMS, police response units, jails, and courtroom proceedings. People experiencing homelessness over-utilize highly expensive, downstream services such as emergency medical services, hospital stays, temporary shelters and emergency psychiatric crisis services. These services are not designed to end homelessness and typically result in an individual remaining unsheltered and utilizing these services again. Housing First utilizes taxpayer resources much more effectively as compared to downstream services, which can cost up to six times as much as individualized case management and housing assistance that actually ends homelessness.

» **Taxpayers have saved over \$30M or \$3.5M per year since Housing First began in 2015**

#### HOUSING FIRST POLICY IMPACT ON HOMELESSNESS IN MILWAUKEE

Rates of homelessness remained stagnant for a decade before Milwaukee County implemented Housing First at the end of 2015.



### ENERGY ASSISTANCE KEEPS FAMILIES SAFE

Milwaukee County Energy Assistance and Weatherization is administered by the State of Wisconsin Home Energy Plus Program, in partnership with Community Advocates and UMOS, to help families keep their homes safe and warm during the winter months. For 2023, a total of **54,024** Milwaukee County Households received Energy Assistance. The program also provided a total of **367** furnace repairs and **451** furnace replacements to Milwaukee County residents.

### » ADDITIONAL 2023 SUCCESSES »

- |  |   |   |
|--|---|---|
| HOUSING SERVICES EXPANDED THE HOMELESS OUTREACH TEAM, WHICH IS ANTICIPATED TO SIGNIFICANTLY DECREASE THE TIME INDIVIDUALS EXPERIENCE UNSHELTERED HOMELESSNESS. | IMPLEMENTED FIRST HUD FUNDED DOMESTIC VIOLENCE PROGRAM AND SERVED <b>54</b> HOUSEHOLDS. | AWARDED SEVERAL NEW, LONG-TERM GRANTS TOTALING <b>\$2M</b> TO EXPAND HOMELESSNESS PREVENTION AND INTERVENTION SERVICES. |
|--|---|---|



Milwaukee County served approximately 4,100 veterans, dependents, and survivors in 2023, an approximate **15%** increase from the previous year, where a little more than **3,500** veterans were served. Veterans received services including disability compensation claims, pension applications, burial claims and assistance, educational claims, WDVA state aid grants, eviction assistance services, energy assistance and a host of other services.

Veterans and their survivors in Milwaukee County were awarded over **\$207M** dollars in cash benefits. These cash benefits included state property tax credits, service-connected disability compensation, and survivor benefits. These expenditures improved quality of life for veterans in Milwaukee County. Additionally, veterans in the county accessed over **\$18M** in expenditures for education and vocational training. Expenditures for veterans' health care in Milwaukee County exceeded **\$433M** dollars.

## ESTATE PLANNING FOR VETERANS

During 2023, Veterans' Services expanded its partnership with the Marquette Volunteer Legal Clinic to provide full-estate planning for veterans and the general public. The clinics are held quarterly at the Veteran Services office locations. Ten attorneys are on hand to provide this professional service. The clinics have been a great success as every clinic has been completely booked. The clinics serve a vital function for the veteran community to sort out some of the complexities of estate planning.

## LANDMARKS LIT GREEN IN SUPPORT OF "OPERATION GREEN LIGHT FOR VETERANS"

In advance of Veterans Day, signature landmarks across Milwaukee County, including the U.S. Bank Center, MGIC, the Hyatt Regency, the Mitchell Park Domes, MKE sign at Mitchell International, the Hoan Bridge and other notable landmarks were illuminated green as part of **Operation Green Light for Veterans**. Milwaukee County joined the National Association of Counties (NACo) and the National Association of Veterans Service Officers to support this initiative. Lighting landmarks green is a way to show support for veterans and to raise awareness around the resources available at the county, state, and federal levels to assist veterans and their families.



## SIX SOLDIERS RECEIVE LONG-OVERDUE HEADSTONES

On Veterans Day 2023, a collaboration with the Descendant Community of Milwaukee County Grounds Cemeteries, Inc., hosted a recognition and dedication of veterans' headstones event with our community partners at Milwaukee County Cemetery 3. **Six** soldiers, all whose service to our country concluded over a century ago, finally received their well-deserved veteran headstone. The 1917 Grand Army of the Republic Headstone Dedication Ceremony was presented by Civil War reenactors. The honored soldiers had their names

etched into the historical leather-bound burial ledger for the Almshouse cemeteries, joining **8,000** other Milwaukee community members. This event took place in collaboration with Milwaukee County Parks Department and Parks Foundation, Wisconsin Department of Veterans Affairs, Sons of Union Veterans of the Civil War - Camps 1 and 15, bugler: Camp 1's Bill Seaman, the Camps' Ladies' Auxiliary, Company F 29th US Colored Troops, The Regimental Volunteer Band, Greater Milwaukee Fire and Police Pipes and Drums.

## MILITARY & VETERANS FAMILY DAY AT THE ZOO

On Sunday, July 2, the Veterans' Services team hosted Military & Veterans Family Day at the Zoo. Active military and veterans were treated to free admission and parking. There were also many resources on-hand at the Veterans Benefit Expo. It is estimated more than **7,500** veterans were in attendance.



## NEW PARTNERSHIP FOR PEER OUTREACH

Veterans' Services established a new partnership with the Captain John D. Mason Veteran **Peer Outreach Program**. The program aims to save lives by utilizing veteran peers that go into the community and locate veterans in need engaging them in VA health services, and other community resources, to live a healthy, productive life. Veterans who come to the Veterans' Services office are also able to meet with a peer in the office. The peer can connect veterans with other veterans and support groups who can assist.

## ENERGY ASSISTANCE FOR VETERANS

Modeling No Wrong Door, Veterans' Services partnered with Energy Assistance in September, October and November to provide appointment-based applications for **Energy Assistance for Veterans** and anyone in need.



Milwaukee County Veterans' Services participates in many community engagement events throughout the year.



» DHHS’ COUNTYWIDE COLLABORATION

DHHS’ No Wrong Door philosophy extends through partnership across all county departments. Through countywide collaboration, DHHS is working toward the county’s vision, “By achieving racial and health equity, Milwaukee will be the healthiest county in the state.” DHHS’ enterprise-wide partnerships include:



» THANK YOU TO THE DHHS NETWORK OF PARTNER AGENCIES!

- 1Vision Outreach Resource Center  
2-story  
4C For Children  
A&J Vans Inc  
ABA Of WI LLC  
ABC Counseling and Family Services, Inc.  
ABDH Counseling Services LLC  
Abi-Beulah Inc  
Access Elevator Inc  
ACTS Homeownership Acquisitions, Inc  
Advance Peace  
AJA Enterprise LLC  
Ajamou Butler  
All Star Health Center, Inc.  
Allied Counseling Services SC (ACS)  
Alpha Care Home Services LLC  
Alternative Home Care Services LLC  
Alternatives in Psychological Consultants  
Alzheimer's Association of Southeastern Wisconsin, Inc.  
AMRI  
ANEW Health Care Services Inc  
Angelsense Inc  
Anmol,  
ANS Guardianship Services Inc  
Antigua-Latin Inspired Kitchen  
Aramark  
Aurora University  
Autism Consulting Services of Milwaukee  
Autism Society of Greater Wisconsin Inc  
Autism Society of Southeastern Wisconsin Inc  
Autism Spectrum Therapies LLC-FKA  
Chameleon Group DBA WI  
AZEEM MAJEED  
Azem Majeed LLC  
Behavioral Consultants  
Benedict Center  
Black Space  
BLOOM Center for Art and Integrated Therapies  
Broadscope  
Broken Curses, LLC  
Build Program  
Burlington Associates  
Busalacchi Enterprises Inc-DBA-Synergy  
Home Care of Greater Milwaukee  
C Renee Consulting and Management Group LLC  
Caregivers of Autism Maximizing Potential LLC (CAMP)  
Carthage College  
Cathedral Center  
Center for Behavioral Medicine  
Center for Self Sufficiency Inc.  
Children's Service Society of Wisconsin  
Christian Servants Home Care LLC  
Christine Shafer dba SEA Group  
City of Milwaukee Health Department  
City of Milwaukee Office of Early Childhood Initiatives  
City of MKE Economic Development  
City on a Hill, Inc.  
Clinicare Corporation dba Milwaukee Academy  
Community Advocates, Inc  
Community Development Alliance (CDA)  
Community Planning & Dev Advisors  
Connectogether LLC  
Creative Energy Art School & Studio  
Creative Solutions of Wisconsin LLC
- Curative Care Network Inc  
D&S Food Services, Inc.  
Daddy's Soul Food & Grille, Inc.  
DeJesus Solutions LLC  
Denisha Tate & Associates LLC  
Department of Corrections  
Differently Abled  
Divine Pathways LLC  
Down Syndrome Association of Wisconsin - d.b.a. DSAW-Family Services  
DSDT, LLC dba Dog Training Elite  
Easter Seals Wisconsin (Dells)  
Easterseals Southeast Wisconsin Inc  
Embodiy, Yoga, LLC  
Emerys Cyclery Inc  
Employ Milwaukee  
ERAS Senior Network  
eSpecial Needs, LLC  
Essential Assistance LLC  
Essential Life Home Care Services LLC  
Exploit No More, Inc  
First Transit  
Flying Elephant/Uplifting Impact  
Fondy Food Center  
Foundations for Freedom Inc.  
Fox Valley Learning Center LLC-DBA:  
Brian Balance Mequon WI  
Frazier Support Services Inc.  
Fueling Your Fire  
Game-U Enterprises LLC  
Gary Hollander  
Gemini System Inc  
Generation of Excellence Trendsetters  
Genesee Community Service LLC  
Girtons ATA Taekwondo Martial Arts Inc  
GLOW Services, LLC  
Good Vibes  
Goodwill Industries of Southeastern Wisconsin, Inc.  
Grand Avenue Club, Inc.  
Greater Galilee  
Green Onion Creative  
Guest House of Milwaukee, Inc.  
Guidance Attention Motivation Education  
Hanger Prosthetics & Orthotics East Inc  
Harry & Rose Samson Family Jewish Community Center Inc  
Healing Harmonies LLC  
HEAR Wisconsin  
Helen Groth dba Play Potential LLC  
Hmong/American Friendship Association, Inc.  
Hope House of Milwaukee  
Housing Resources, Inc  
IMPACT Inc  
Independence First  
Indian Council of the Elderly, Inc.  
Inner Beauty Center  
Innovative Options LLC dba The Sensory Club Neenah  
INPOWER Solutions, LLC  
Inspiring Young Women  
Integrative Psyche  
Interstate Reporting Co Inc  
Jennifer Lefebvre  
Jewish Family Services Inc  
Jimbo's Lodge Catering, LLC  
Johnson Media Consulting
- Jonathan I. Cloud  
Karate America  
KV Sensory LLC dba Sensory Club MKE  
L.O.O.P.S. Together LLC  
La Causa Inc  
Lad Lake Inc.  
Legal Action of Wisconsin, Inc.  
Leva Enterprises, LLC/Orenda Café  
Life Navigators Inc  
Lifestrider Inc  
Lifting Individuals Forward Everyday  
Living Our Visions Inc  
Loyola University  
Lutheran Social Services of Wisconsin and Upper Michigan, Inc.  
M.L. Tharp & Assoc LLC  
Marquette University  
MATC  
Maxim Healthcare  
MD Therapy  
Medical College of Wisconsin, Inc.  
Medline Industries Inc  
Melanin Minded  
Melinda Wilcoxson dba M. Cares Respite LLC  
Mentor Greater MKE  
Mercy Housing Lakefront  
Metropolitan Fence Inc  
Meyer Music Therapy Services Inc  
Midwest Therapeutic Riding Program Inc  
Milwaukee Center for Independence (MCFI)  
Milwaukee Christian Center, Inc.  
Milwaukee Diaper Mission  
Milwaukee LGBT Community Center, Inc.  
Milwaukee Public Schools (Inc)/Milwaukee Recreation  
Milwaukee Turners  
Milyte Personal Care  
MKE Behavioral LLC  
MKE Youth Sports Alliance  
Mount Mary University  
MST Services, LLC  
Multicultural Trauma and Addiction Treatment Center of WI, LLC  
Music Therapy Services of Waukesha County LLC-Nancy Dexter-Schabow  
Muslim Community Health Center  
My Dwelling Place  
My Sistas KeepHer  
National Seating & Mobility Inc  
Neuromotion Inc. dba Mightier  
New Concept Self Dev. Ctr/CSS  
New Hope Youth Services, LLC (dba New Hope Youth Center  
NorthCentral University/National University Academy  
Nu Day LLC - DBA: College Nannies + Sitters + Tutors  
Omnicare  
Our Space, Inc.  
Outreach Community Health Centers, Inc.  
Pace Autism Services LLC  
Paragon Community Services LLC  
Parenting Network (The)  
Pathfinders Milwaukee  
Penfield Childrens Center Inc  
Pink Umbrella Theater Co LLC  
Premier Financial Management  
Prism EDC
- Promote Local LLC  
Protact Fit Health LLC  
Psychological Assessment Services, LLC  
Quality Hearts LLC  
Racine County  
Rest Assure Family Home  
Richard J Clark PSy D  
RISE Youth and Family Services, LLC  
Rose Athletic University LLC DBA  
Rose Life Health and Wellness  
Running Rebels Community Organization  
S&S Care Connection for Kids LLC  
Saint Francis Children's Center  
Salo, LLC  
Salvation Army, Greater Milwaukee Chapter  
Samantha Harvell Consulting LLC  
School District of West Allis-West Milwaukee  
Serving Older Adults  
Sirona Recovery, Inc  
Social Development Commission  
Sojourner Family Peace Center  
Speak Wellness Behavioral Health and Consulting, LLC  
Special Fitness  
St Charles Youth and Family Services Inc  
St. Mary's University of Minnesota  
Summit Wellness Inc  
Super Expedite  
Sweet Fix, Inc.  
Tails for Life Inc  
TCM Development LLC  
Tender Touch Therapy LLC  
The Foster Lane  
The Parenting Network Inc  
The Richardson School LLC/  
Oconomowoc Residential Programs Inc  
The Sensory Club Neenah  
Transitions Coaching LLC  
UMOS, Inc  
United Church Camps Inc-DBA-Camp Awesome  
United Community Center, Inc.  
United Methodist Childrens Services (UMCS) -  
DBA Rooted and Rising  
United Seating and Mobility LLC-Numotion  
United Tax Service LLC  
United Way  
UW Madison - Covering Wisconsin  
UW Milwaukee - Helen Bader School  
UW-Milwaukee Joseph J Zilber School of Public Health  
UW-Whitewater  
Vision Forward Association Inc  
Vital Voices for Mental Health  
Voices of the Youth  
Walker's Point Youth and Family Center, Inc.  
Wauwatosa School District  
Westcare  
Willow Creek Ranch Inc  
Wisconsin Community Services, Inc.  
WMK LLC dba MobilityWorks  
YAP - Crisis Response Team  
YMCA Greater Milwaukee  
YMCA Greater Waukesha County  
Your Move MKE Inc.  
Youth Advocate Programs, Inc.  
Youth Villages

## » DHHS GOVERNANCE BOARDS

The Milwaukee County Department of Health and Human Services (DHHS) answers to the Milwaukee County Board of Supervisors as both a policy and budgetary body. The Milwaukee County Mental Health Board, which as of 2015 Wisconsin Act 203, holds that same authority over Behavioral Health Services. DHHS maintains multiple governing boards that serve in an advisory and advocacy capacity.

### AGING AND DISABILITY RESOURCE CENTER (ADRC) GOVERNING BOARD

**Purpose statement:** The ADRC’s mission is to provide older adults and people with disabilities the resources needed to live with dignity and security and achieve maximum independence and quality of life. The goal of the ADRC is to empower individuals to make informed choices and to streamline access to the appropriate services and supports.

#### ADRC BOARD MEMBERS

**Debra Jupka** | *Retired Principal, M.M.E., Chair*  
**Rachael Bush** | *Vice Chair*  
**Tiffany Barta, R.N.**  
**Colleen Galambos Ph.D.**  
**Tracie Horton M.B.A.**  
**Barbara Jones**  
**Amanda Laurila**  
**David Lillich M.D.**  
**M. Kent Mayfield M.Div., Ph.D.**  
**Brennan O’Connell**  
**Cindi Pichler**  
**Harvey Ross**  
**Kiran Sagar M.D.**  
**Levi Stein**  
**Ramona Dicks Williams**

### COMMISSION ON AGING

**Purpose Statement:** The Milwaukee County Commission on Aging is responsible for developing, administering, and implementing a comprehensive, coordinated human service system for community based services for county residents aged sixty (60) years and older, for assessing the major issues and needs of older adults, and for developing and implementing a plan and services to support older adults to live healthy and engaged lives in the community. The Commission has accountability and fiscal responsibility for all funds allocated through the state office on aging.

#### CURRENT COMMISSIONERS

**Janice Wilberg, Ph.D.** | *Chair COA /Executive Committee; Member Service Delivery Committee*  
**George Banda** | *Member*  
**Mark Behar** | *Member Advisory Council*  
**Denise Callaway** | *Chair, Advisory Council*  
**Eugene R. Guskowski, AIA** | *Legislative Officer, COA/Executive Committee; Chair, Senior Center Committee*  
**Amber Miller** | *Chair, Service Delivery Committee; Member Senior Center Committee*  
**Gloria Miller** | *Secretary, COA/Executive Committee; Chair, Wellness Committee*  
**Terrence Moore** | *Vice Chair, COA/Executive Committee; Member, Service Delivery Committee; Member, Senior Center Committee*  
**Paula Penebaker, B.S.** | *Member, Advisory Council*  
**Brian Peters, B.A.** | *Chair, Advocacy Committee*  
**Cherie Swenson** | *Member, Advisory Council; member, Senior Center Committee*  
**County Supervisor Sequanna Taylor** | *Member, Advocacy Committee*  
**Cindy Van Vreede** | *Member, Nutrition Council; Member, Wellness Committee*

### MILWAUKEE COUNTY MENTAL HEALTH BOARD

**Purpose Statement:** The Milwaukee County Mental Health Board oversees Behavioral Health Services (BHS) of the Milwaukee County Department of Health and Human Services, which is responsible for ensuring the provision of mental health services to county residents. Established in 2014, the board is comprised of mental health professionals, advocates, consumers/family members, and providers representing the continuum of care within Milwaukee County. The board sets policy regarding BHS programs and services, provides effective fiscal stewardship of the BHS budget, and reviews the quality of BHS services for the County’s diverse population through a community-based, person-centered, recovery-oriented approach.

#### MENTAL HEALTH BOARD MEMBERS

**Maria Perez, Ph.D., LCSW** | *Chair, Committee Member, Executive and Governance*  
**Mary Neubauer, MSW, CPS** | *Vice Chair, Quality Committee Chair, Community Member—Community Engagement, Executive, Finance and Governance*  
**Kathleen Eilers, RN, MSN** | *Secretary, Committee Member—Finance, Governance and Quality*  
**Kathy Bottoni** | *Governance Committee*  
**Richard Canter** | *Finance Committee*  
**Shirley Drake, BS, CPS** | *Committee Member, Community Engagement and Quality*  
**Rachel Forman, PhD** | *Committee Member—Quality*  
**Kenneth Ginlack** | *Chair, Governance Committee, Committee Member—Community Engagement*  
**Dennise Lavrenz, RN, MBA, CENP** | *Chair, Community Engagement Committee, Committee Member—Finance and Quality*  
**Jon Lehrmann, MD** | *Committee Member—Finance*  
**LaNelle Ramey** | *Member*  
**Dr. Amy Ridley Meyers, PhD**  
**Earlise Ward** | *Community Engagement*

### COMBINED COMMUNITY SERVICES BOARD

**Purpose Statement:** The Combined Community Services Board (CCSB) is an appointed body of Milwaukee County residents who review and make recommendations regarding programs governing services for persons with behavioral, physical, and developmental disabilities, infants through the elderly. The CCSB meets six times a year.

#### COMBINED COMMUNITY SERVICES BOARD MEMBERS

**Dennise Lavrenz, RN, MBA, CENP** | *Chair, Mental Health Board member, Mental Health Community Engagement chair*  
**Julie Alexander, B.S., M.S.** | *Advocate, Independence First*  
**Cindy Bentley** | *Advocate, People First, Special Olympics*  
**Tiffany Payne, B.S.** | *Advocate*  
**Robyn R. Rodgers** | *Case Manager, Advocate*  
**Delores Sallis** | *Advocate*  
**Priscilla Coggs-Jones** | *District 13 Milwaukee County Supervisor, Advocate*

### MILWAUKEE COUNTY COMMISSION FOR PERSONS WITH DISABILITIES

**Purpose Statement:** The county Commission for Persons with Disabilities was created to promote the independence of disabled persons through the removal of attitudinal and environmental barriers and to promote a maximal level of independence with dignity for all disabled persons.

#### COMMISSION FOR PERSONS WITH DISABILITIES MEMBERS

**Damian Buckman** | *Program Access Committee*  
**Allison Caudill** | *Wil-O-Way Committee*  
**Felicia Clayborne** | *Member*  
**Deb Falk-Palec** | *Executive Committee, Chair Program Access Trust Fund*  
**John Haupt** | *Chair, Facilities Access Committee*  
**County Board Supervisor Willie Johnson Jr.** | *Wil-O-Way Committee*  
**Anne Kearney** | *Wil-O-Way Committee*  
**Barbara Leigh** | *Program Access Committee*  
**Sherry Mickelson** | *Facilities Access Committee, Program Access Committee*  
**Marcia Perkins** | *Executive Committee, Secretary, Trust Fund*  
**Leon Todd** | *Member*



» 2020-2025 DHHS STRATEGIC PLAN:  
CREATING HEALTHY COMMUNITIES

The following key performance indicators (KPIs) measure the goals defined in the strategic plan across multiple focus areas, including Racial and Health Equity, Organizational Development and Staff Support, and System Change/Partnerships/Advocacy. These KPIs describe how DHHS is executing the work and progressing toward the **Future State**. DHHS is implementing two strategies:

**Strategy #1—No Wrong Door/Integrated Services & Care; Strategy #2—Population Health & System Change.** The operationalization of these strategies will improve Milwaukee County’s health outcomes and will play a major role in advancing Milwaukee County’s overall vision: **By achieving racial equity, Milwaukee will be the healthiest county in Wisconsin.**

2023 DHHS PERFORMANCE MEASURES

Performance Measure Name	2021 Actuals	2022 Actuals	2023 Actuals	2024 Target
<b>Racial Equity Engagement</b>   Leadership % who participate in and support conversations about racial equity.	n/a	86%	91%	96%
<b>Quality of Racial Equity Resources</b>   Leadership % who agree that DHHS provides resources to advance racial equity practices in day-to-day work.	n/a	65%	70%	75%
<b>Racial Equity Advancement</b>   Leadership % who agree that DHHS advances racial equity in daily work.	n/a	76%	80%	85%
<b>Workforce Resource Investment</b>   Investment in mission-aligned employee training.	\$20,000	\$120,000	\$110,000	\$50,000
<b>Contracting Diversity (by #)</b>   % of diverse contractors (measured as proportion of total contracts awarded).	42%	42%	n/a	40%
<b>Contracting Diversity (by \$)</b>   % of diverse contractors (measured as proportion of expenditures).	26%	26%	n/a	40%
<b>Agency Loyalty</b>   % of DHHS employees who agree that would DHHS as an employer to others.	n/a	65%	70%	75%
<b>Stay Intent</b>   % of DHHS employees who intend to stay employed with DHHS.	n/a	66%	71%	76%
<b>Nonleadership Employee Demographics</b>   % of DHHS employees (not including leadership) that are diverse.	50%	51%	55%	65%
<b>Leadership Demographics</b>   % of DHHS leadership that is diverse.	40%	46%	50%	40%

HOLIDAY MEAL DONATION FOR YOUTH IN DETENTION

The **Do The Right Thing Committee** in collaboration with the CYFS team secured a holiday meal donation for youth in detention. For the youth housed at Milwaukee County’s Vel R. Phillips Detention Center, the holidays can be a lonely time without family, friends, and home-cooked meals. Local business owner Terri Lynn Wigley wanted to change that, at least in part, by donating a full meal for the **130** young people at the center. The meal featured baked chicken, dressing,

sweet potatoes, greens, mac and cheese, and peach cobbler. Running Rebels, who provide programming for the youth at Vel R. Phillips, supported the effort. “As a business owner in this community, I want to give back and support our young people. The kids in detention are just that, kids. Hopefully, by providing a home-cooked holiday meal, we will let them know there are people in the community who care about them,” said Terri Lynn Wigley, Owner, Terri Lynn’s Soul Food Diner.



2023 ADOPTED BUDGET SUMMARY

	EXPENDITURES	REVENUE	TAX LEVY
MANAGEMENT SERVICES	\$1,293,328	\$364,800	\$928,528
AGING & DISABILITIES	\$31,470,918	\$24,392,239	\$7,078,679
HOUSING	\$36,413,616	\$28,736,703	\$7,676,913
CHILDREN, YOUTH & FAMILY	\$103,390,317	\$83,626,502	\$19,763,815
BEHAVIORAL HEALTH	\$235,012,069	\$182,012,069	\$53,000,000
TOTAL	\$407,580,248	\$319,132,313	\$88,447,935



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

For more information, please visit:  
[county.milwaukee.gov/DHHS](https://county.milwaukee.gov/DHHS)

**1220 W. Vliet Street | Milwaukee, WI 53205**

# Behavioral Health Services

Community Access to Recovery  
Services

Substance Use Disorder Services

Sue Clark & Christina Schultz



# Agenda

Welcome

Substance use services, network, and data

Current projects

Success Stories and next steps





# Withdrawal Management (Detoxification)

## Description:

A safe, medically monitored environment for individuals withdrawing from alcohol, sedatives, opiates, and other substances

## Programs:

1. Residential Intoxication Monitoring
2. Residential Withdrawal Management

In 2023:

Unique Clients Served:

1,412

Total Dollars Spent:

\$2,895,515



# Access Points

## Description:

Community-based agencies with office hours, outreach, and telephonic services to conduct assessments and help people get connected to services.

## Programs:

Community Access Points  
(Sirona, Westcare, and WCS)

In 2023:

Unique Clients Served:

2,253

Total Dollars Spent:

\$687,300



# Recovery Support Coordination

## Description:

A single point of contact to help individuals access services, navigate the system, and get the help they need on their recovery journey.

## Programs:

Recovery Support Coordination  
(La Causa, Sirona, UCC, and WCS)

## In 2023:

Unique Clients Served:

1,718

Total Dollars Spent:

\$3,274,969



# Bed-Based Services

## Description:

A variety of facilities where individuals live while working on their recovery journey.

## In 2023:

Unique Clients Served:

964

## Programs:

1. Transitional residential
2. Medically monitored residential
3. Bridge housing
4. Outpatient Plus

Total Dollars Spent:

\$4,412,232



# Treatment

## Description:

Community-based services individuals may access on an outpatient basis to treat their addiction.

## Programs:

1. Outpatient Treatment
2. Day Treatment
3. Medication Assisted Treatment

## In 2023:

Unique Clients Served:

409

Total Dollars Spent:

\$663,786



# Recovery Support Services

## Description:

A variety of non-clinical services that support an individual's path of recovery; often tied to social determinants of health.

## Programs:

1. Employment Services
  - Job Training
  - Individual Placement and Support
2. Educational services
3. Peer support
4. Spiritual support

## In 2023:

Unique Clients Served:

33

Total Dollars Spent:

\$44,143



# Grants – Funding

## Local:

Division of Milwaukee Child Protective Services

## State:

Temporary Assistance to Needy Families (TANF) – Substance Use Disorder

Injection Drug Use Treatment

Substance Abuse Prevention & Treatment Block Grant

State Opioid Response

## SAMHSA:

Adult Drug Treatment Court



# Recent Expansion

## Medication Assisted Treatment:

Two additional agencies

(West Milwaukee Comprehensive Treatment Center and Addiction Services and Pharmacotherapy)

## Bridge Housing:

One additional provider and one expansion, focusing primarily on women with children

## Residential:

Women's Recovery Center – Howard House

## Individual Placement and Support:

Incorporated into 3 of the 4 current Recovery Support Coordination agencies





# Next Steps and Investments

1. Peer Support Specialist Academy – Quarterly training of up to 18 individuals, preparation for the exam, an employment clearinghouse, continuing education and support, and employer training.
2. Continuation of “MAT Behind the Walls” project.
3. Start up investments to increase residential treatment capacity in our community.
4. Researching and visiting other cities that have harm reduction sites.
5. Purchasing dual test strips to detect both Fentanyl and Xylazine.



# Success Stories

## 1. MB –

- Residential
- Day Treatment
- Intensive Outpatient
- Bridge Housing
- Recovery Support Coordination.

## 2. EV –

- Residential
- Bridge Housing
- Recovery Support Coordination





**MILWAUKEE  
COUNTY**

**Chairperson:** Shirley Drake

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

**Interim Committee Coordinator:** Jennifer Miles, (414) 257-7639

## MILWAUKEE COUNTY MENTAL HEALTH BOARD QUALITY COMMITTEE

**Monday, March 4, 2024 - 10:00 A.M.**  
**Microsoft Teams Meeting**

### MINUTES

**PRESENT:** Shirley Drake, Rachel Forman, Kenneth Ginlack, Dennise Lavrenz, Mary Neubauer

#### **SCHEDULED ITEMS:**

- |    |   |
|----|---|
| 1. | <p><b>Welcome.</b></p> <p>Chairwoman Drake welcomed everyone to the Milwaukee County Mental Health Board Quality Committee's March 4, 2024, remote/virtual meeting.</p>   |
| 2. | <p><b>Minutes from the December 4, 2023, Committee meeting.</b><br/><b>Informational</b></p> <p>The minutes from the December 4, 2024, meeting reviewed, acknowledged, and accepted by the Committee.</p> <p>This Item was Informational.</p>   |
| 3. | <p><b>Quarter lag proposal for MHB Quality Committee materials</b></p> <p>Dr. Drymalski explained the need for a quarter lag in submitting materials.</p> <p>Dennise Lavrenz motioned to approve the proposal, Ken Ginlack seconded the motion, and Chairwoman Drake approved and asked if any questions. There were no questions. The Quality Committee unanimously agreed to recommend approval of the Quarter lag proposal for MHB Quality Committee materials.</p> <p>This is a Recommendation/Action Item for the Board.</p> |
| 4  | <p><b>Granite Hills Hospital 2023 Q4 Quality Reports</b></p> <p>Granite Hills uses paper charts, which makes it a little more challenging to extract the data. <b>Overall Patient Referrals – 1049. Total Patient Admissions – 452.</b> Barbara Jones explained the referrals not admitted, are usually picked up by other hospitals prior to our intake admission coordinator, Nancy reviewing the admission documentation.</p>  |

Milwaukee County Mental Health Board  
Quality Committee  
March 4, 2024

## SCHEDULED ITEMS (CONTINUED):

### **Patient Demographics:**

#### **Ages:**

13-14 - 8.6%  
15-17 - 11.4%  
18-25 - 17.5%  
25-35 - 20.1%  
35-45 - 22.3%  
46-55 - 11.5%  
55-65 - 8.3%  
65+ - 0.3%

#### **Gender**

Female: 43.9%  
Male: 56.1%

#### **Race/Ethnicity**

Black - 45.77%  
White - 44.03%  
Other - 10.2%  
Hispanic - 7.78%  
Non-Hispanic - 92.22%

#### **Marital Status**

Divorced - 1.9%  
Married - 3.5%  
Single - 85.2%  
Unknown/Other - 9.4%

#### **Legal Status**

Involuntary - 40.7%%  
Voluntary - 59.3%

### **Utilization:**

403 MHEC Referrals  
215 MHEC Admissions  
Adults - 171  
Adolescents - 44  
Male - 124  
Female - 91

### **Average Length of Stay**

6.8 days

### **Serving 40 + zip codes**

Leather (4pt) restraints are not used: Physical holds 0.03 of 3873 days for every 1000 hours of patient care, WI average is 0.64. 0.27 patients in seclusion, WI average is 0.90.

### **Follow up Care**

83% of patients discharged received complete record of inpatient psychiatric care and plans for follow up. WI average 48 %.

8.72% unplanned readmissions, National average 19.6%

### **Patient Satisfaction Survey**

n = 311, 86% report they felt better at discharge than when they were admitted.

n = 309, 82% report they were satisfied with their treatment.

n = 310, 82% report their treatment goals and needs were met.

Chairwoman Drake inquired how many questions are on the survey? 15

Chairwoman Drake asked if marital status is necessary, Dennise Lavrenz and Mary Neubauer agreed and advised not to include marital status on future reports.

Dennise asked what are the benchmarks of other organizations? The goal for UHS is 90%.

Communication and transfers with MHEC is somewhat improving. There are no longer significant holes with regards to staffing. Still recruiting for a nursing supervisor. At this time, there are 48 beds available and are looking to add an additional 12 beds by summer.

This Item was Informational.

**SCHEDULED ITEMS (CONTINUED):**

5	<p><b>Policy and Procedure Quarterly Report</b></p> <p>Policy/Procedure Report displayed and explained. As of February 1, 2024 96.3% of policies are completed within the scheduled review period, with a goal of 96%. A total of 18 are overdue. A breakdown of due dates are found in the packet.</p> <p>This Item was Informational.</p>
6	<p><b>2023 Q4 Community Report and Dashboards: Community Access to Recovery Services (CARS), Community Crisis Services, and Children’s Community Mental Health Services and Wraparound Milwaukee</b></p> <ul style="list-style-type: none"><li>a) CARS Quarterly Report with Narrative Summary A workgroup (Jen. W, fiscal, and quality) was set up to investigate dollars spent on black/white clients to gain a better understanding of the discrepancy. See packet for details of the report.</li><li>b) 2023 Q4 Community Crisis Services Dashboard Updates Would like to separate Outpatient and Milwaukee Mobile crisis into 2 distinct dashboards as the services and needs of each are unique.</li><li>c) BHS Wide Adult Services Dashboard Enrollment dates are a little off and are looking to cleaning this up. Would like to look at year over year in the next year when there is more data available.</li></ul> <p>Chairwoman Drake asked about Quality of Life (QOL) of staff. Cars Director, Jen. W was looking into staff turnover rate which is 19.25% within CARS. Turnover rates per year for Government employees in general is 20.00%.</p> <p>Dennise L. asked about QOL in general and if dollars will be spent to improve this for patients. Matt stated, social determinants go beyond the scope of CARS which will need a larger, wider approach within Milwaukee County services.</p> <p>Chairwoman Drake inquired about a specific zip code within MMC and if there is a connection with MHEC about this. Dr. J. Schneider replied pandemic and post-pandemic brought about changes. Each patient is unique with different goals and needs. Input &amp; output can vary.</p> <p><b>BHS KPI Report – Children’s Community Mental Health Services and Wraparound Milwaukee</b></p> <p>Review of Clients Served and Costs for Wraparound, Reach, and CCS. Family satisfaction overall score for Q4 2023 is 4.6 with a goal of 4.0 or higher. There was a discussion of why services were no longer desired on the Discharge Outcome data.</p> <p>Ken Ginlack requested to look deeper into the reasons with a special chart just for reasons of why services are no longer desired.</p> <p>This Item was Informational.</p>

**SCHEDULED ITEMS (CONTINUED):**

7	<p><b>Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions</b></p> <p>a) Sebastian Family Psychology Practice, LLC, CCS - Referral Suspension Lifted</p> <p>Sebastian Family Psychology Practice were notified on 1/12/24, will be allowed to resume referrals, effective 1/25/24.</p> <p>This Item was Informational.</p>
8	<p><b>Children's Community Contract Vendor Quality Updates: Sanctions, Holds, and Service Suspensions</b></p> <p>a) After long session of verifying documentation, Exodus Family Services repaid the money in full, which was identified from auditing.</p> <p>b) Exodus also hired a part time person to review compliance.</p> <p>This Item was Informational.</p>
9	<p><b>Community Outpatient Services Report</b></p> <p>Provided a summary of the Access Clinics which centers around Connection, Compassion, and Healing.</p> <p>a) Reports all clinics were strategically placed to be easily accessed in the community served.</p> <p>b) All clinics have a variety level of staff and services with the ability to see someone in crisis on a same day basis depending on their specific circumstance.</p> <p>Dr. Cole received many compliments for his presentation, which touched the hearts of others.</p> <p>This Item was Informational.</p>
10	<p><b>Department of Health and Human Services Quality Management Update</b></p> <p>TJ Cobb was out of the office today. This Item will be added to the May Quality Committee agenda.</p>
11	<p><b>2024 Tentative Schedule and Submission Calendar</b></p> <p>June 3, 2024, at 10 a.m.</p> <p>September 9, 2024, at 10 a.m.</p> <p>December 2, 2024, at 10 a.m.</p> <p>This Item was Informational.</p>

**SCHEDULED ITEMS (CONTINUED):**

**12 Adjournment.**

Mary Neubauer announced she will be staying active with Board activities and was recently appointed as Chairwoman of the Milwaukee County Mental Health Board.

Shirley Drake was recently appointed as Secretary of the Milwaukee County Mental Health Board.

Meeting was adjourned.

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 web page (below).

Length of meeting: 10:03 am – 11:41 am

Minutes taken by Vicki Orzel, Quality Coordinator.

Adjourned,  
*Vicki Orzel, Quality Coordinator*  
Milwaukee County Mental Health Board

**The next meeting for the Milwaukee County Mental Health Board  
Quality Committee is scheduled for June 3, 2024.**

**To View All Associated Meeting Materials, Visit the Milwaukee County Legislative  
Information Center at:**

**[Milwaukee County - Calendar \(legistar.com\)](https://legistar.com/locations/milwaukee-county)**

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

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

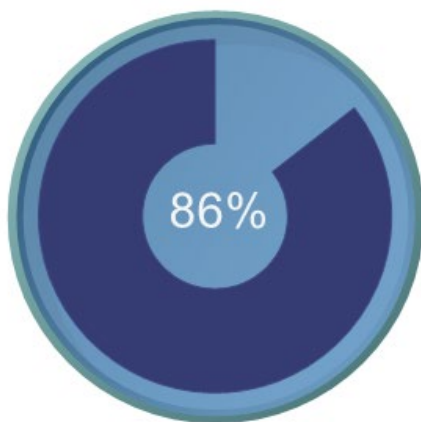




2023 Quarterly Quality Report  
To  
Milwaukee County Behavioral Health Services

**Inpatient Satisfaction at a Glance, Q4 2023**

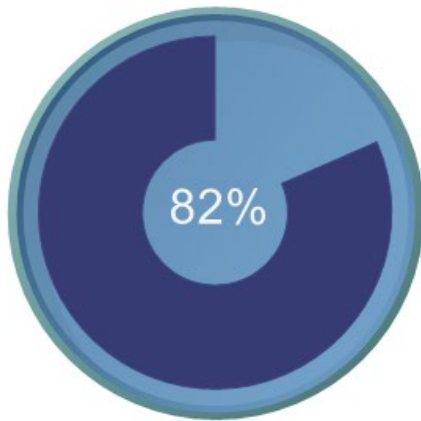
Granite Hills takes patient satisfaction very seriously. That is why every patient discharged from our facility is given the opportunity to provide us feedback on their stay and the care they received. We take great pride in our consistently great scores and our track record of integrating patient suggestions into our treatment and throughout our facility. Below are some examples of our success.



**86% . . .**

of our patients report that they felt better at discharge than when they were admitted.

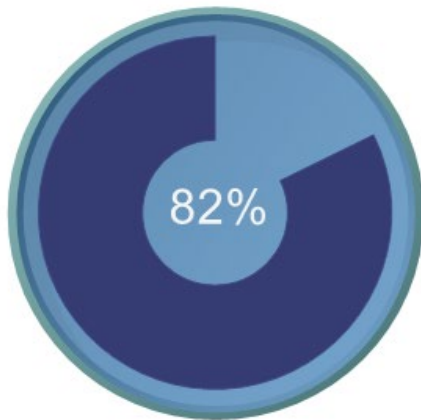
n = 311



**82% . . .**

of our patients report that they were satisfied with their treatment.

n = 309



**82% . . .**

of our patients report that their treatment goals and needs were met.

n = 310



2023 Quarterly Quality Report  
To  
Milwaukee County Behavioral Health Services

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Q4 2023 Overall Demographics:

**1049 Overall Patient Referrals**

**452 Total Patient Admissions**

**Race:**

Black- 45.77%

White- 44.03%

Other- 10.2%

**Ethnicity:**

Hispanic: 7.78%

Non-Hispanic- 92.22%

**Gender:**

Female- 43.9%

Male- 56.1%

**Marital Status:**

Divorced: 1.9%

Married: 3.5%

Single: 85.2%

Unknown/ Other: 9.4%

**Age:**

13-14: 8.6%

15-17: 11.4%

18-25: 17.5%

25-35: 20.1%

35-45: 22.3%

46-55: 11.5%

55-65: 8.3%

65+: 0.3%

**Legal Status:**

Involuntary: 40.7%

Voluntary- 59.3%



## 2023 Quarterly Quality Report To Milwaukee County Behavioral Health Services

### Healthcare Personnel Vaccination

Percentage of healthcare personnel who completed COVID-19 primary vaccination series (psychiatric services)

*Higher percentages are better*

**96.4%** of 128 healthcare workers

National average: 90.6%

Wisconsin average: 91.2%

### Patient safety

Hours that patients spent in physical restraints for every 1,000 hours of patient care

*Lower rates are better*

**0.03** of 3873 days

National average: 0.33

Wisconsin average: 0.64

Hours that patients spent in seclusion for every 1,000 hours of patient care

*Lower rates are better*

**0.27** of 3873 days

National average: 0.35

Wisconsin average: 0.90

### Follow up care

Patients discharged from an inpatient psychiatric facility who received (or whose caregiver received) a complete record of inpatient psychiatric care and plans for follow-up

*Higher percentages are better*

**83%**

of 328 patients

National average: 62%

Wisconsin average: 48%

### Unplanned readmission

Returning to the hospital for unplanned care can increase the risk of infections, and cost more money. Providing high quality hospital care can prevent patients from returning, and reduce their stay if they have to come back.

Patients readmitted to any hospital within 30 days of discharge from the inpatient psychiatric facility

*Lower percentages are better*

**8.72%**

National average: 19.6%



## 2023 Quarterly Quality Report To Milwaukee County Behavioral Health Services

### Utilization for Q4 2023

Number of Admissions based on Referrals from MHEC (Adolescent & Adult)

### 403 MHEC Referrals

### 215 MHEC Admissions

### MHEC Breakdown of Admissions

- Adults - 171
- Adolescents - 44
- Male - 124
- Female - 91

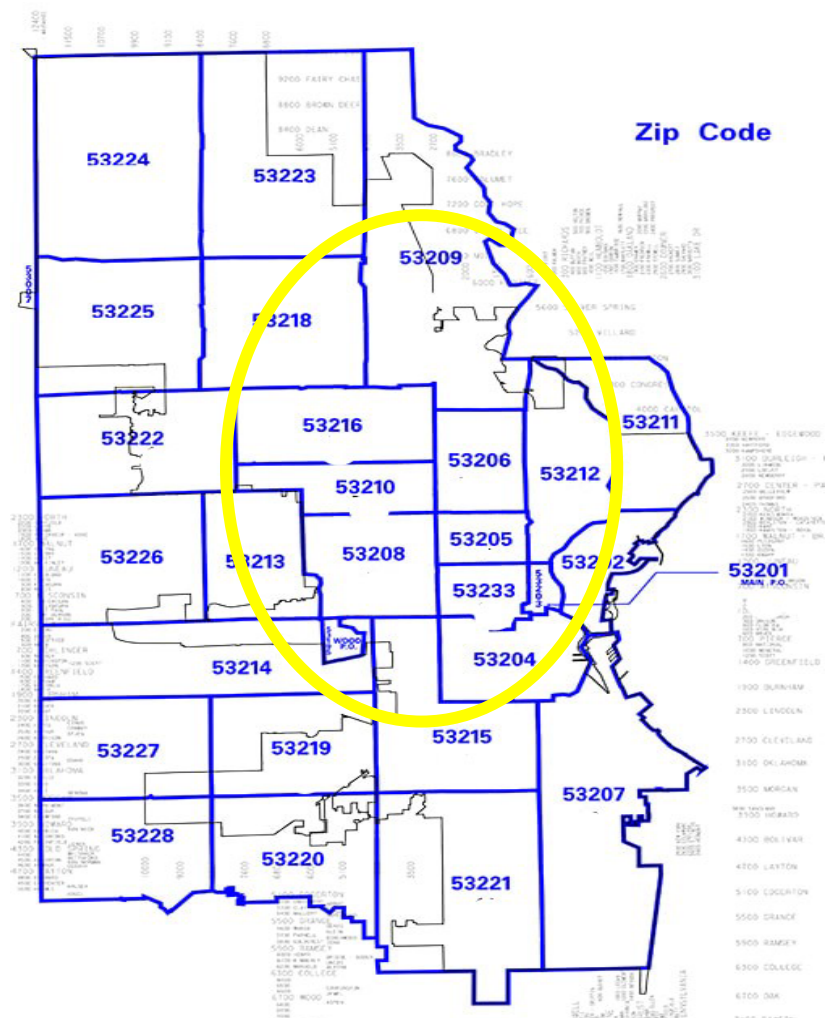
### Average Length of Stay

- 6.8 Days

### Zip code Representation

#### MHEC Admissions

• 53218	20
• 53212	15
• 53206	14
• 53204	12
• 53216	12
• 53215	12
• 53210	12
• 53209	11
• 53208	8
• 53214	8
• 53225	7
• 53221	7
• 53223	6
• 53222	6
• 53224	5
• 53220	5
• 53207	4



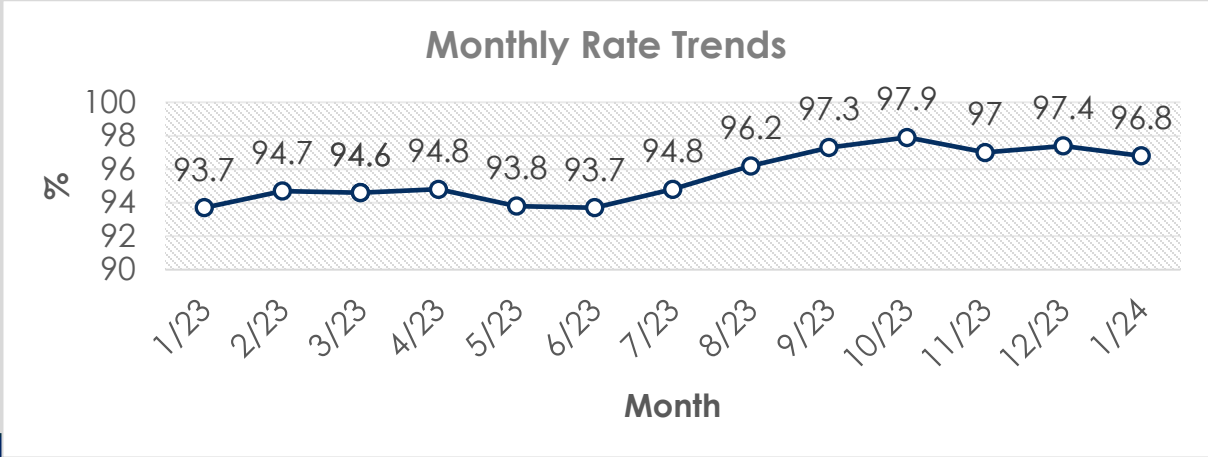


2023 Quarterly Quality Report  
To  
Milwaukee County Behavioral Health Services

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• 53202	4
• 53233	4
• 53154	4
• 53132	3
• 53227	3
• 53172	3
• 53211	3
• 53205	2
• 5370	2
• 53151	2
• 53213	2
• 53130	2
• 53105	2
• 53140	1
• 5321	1
• 53095	1
• 53034	1
• 54481	1
• 5320	1
• 53228	1
• 53081	1
• 53235	1
• 53080	1
• 53704	1
• 53219	1
• 54902	1
• 53201	1
• 60013	1

Baseline 71.5% as of August 2016 LAB report				
Overall Progress 96.8% as of January 1, 2024				
Current Goal = 96%				
Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	481	477	97.4%	96.8%
Up to 1-year Overdue	9	12	1.8%	2.4%
More than 1 yr & up to 3 yrs overdue	3	3	0.6%	0.6%
More than 3 yrs & up to 5 yrs overdue	1	0	0.2%	0%
More than 5 yrs & up to 10 yrs overdue	0	1	0%	0.2%
Total	494	493	100%	100%

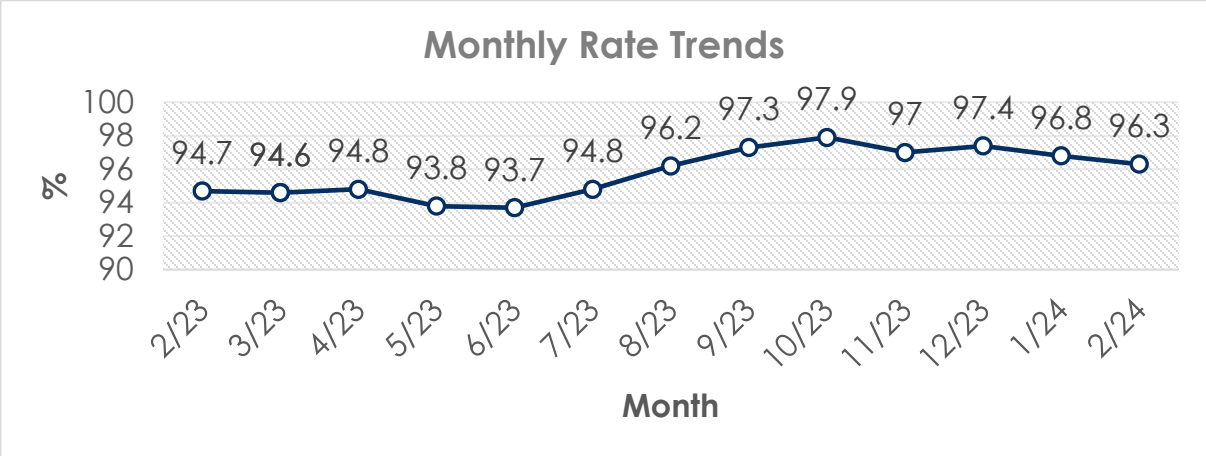


Past Due by Policy Area	Past Due	Number of Policies coming due in the next 12 months	
		Month/Year	# Due
BHS – Health Information/HIPPA Privacy & Security	1	January 2024	3
BHS - Quality Management	1	February 2024	15
Contract Administration	3	March 2024	14
Emergency Management	1	April 2024	9
Emergency Management- Confidential	1	May 2024	14
Engineering & Environmental Services-Operations	2	June 2024	25
Environment of Care	1	July 2024	21
Fiscal	1	August 2024	21
Human Resources	2	September 2024	10
Patient Rights	2	October 2024	7
Wraparound (Wrap, REACH, youth CCS)-Vendor	1	November 2024	8
Total	16	December 2024	107
		January 2025	10
Last Month's Activity			
		New Policies	3
		Reviewed/Revised	15
		Retired	0

Baseline 71.5% as of August 2016 LAB report

Overall Progress 96.3% as of February 1, 2024

Current Goal = 96%				
Review period	Number of Policies		Percentage of total	
	Last Month	This Month	Last Month	This Month
Within Scheduled Period	477	465	96.8%	96.3%
Up to 1-year Overdue	12	14	2.4%	2.9%
More than 1 yr & up to 3 yrs overdue	3	3	0.6%	0.6%
More than 3 yrs & up to 5 yrs overdue	0	0	0%	0%
More than 5 yrs & up to 10 yrs overdue	1	1	0.2%	0.2%
Total	493	483	100%	100%



Past Due by Policy Area	Past Due	Number of Policies coming due in the next 12 months	
		Month/Year	# Due
BHS – Health Information/HIPPA Privacy & Security	1	February 2024	12
BHS - Quality Management	1	March 2024	14
Community Access to Recovery Services (CARS)	1	April 2024	9
Contract Administration	3	May 2024	14
Emergency Management	1	June 2024	21
Emergency Management- Confidential	1	July 2024	20
Engineering & Environmental Services- Operations	2	August 2024	17
Environment of Care	1	September 2024	10
Fiscal	1	October 2024	7
Human Resources	2	November 2024	8
Patient Rights	2	December 2024	107
Safety	1	January 2025	11
Wraparound (Wrap, REACH, youth CCS)- Vendor	1	February 2025	14
Total	18	Last Month's Activity	
		New Policies	1
		Reviewed/Revised	13
		Retired	0

Quarter 4-2023



MILWAUKEE COUNTY  
DEPARTMENT OF HEALTH  
& HUMAN SERVICES

**BEHAVIORAL  
HEALTH SERVICES**

# CARS Quarterly Report



# CARS Quality Report Summary - Q4-2023

## POPULATION HEALTH

BHS uses self-rated quality of life as a bellwether of client outcome, and it has moved lower over the last several quarters in many groups or cohorts. This measure tracks well with other client related measures and we are reviewing its alignment with the newly collected social determinants of health data (SDOH). Preliminary data suggest that, as expected, clients with higher quality of life tend to have fewer SDOH needs. BHS has collected nearly a year's worth of SDOH inputs on areas ranging from subjective financial strain and safety to general health measures. Look for more analyses with the SDOHs in future iterations of the CARS Quarterly Report.

## CLIENT EXPERIENCE

Client experience surveys continue to be a key quality metric and contract performance measure in most CARS programs, and several programs incentivize performance on the client experience survey scores. Further, work has begun in earnest to build equity into the BHS contract performance measures, a key initiative that includes the establishment of equitable performance expectations for client experience scores that have been disaggregated by race. Updates on this important initiative will be forthcoming.

## COST OF CARE

Black clients served in CARS, over the last 4 quarters, trail their white counterparts in per person costs per quarter. Black clients will often have fewer services within the initial weeks of an episode and may not be engaged in a service as long. Generally, outcome measures and survey data don't indicate significant differences between race groups. This could indicate greater social supports outside of BHS service programs for Black clients. A workgroup has recently been established to more thoroughly investigate this disparity and updates will be provided throughout 2024.

## STAFF QUALITY OF LIFE

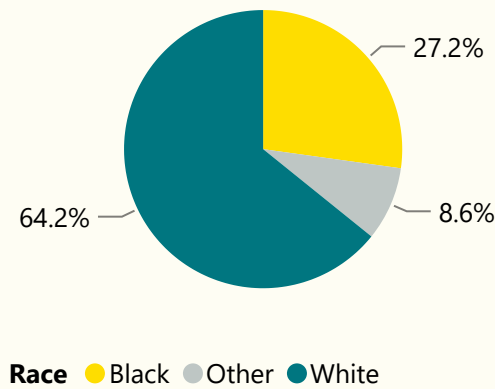
Provider turnover in the CARS network continues to be a significant challenge. As noted in previous versions of this report, in response to these turnover rates, CARS established a Workforce Challenges workgroup designed to better understand and help address these staffing issues. Preliminary discussion is already underway to build dashboards for the contract management department that will enable them to track provider turnover more efficiently, which in turn, will help us to better understand the health of our provider network.



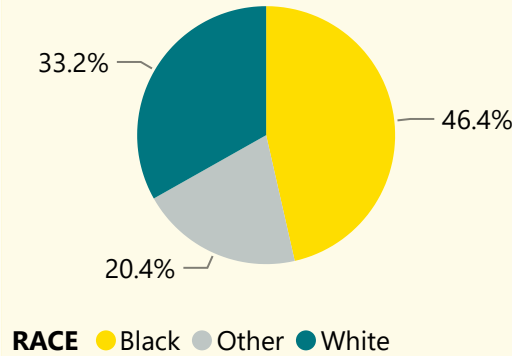
## Demographic Information of the Population We Serve

This section outlines demographics of the consumers CARS served last quarter compared to the County population.

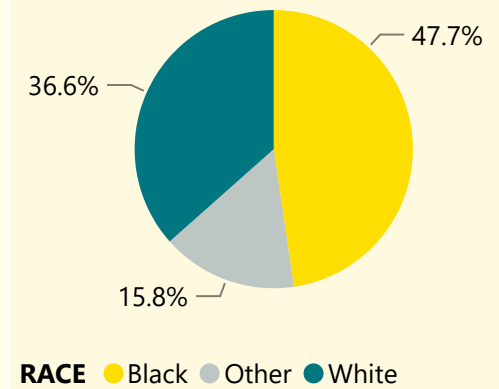
Race (Milwaukee County)\*



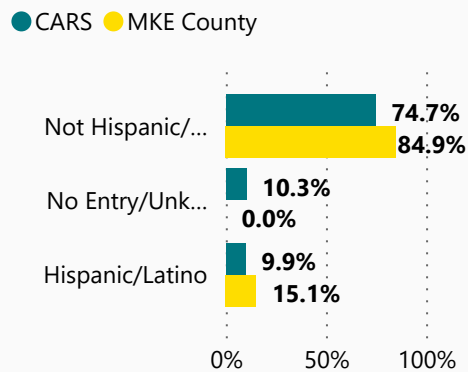
Race of MKE County at or Below 100% of Poverty Level



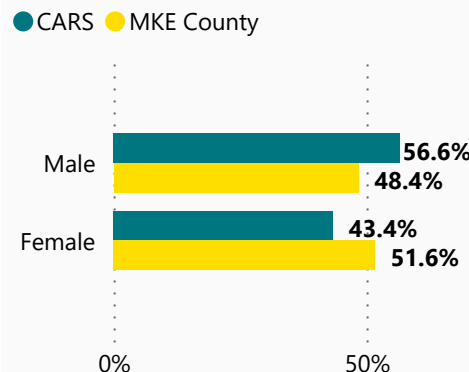
Race (CARS)



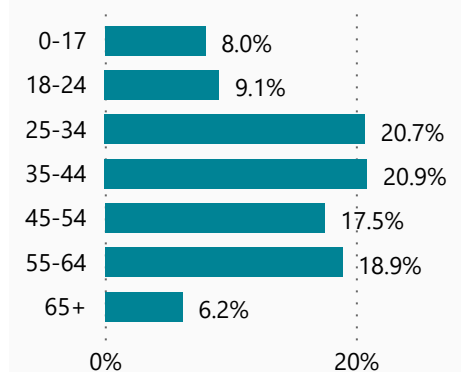
Ethnicity



Gender

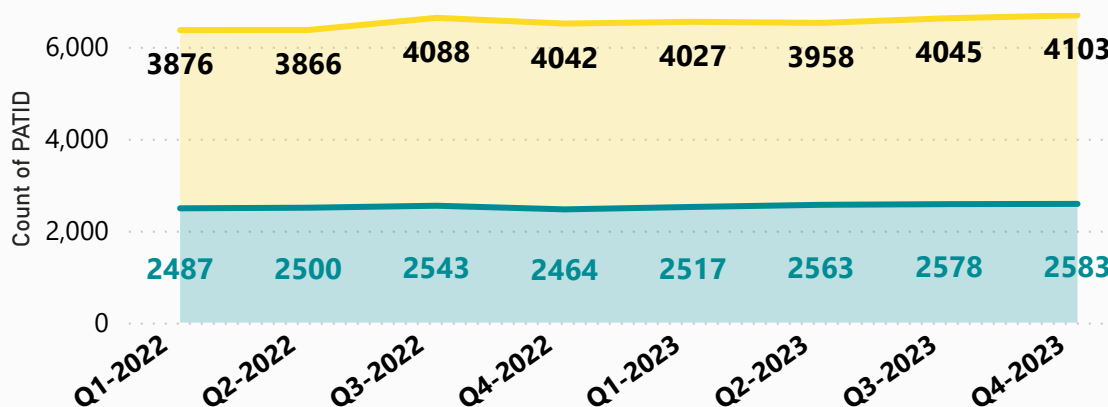


Age



Distinct Clients Served Each Quarter by High Need Zip Code

High need ● Focused Zips ● Other Zips



The Focused Zip Codes include 53215, 53205, 53206, 53204, 53233, 53209 and 53218. These zip codes were selected by CARS because of their significant social and economic needs, and because they have a significant portion of their population in the category of less than 200% of the poverty level. Identifying these high need areas is the first step in our effort to target and concentrate our community outreach and investment initiatives.

\*Comparable data from United States Census Bureau, which can be found at: <https://www.census.gov/quickfacts/fact/table/milwaukeecountywisconsin/PST045217#qf-flag-Z>

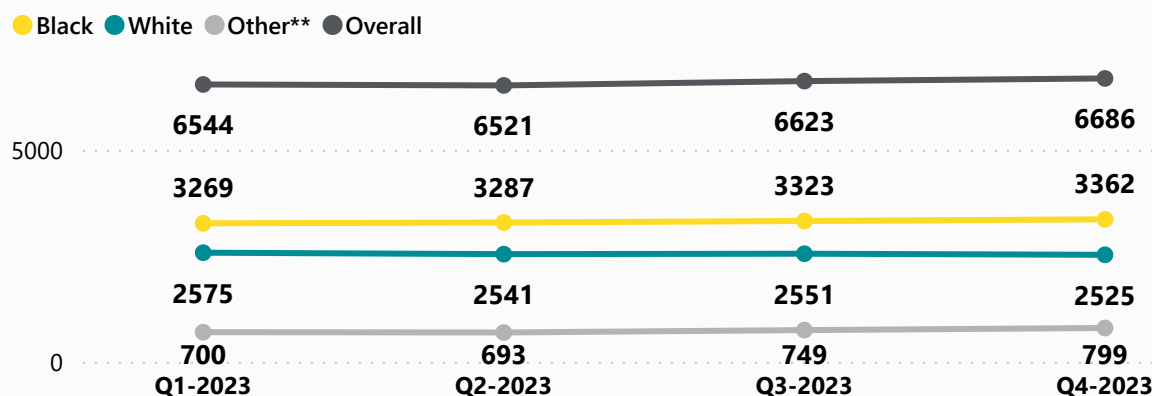
\*\*\*"Other" encompasses small percentages of indicated racial identity including "Alaskan Native/American Indian", "Asian", "Biracial", "Native Hawaiian/Pacific Islander", and "Other"

# Patient Experience of Care

4

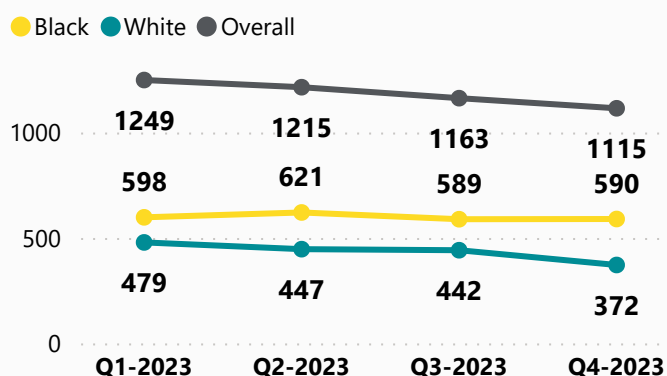
## Volume Served

### Volume Served by Race



## Referrals

### Referrals



### Access to Service

**38.59%**

**-7.12%**  
change from  
previous quarter

Percentage\* of clients who began their enrollment at a CARS Access Point who received a CARS community service within the first 30 days (235/609).

\*Please note that not all clients who are assessed need or are eligible to receive CARS community services; the expectation is not 100%. CARS R&E Team is working to develop access targets for future reports.

## Time to First Service

## Average Client Satisfaction Score (Range from 1-5)



# Population Health

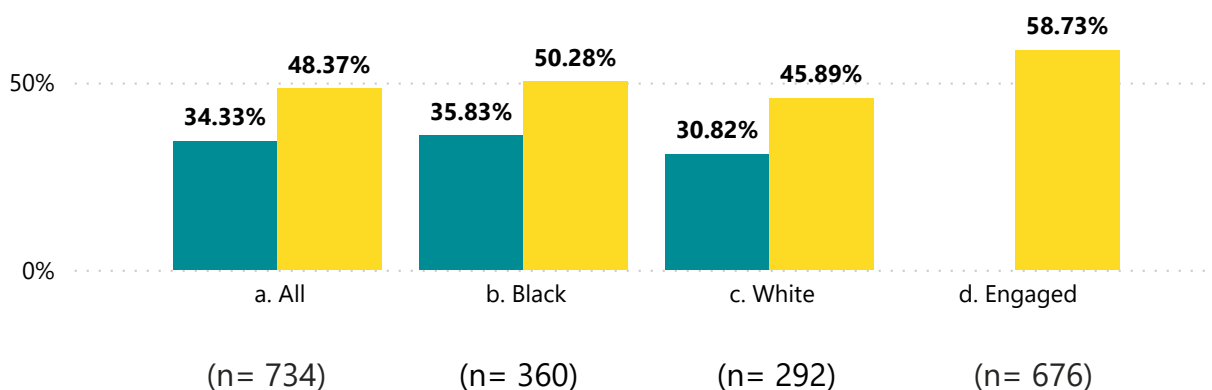
## Change Over Time - Client Enrollment

Percent of clients selecting "Good" or "Very Good" Quality of Life Overall and by Race

Average duration of enrollment: 637.68 days

### Self Rated Quality of Life

Type ● Initial ● FollowUp

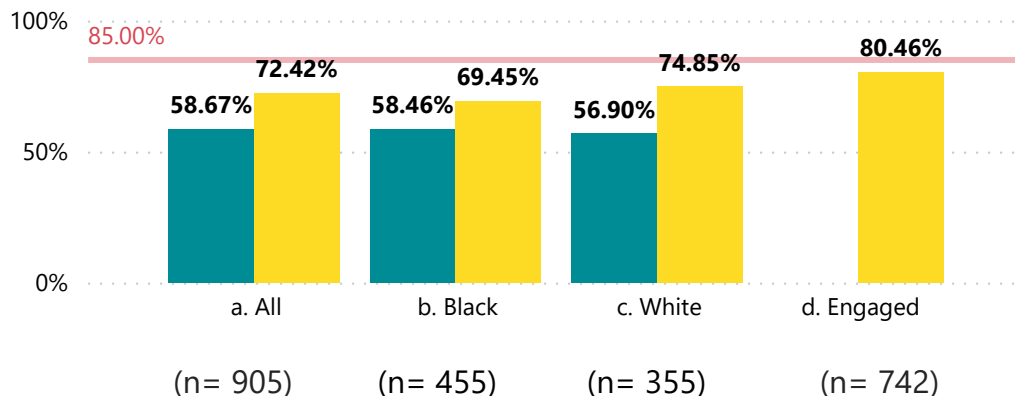


Percent with a Private Residence Overall and by Race

Average duration of enrollment: 631.02 days

## Private Residence

Type ● Initial ● FollowUp



Benchmark for State of Wisconsin (n=74,178)

### Benchmarks

Black 79.60% (n=7,947)

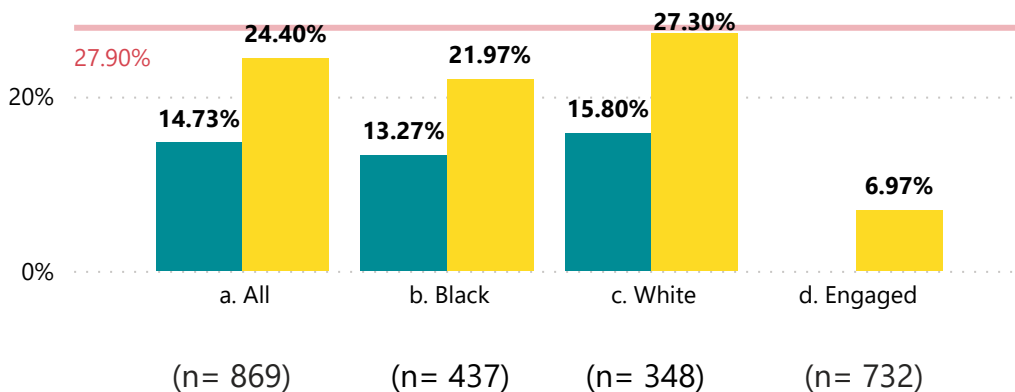
White 85.90% (n=56,971)

Percent Employed Overall and by Race

Average duration of enrollment: 619.96 days

## Employed

Type ● Initial ● FollowUp



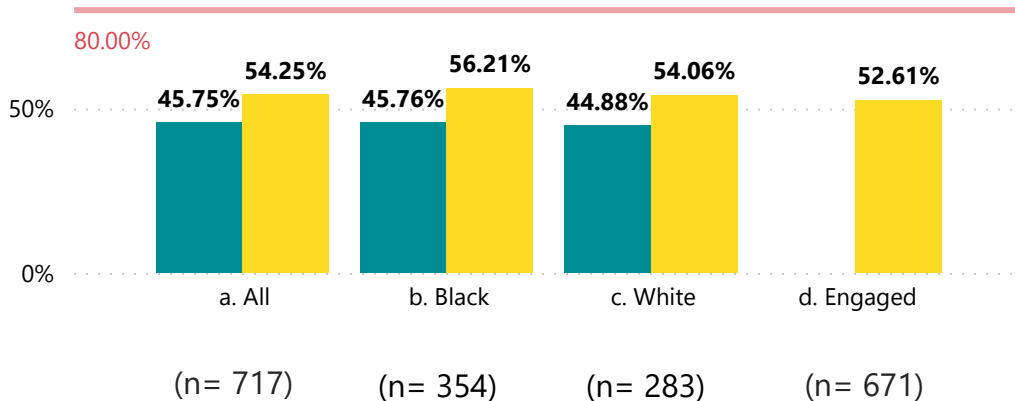
Benchmark for State of Wisconsin (n=74,178)

Percent selecting "Good", "Very Good" or "Excellent" Physical Health Overall and by Race

Average duration of enrollment: 628.00 days

## Physical Health

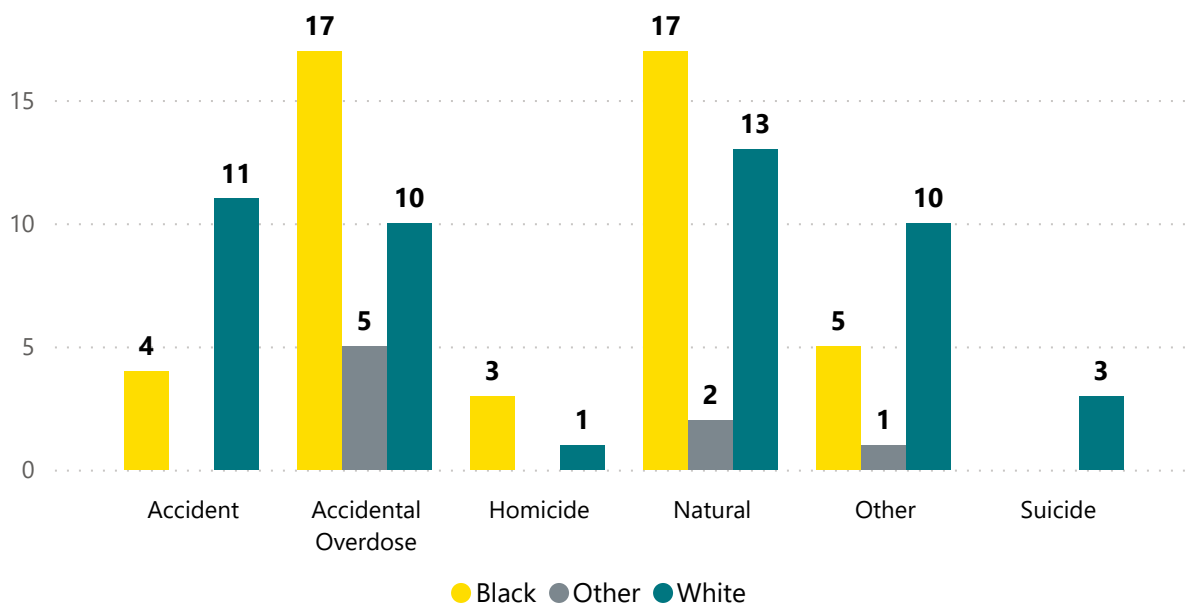
Type ● Initial ● FollowUp



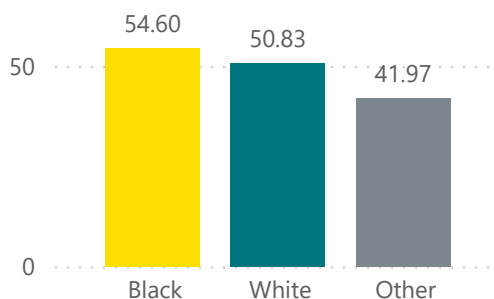
Benchmark for Milwaukee County

## Cause of Death by Race

One quarter lag in reporting. For deaths in 12 months ending Q3-2023



## Average Age at Death in 12 months ending Q3-2023



### Benchmarks

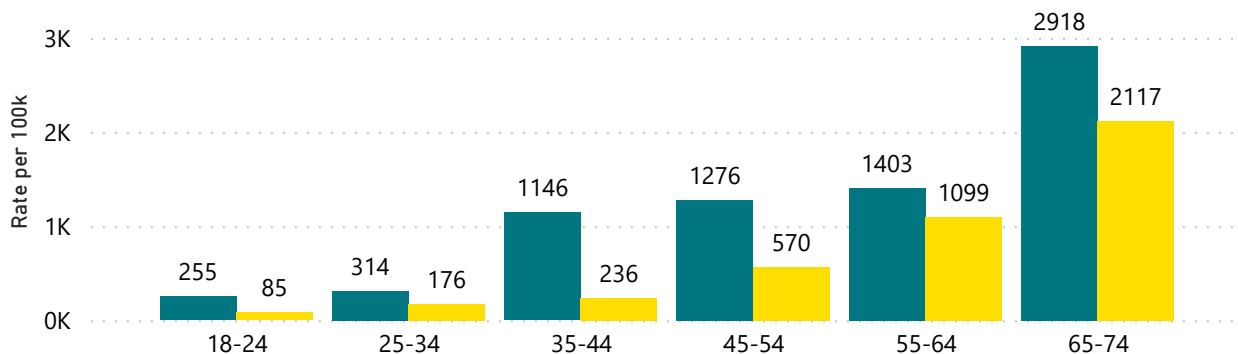
Black: 62.40  
White: 74.90  
Overall: 71.50

## Death Rate (per 100,000 by Age Range)

CARS number adjusted for comparison against Milwaukee County^

## Rate per 100k by Age Group and Location

Location ● CARS (per 100k) ● Milw. Cnty (per 100k)



# Domain: Cost of Care

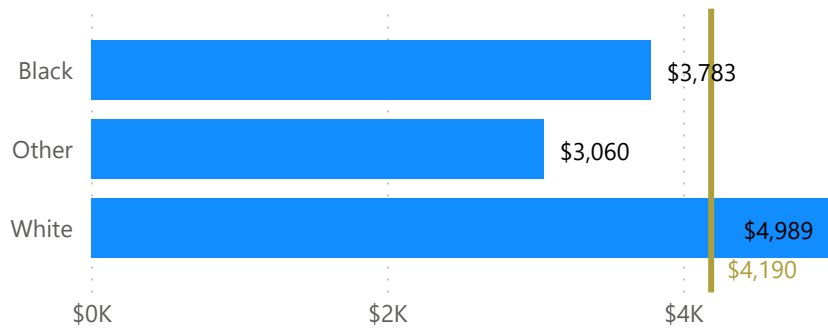
7

Average Cost per Client for current quarter by Race

## Clients Served Current Quarter

Race	Served
Black	3137
Other	574
White	2413
<b>Total</b>	<b>6124</b>

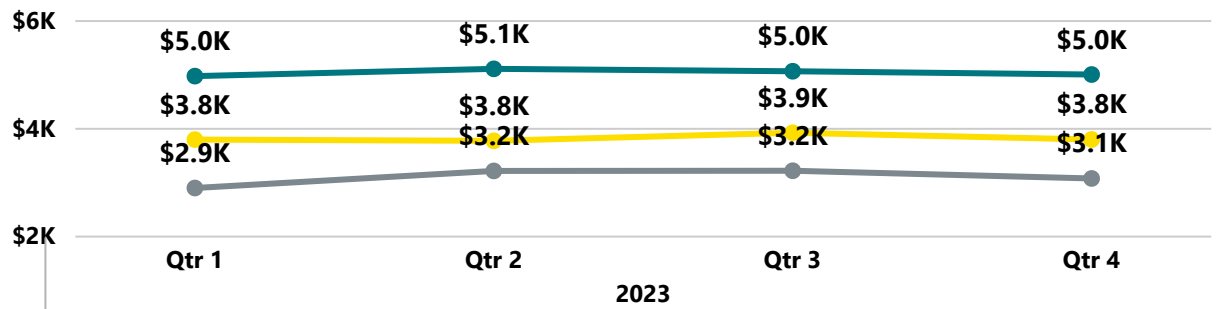
## Per Client Cost for Current Quarter with Average Line



Average Cost per Client by Quarter

## Per Client Cost by Race and Quarter

Race ● Black ● Other ● White



Clients Served by Race and Quarter

## Clients Served by Quarter

YEAR	2023			
	1	2	3	4
Race				
Black	3056	3084	3112	3137
Other	539	539	555	574
White	2453	2429	2440	2413
<b>Total</b>	<b>6048</b>	<b>6052</b>	<b>6107</b>	<b>6124</b>

# Domain: Staff Well-Being

Turnover

19.25%

\*CARS turnover rate

20.00%

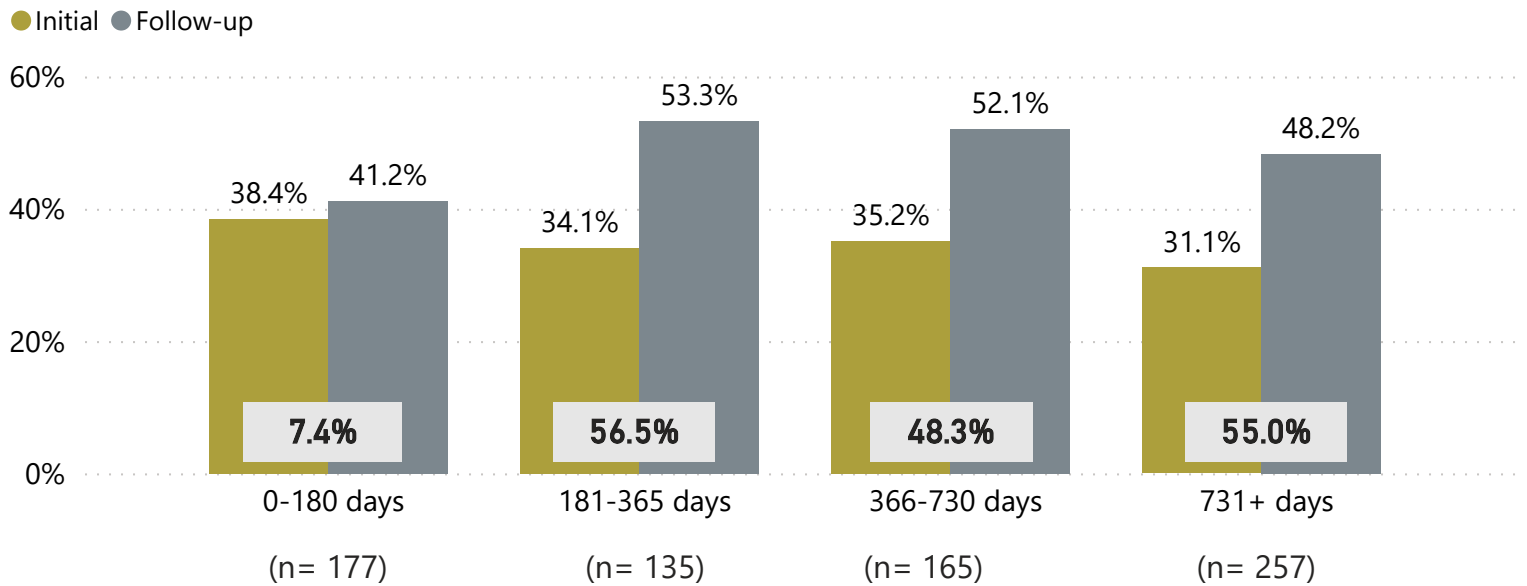
Turnover rates for government employees (per year) ^ ^

Staff Quality of Life

\* - Employees who have been reassigned due to departmental reorganizations are not included in this turnover measure.

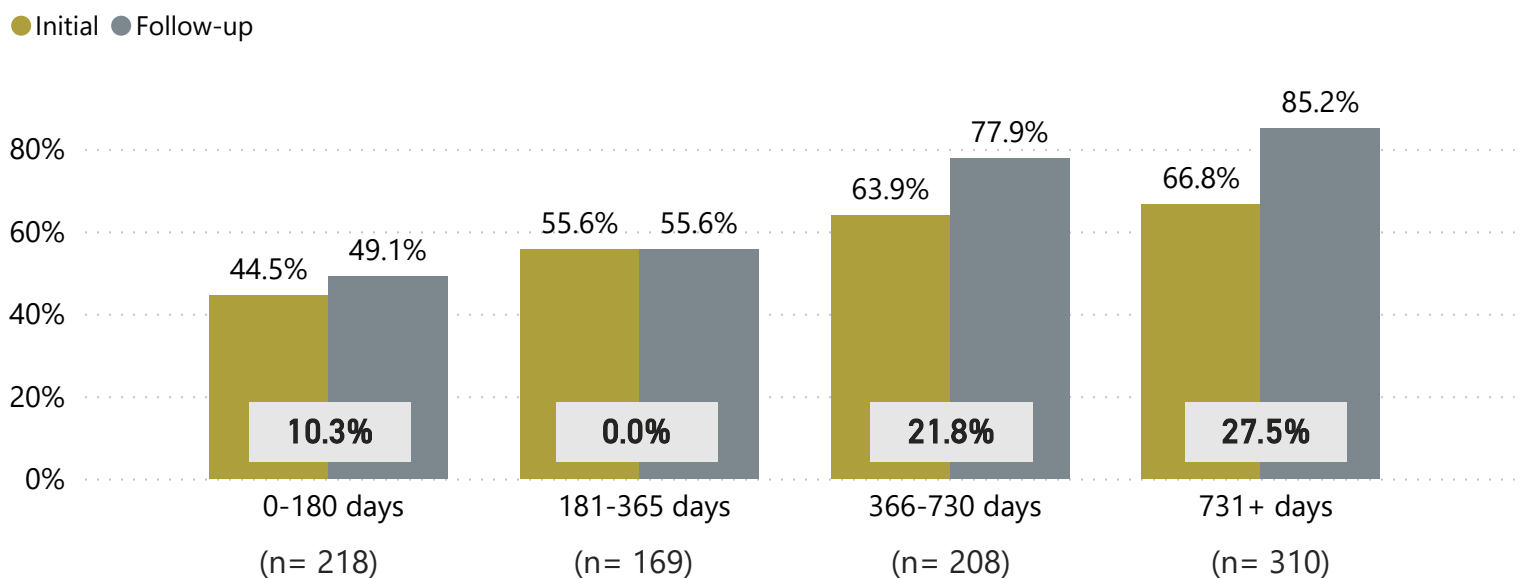
Measure	Definition
Access to Services	This measure examines the number of clients who received their first service at a CARS Access Point and then received a CARS community service within 30 days, divided by the total clients who received their first service at a CARS Access Point.
Average Age at Death	Death data is reported as an aggregate of the past four quarters, with a one-quarter lag. Average age at death for all causes of death. Benchmarks from 2019 Milwaukee County Mortality Data - Wisconsin Interactive Statistics on Health (WISH)
Cause of Death	Death data is reported as an aggregate of the past four quarters, with a one-quarter lag. Causes reported by the Milwaukee County Examiner when available. For those without an examiner report, cause of death reported by CARS is used.
Change Over Time	Change over time, through client enrollment, looks at clients who had their initial PPS within 60 days of enrollment and their follow-up PPS during the observation quarter. Some metrics are broken down by cohorts, which are determined by length of enrollment between their initial PPS and their latest PPS during the observation quarter.
Client Experience	Implementation of the new, more succinct Client Experience has begun. The survey ranges from 4-10 questions, depending on the program, and all questions range from 1="strongly disagree" to 5="strongly agree". The survey is currently being utilized in all CARS programs with the exception of CCS, CBRF, Adult Family Home, and Medication Assisted Treatment (MAT).
Cost of Care	The average cost per client per month within each quarter for CARS services received by CARS clients (not including inpatient and crisis). This is not separated out by funding stream or limited to those dollars spent by Milwaukee County on these services. The "n" is an average of the unique number of consumers served per month for the 3 months in the observation quarter.
Death Rate	The CARS death rate has been adjusted to a rate per 100,000 to compare with Milwaukee County death data. ^^Comparison death data from Wisconsin Interactive Statistics on Health (WISH) data query system, 2019 mortality data
Employment	Percent of current employment status of unique clients reported as "full or part time employment" or "supported competitive employment" State Summary Report ^^Benchmark data from the SAMHSA Uniform Reporting System - Mental Health Community Services Block Grant 2020
Private Residence	Percent of clients who reported their current living situation as a private residence. ^^Benchmark data from the SAMHSA Uniform Reporting System - Mental Health Community Services Block Grant 2020 State Summary Report
Quality of Life	This is a self-reported measure based on the question on the Comprehensive Assessment. Graphs shows the percentage of people that stated that their quality of life was "good" or "very good".
Referrals	Total number of referrals at community-based and internal Access Points per quarter.
Self-Rated Health	This is a self-reported measure based on the question on the Comprehensive Assessment. The graph shows the percentage of people that said that their physical health was "good", "very good" or "excellent". Benchmark from County Health Rankings
Turnover	Turnover is calculated by looking at the total number of staff who have left over the previous four quarters, divided by the average number of employees per month, for the previous four quarters ^^Source: Bureau of Labor Statistics ( <a href="https://www.bls.gov/news.release/jolts.t16.htm">https://www.bls.gov/news.release/jolts.t16.htm</a> )
Volume Served	Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.

## Percent of Clients selecting "Good" or "Very Good" Quality of Life by Length of Enrollment



*The rates of improvement are relatively similar across the various cohorts.*

## Percent of Clients with a Private Residence

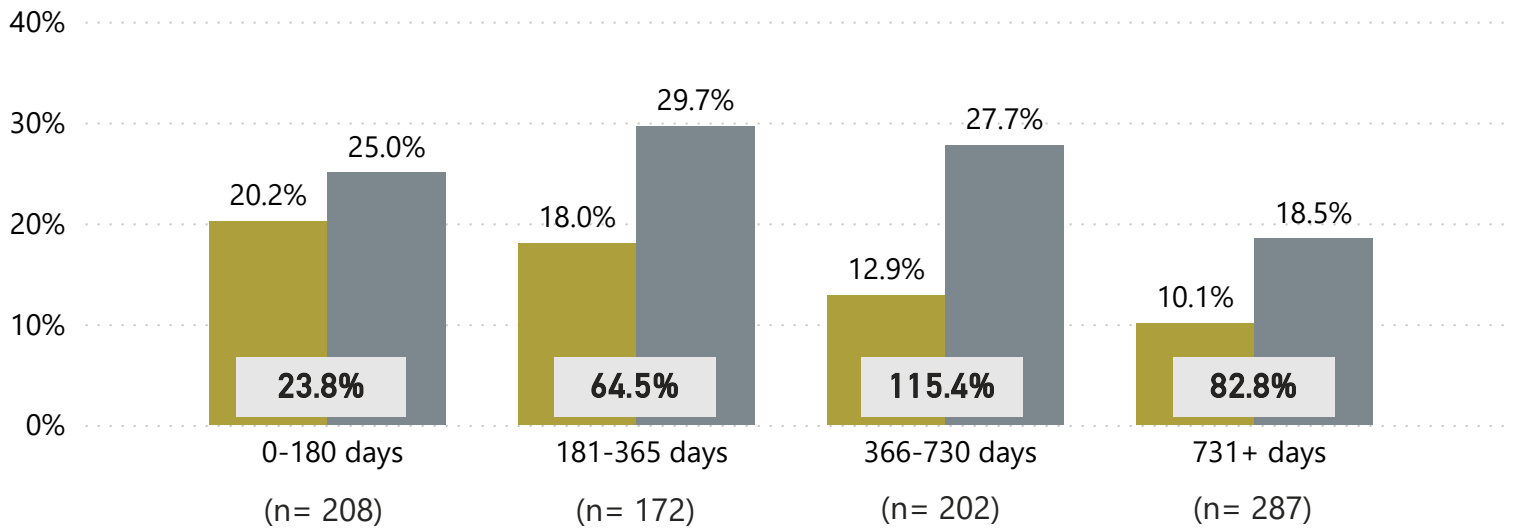


*Consistent with previous reports, clients enrolled longer appear to have higher rates of private residence than clients enrolled for shorter lengths of time.*



**Percent of Clients Employed**

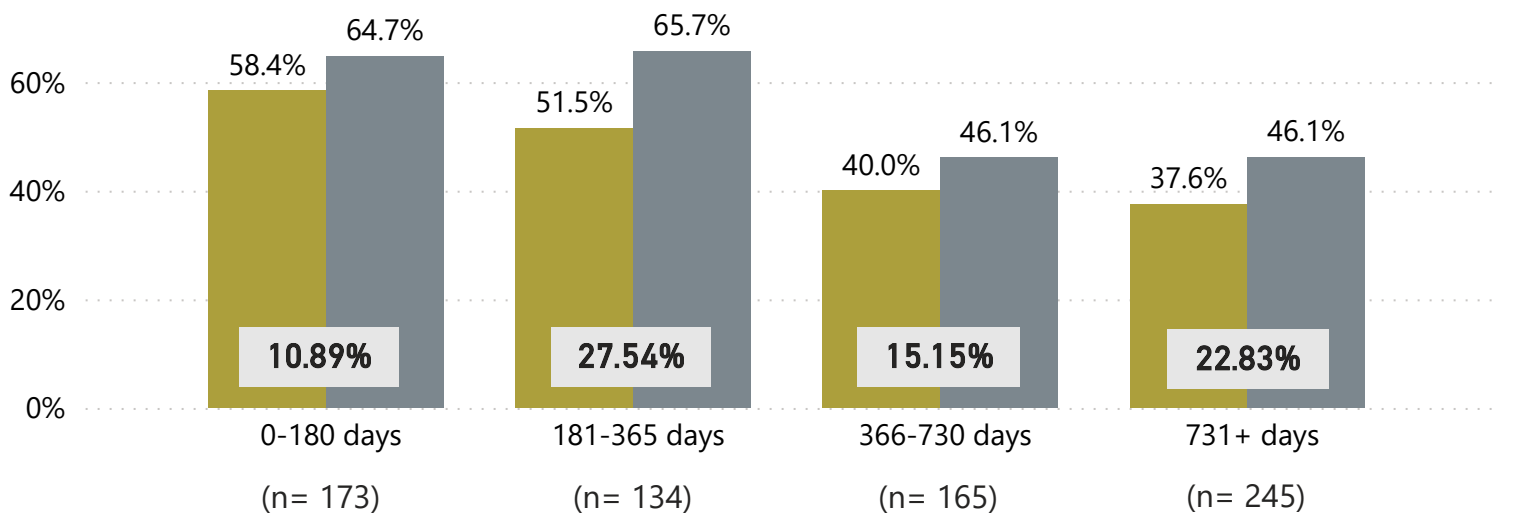
● Initial ● Follow-up



*Although the rates of change are higher in longer lengths of enrollment, this is likely due to a larger proportion of individuals in longer enrollment cohorts beginning their enrollments with lower rates of employment.*

**Percent of Clients selecting "Good", "Very Good" or "Excellent" Physical Health**

● Initial ● Follow-up

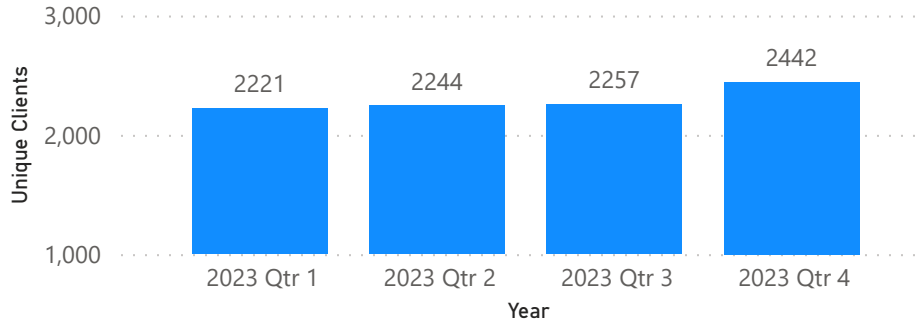


This graph shows no clear trend in terms of rate of change between cohorts. Cohorts with longer enrollments did start with lower ratings of physical health, likely influencing their higher rates of change.



## BHS Community Crisis Dashboard

### 2023 BHS Crisis Service Unique Clients Served



### Summary

The Community Crisis Dashboard currently displays the volume of unique clients who received a community crisis service by zip code, race, gender, and ethnicity, along with average client experience scores (OCA, CLASP, MKE Mobile Crisis). The department dashboard will continue to expand over time to include additional process and outcome metrics.

A visual tracking annual change in clients served in high need/high volume zip codes was added to the dashboard for Q4 2022. Between 2022 & 2023, the BHS Crisis Service had an overall increase of 11% in the number of total unique clients served. The zip codes with the largest % increase in unique clients served were 53205, 53212, and 53204.

The % of clients endorsing SI at initial and last assessment declined between 88% and 96% in each of the past 4 quarters. The % of clients endorsing SA Bxs at initial and last assessment declined between 46% and 64% in each of the past 4 quarters. We believe this new set of metrics are particularly valuable because they represent a key area of focus for crisis services and demonstrate the positive impact crisis services can have in the community. Future versions of the Community Crisis Dashboard will include metrics related to fidelity of Zero Suicide implementation, including completion rates of suicide screening tools and full risk assessments.

### 2021-2023 BHS Crisis Service Unique Clients Served by Zip Code - Top 20 Zip Codes\*

Zip	2021	2022	2023	% Change
53205	421	395	544	37.7%
53218	418	444	464	4.5%
53209	466	409	440	7.6%
53206	341	371	388	4.6%
53212	290	269	348	29.4%
53204	307	260	329	26.5%
53208	408	319	327	2.5%
53215	312	295	324	9.8%
53216	333	275	317	15.3%
53210	377	284	292	2.8%
53214	287	281	242	-13.9%
53225	216	156	184	17.9%
53223	196	165	181	9.7%
53202	148	161	167	3.7%
53219	182	184	164	-10.9%
53221	152	154	147	-4.5%
53224	133	115	134	16.5%
53233	172	159	127	-20.1%
53227	124	113	114	0.9%
53222	130	120	100	-16.7%

2022 BHS Crisis Service Total Unique Clients Served

6277

2023 BHS Crisis Service Total Unique Clients Served

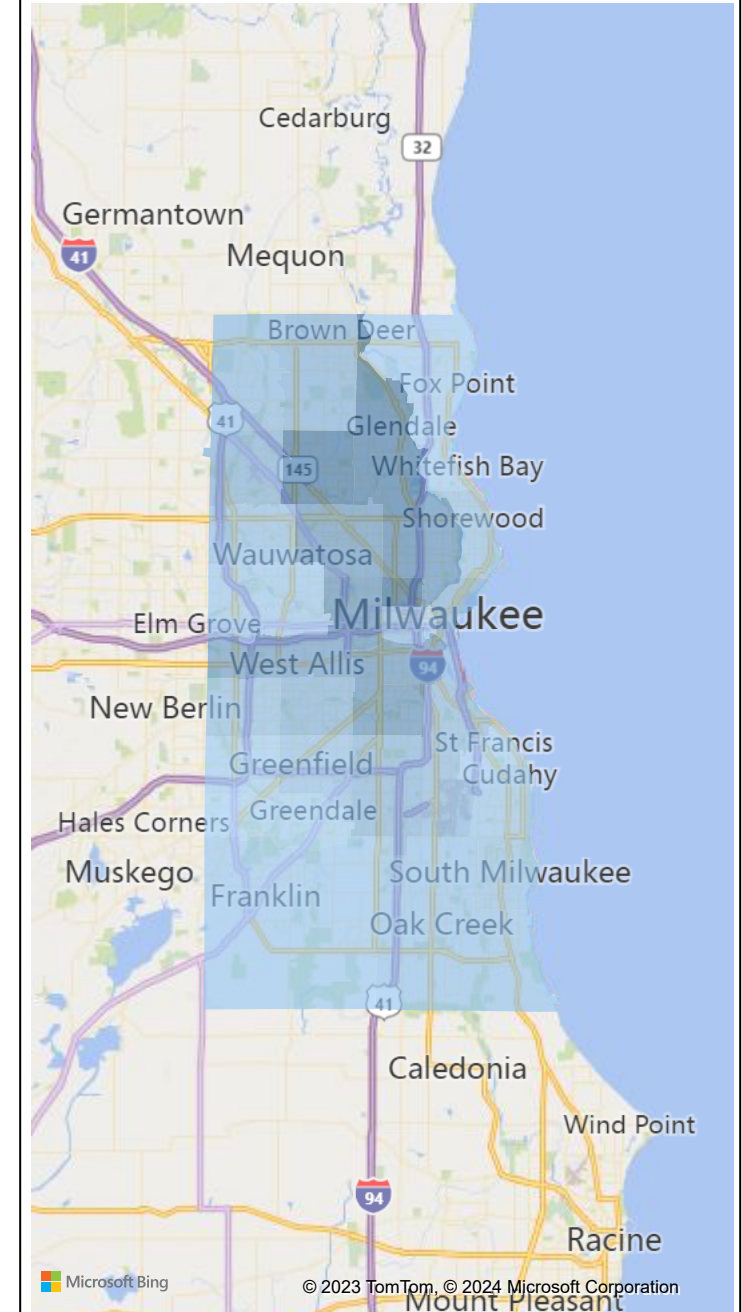
6966

2022-2023 BHS Crisis Service - Total % Change in Unique Clients Served

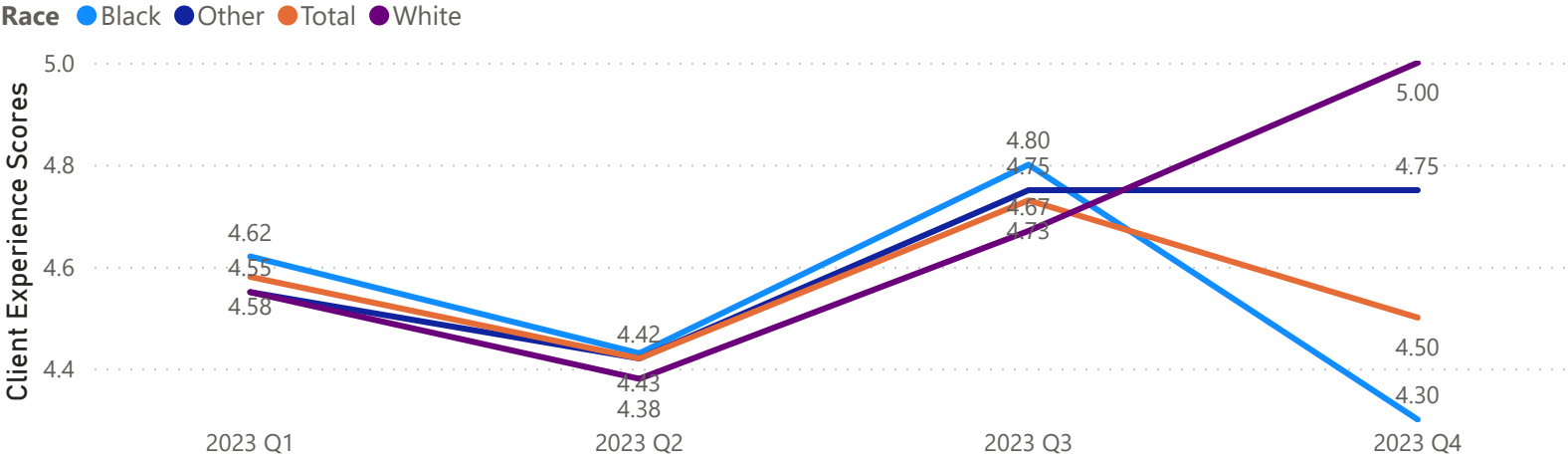
11.0%

\* Please see addendum for additional zip code breakdown by quarter.

### 2022-2023 BHS Crisis Service Unique Clients Served by Zip Code

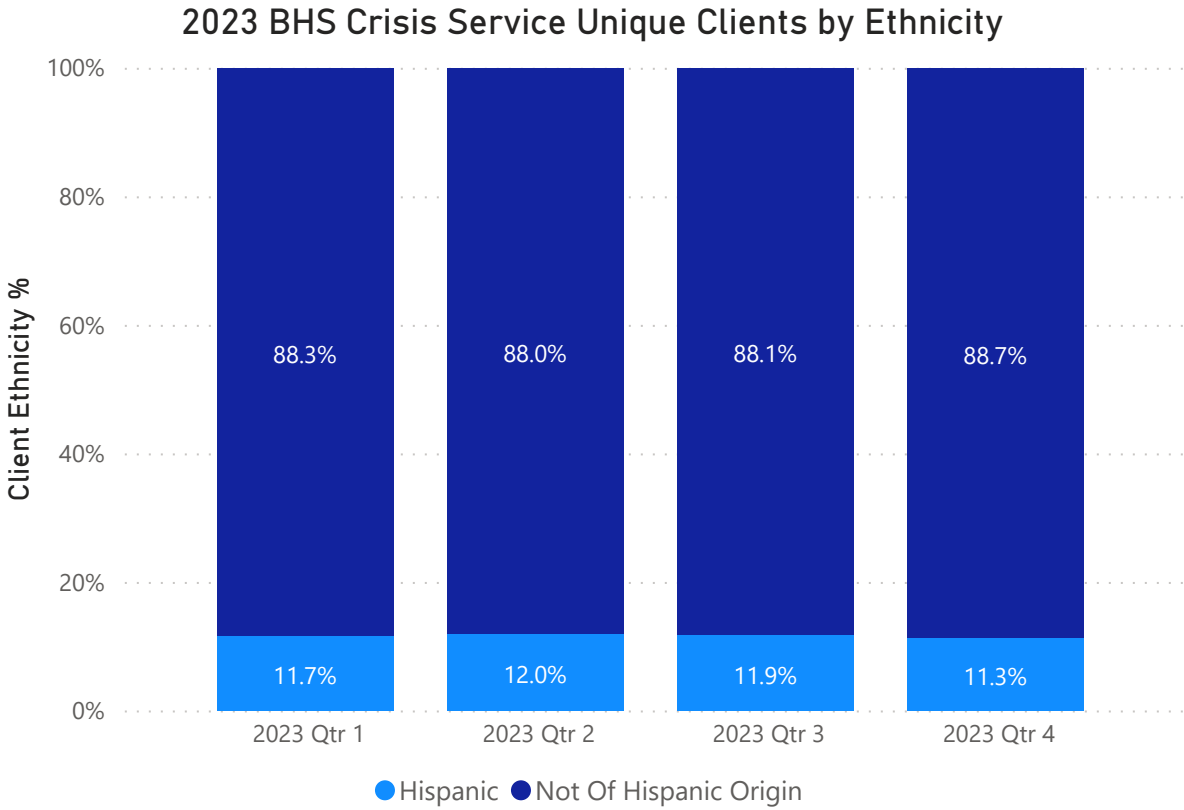
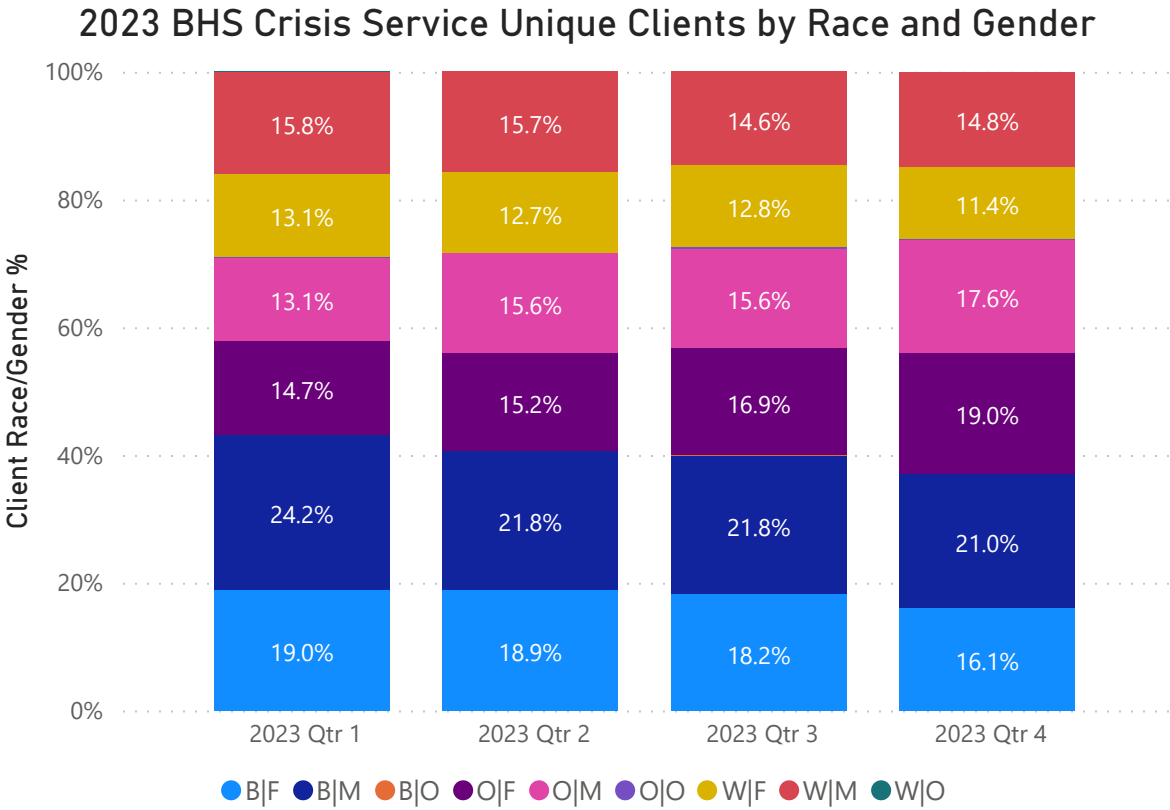


## 2023 BHS Crisis Service Client Experience Survey Scores



## 2023 BHS Crisis Service - Completed Client Experience Survey Count

Race	2023 Q1	2023 Q2	2023 Q3	2023 Q4
Total	36	52	16	20
White	8	10	7	3
Black	20	29	5	13
Other	8	13	4	4



## Total Episodes

program_X_RRG_value	PATID
Access Clinic	869
Team Connect	412
<b>Total</b>	<b>1281</b>

Total Unique Clients

1146

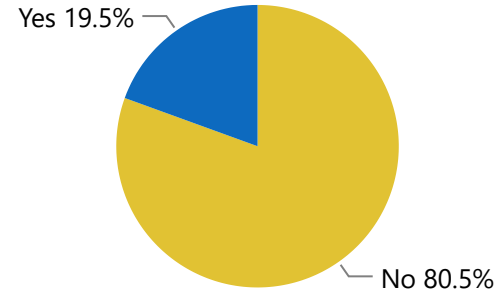
## CSSRS Initial and Follow Up Data

Access Clinics and Team Connect  
January 1, 2023 to December 31, 2023

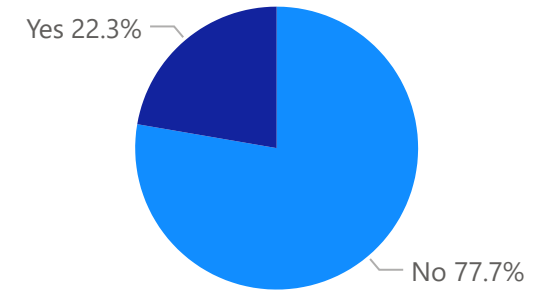
## Total Episodes with Initial Assessments

915

### Percent of Clients Endorsing SI at Initial Assessment



### Percent of Clients Endorsing SA Bxs at Initial Assessment



Total Episodes with >=2 Assessments

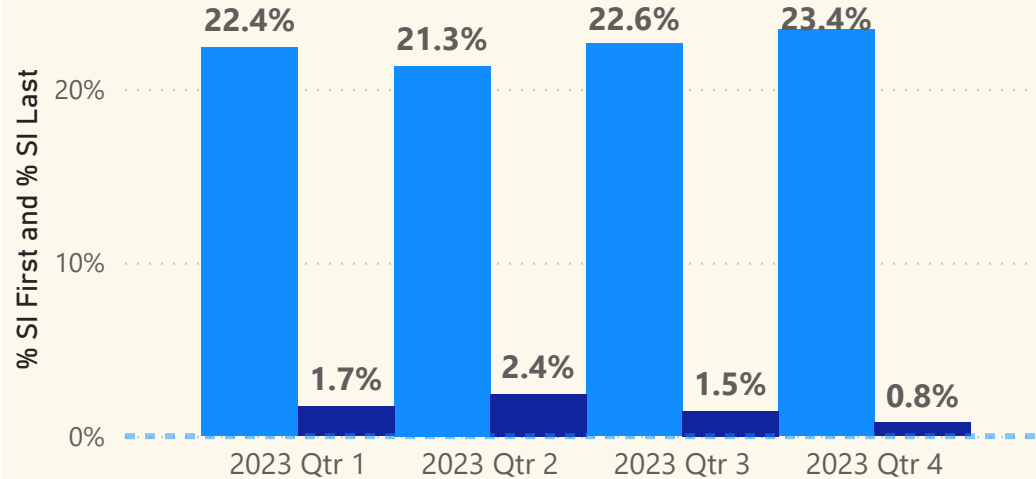
545

Average Lag  
Between Initial Last  
Assessment

48.4

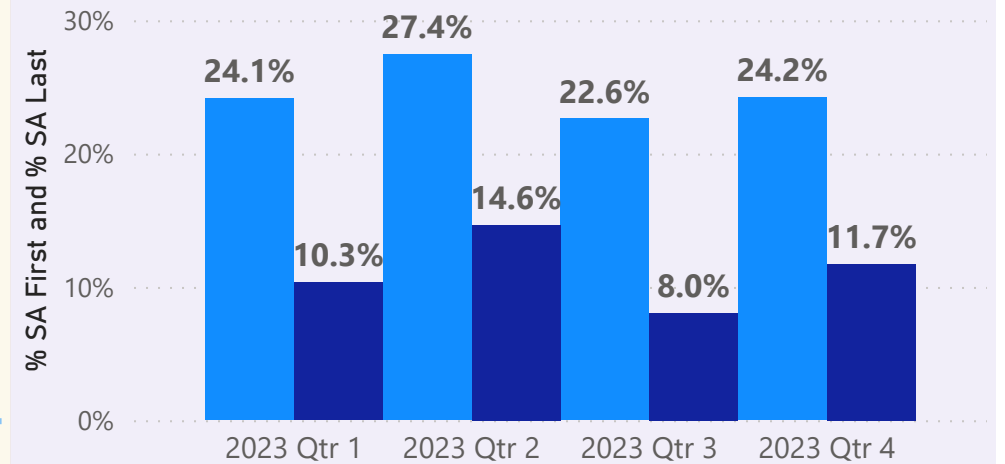
### % of Clients Endorsing SI at Initial and Last Assessment

● % SI First ● % SI Last



### % of Clients Endorsing SA Bxs at Initial and Last Assessment

● % SA First ● % SA Last



# Addendum

2021-2023 BHS Crisis Service Unique Clients Served by Zip Code - Top 20 Zip Codes by Quarter

Year	2021					2022					2023					Total
Zip	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	▼
53205	161	155	164	126	<b>421</b>	93	135	129	158	<b>395</b>	211	185	196	83	<b>544</b>	<b>1124</b>
53209	165	176	171	171	<b>466</b>	172	144	116	143	<b>409</b>	151	152	151	165	<b>440</b>	<b>1030</b>
53218	162	146	160	165	<b>418</b>	152	157	146	162	<b>444</b>	155	146	154	185	<b>464</b>	<b>1023</b>
53206	122	140	134	110	<b>341</b>	124	129	138	128	<b>371</b>	134	124	134	114	<b>388</b>	<b>869</b>
53208	154	167	157	150	<b>408</b>	113	117	107	117	<b>319</b>	123	111	97	121	<b>327</b>	<b>822</b>
53210	133	140	139	115	<b>377</b>	96	91	91	94	<b>284</b>	89	96	96	92	<b>292</b>	<b>764</b>
53215	110	103	127	109	<b>312</b>	93	116	105	102	<b>295</b>	101	113	107	115	<b>324</b>	<b>762</b>
53212	104	110	109	96	<b>290</b>	85	92	87	89	<b>269</b>	110	112	113	120	<b>348</b>	<b>736</b>
53204	94	120	114	117	<b>307</b>	94	83	81	86	<b>260</b>	94	118	112	111	<b>329</b>	<b>723</b>
53216	123	125	131	116	<b>333</b>	89	104	98	100	<b>275</b>	100	102	106	104	<b>317</b>	<b>720</b>
53214	93	96	122	106	<b>287</b>	102	88	96	82	<b>281</b>	79	82	84	85	<b>242</b>	<b>656</b>
53225	78	75	84	70	<b>216</b>	57	57	48	54	<b>156</b>	47	69	70	61	<b>184</b>	<b>454</b>
53223	62	74	85	68	<b>196</b>	61	67	55	63	<b>165</b>	57	55	58	73	<b>181</b>	<b>426</b>
53219	71	65	71	61	<b>182</b>	70	61	62	53	<b>184</b>	63	55	44	53	<b>164</b>	<b>422</b>
53202	47	54	57	53	<b>148</b>	53	60	61	39	<b>161</b>	54	63	56	57	<b>167</b>	<b>377</b>
53221	42	44	49	63	<b>152</b>	60	54	45	36	<b>154</b>	46	49	45	52	<b>147</b>	<b>372</b>
53233	64	62	63	63	<b>172</b>	60	65	62	44	<b>159</b>	44	43	39	50	<b>127</b>	<b>344</b>
53224	42	58	49	44	<b>133</b>	46	36	26	37	<b>115</b>	33	38	45	60	<b>134</b>	<b>315</b>
53227	45	51	38	48	<b>124</b>	45	39	47	36	<b>113</b>	33	40	40	44	<b>114</b>	<b>277</b>
53222	62	50	56	33	<b>130</b>	35	35	45	47	<b>120</b>	29	40	37	44	<b>100</b>	<b>272</b>
<b>Total</b>	<b>1934</b>	<b>2011</b>	<b>2080</b>	<b>1884</b>	<b>5413</b>	<b>1700</b>	<b>1730</b>	<b>1645</b>	<b>1670</b>	<b>4929</b>	<b>1753</b>	<b>1793</b>	<b>1784</b>	<b>1789</b>	<b>5333</b>	<b>12488</b>



# Milwaukee County Behavioral Health Services



## The BHS Wide Adult Services Dashboard

The BHS Wide Adult Services Dashboard includes the clients served by the Community Access to Recovery Services (CARS) and Crisis Departments is reported as a single population. This helps to reinforce the Milwaukee County DHHS "No Wrong Door" philosophy at Milwaukee County Behavioral Health Services (BHS) because it depicts BHS as a single continuum of care, with multiple front doors and a single population of clients served.

Further, this dashboard also presents data on the social determinants of health (SDOH). As noted in the first iteration of this dashboard, we are collecting more comprehensive data on social needs for all BHS clients, and this data set is growing. The number of clients on whom we had clinical and SDOH data averaged 4967 clients per question in the Q4 2022 to Q3 2023 version of this dashboard, whereas that number jumped to 5506 in this iteration, an increase of nearly 11%.

The SDOH data are organized using the County Health Rankings and Roadmaps framework published by the University of Wisconsin's Population Health Institute. We look forward to utilizing this data to understand the needs of the clients we serve and track the outcomes/impact of BHS services over time. The next version of this dashboard will also include information on the most common entry points to BHS's system of care, which will help us better understand our "front doors".

# BHS Clients Served

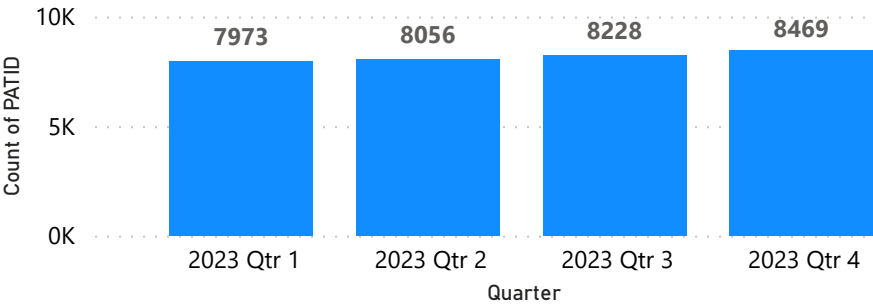
Time Period: 1/1/23-12/31/23

## Total Served in last 4 quarters

14,885

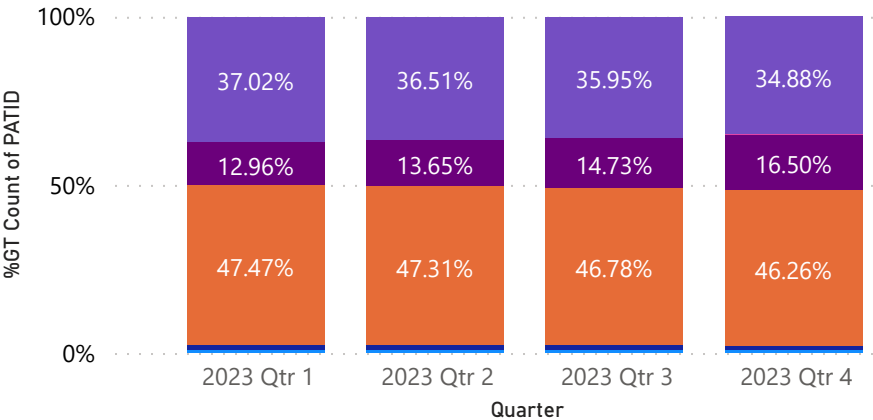
Count of PATID

## BHS Client Enrollment by Quarter



## BHS Client Enrollment by Race

Race: Am Indian, Asian, Black, Other, Pacific Islander, White

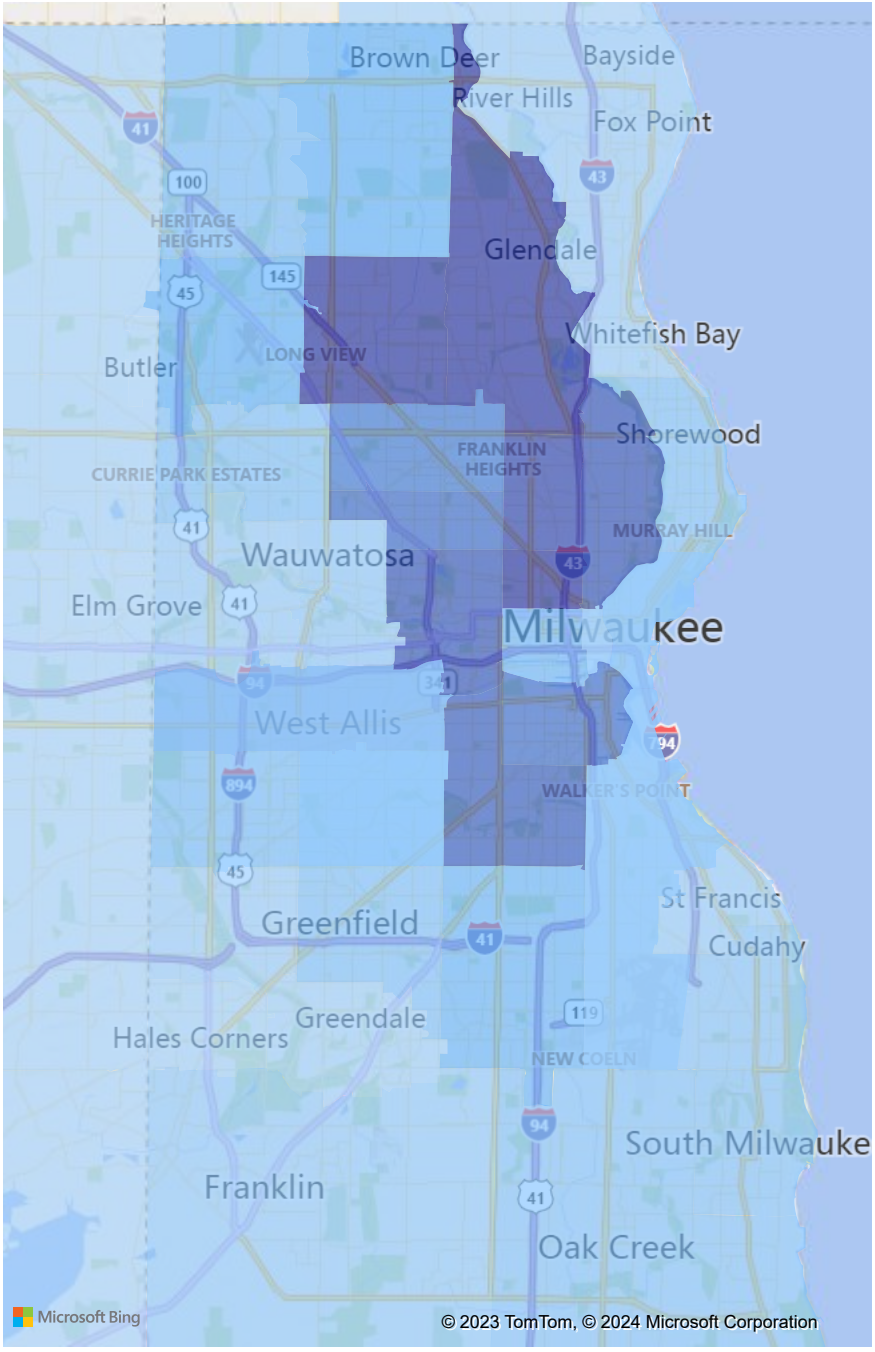


## BHS Clients by Zip Code

Zip	Count	Percent	Socio-Econ. Need
53204	745	5.35%	5. High
53205	947	6.80%	5. High
53206	886	6.36%	5. High
53208	827	5.93%	5. High
53215	808	5.80%	5. High
53233	325	2.33%	5. High
53209	950	6.82%	4. Medium/High
53210	731	5.25%	4. Medium/High
53212	834	5.98%	4. Medium/High
53216	667	4.79%	4. Medium/High
53218	954	6.85%	4. Medium/High
53172	189	1.36%	3. Medium
53203	32	0.23%	3. Medium
53214	579	4.16%	3. Medium
53221	348	2.50%	3. Medium
53225	380	2.73%	3. Medium
53110	169	1.21%	2. Medium/Low
53207	302	2.17%	2. Medium/Low
53219	433	3.11%	2. Medium/Low
53220	224	1.61%	2. Medium/Low
53223	392	2.81%	2. Medium/Low
53224	254	1.82%	2. Medium/Low
53227	267	1.92%	2. Medium/Low
53228	85	0.61%	2. Medium/Low
53129	56	0.40%	1. Low
53130	37	0.27%	1. Low
53132	124	0.89%	1. Low
53154	191	1.37%	1. Low
53202	348	2.50%	1. Low
53211	223	1.60%	1. Low
53213	136	0.98%	1. Low
53217	79	0.57%	1. Low
53222	216	1.55%	1. Low
53226	100	0.72%	1. Low
53235	97	0.70%	1. Low

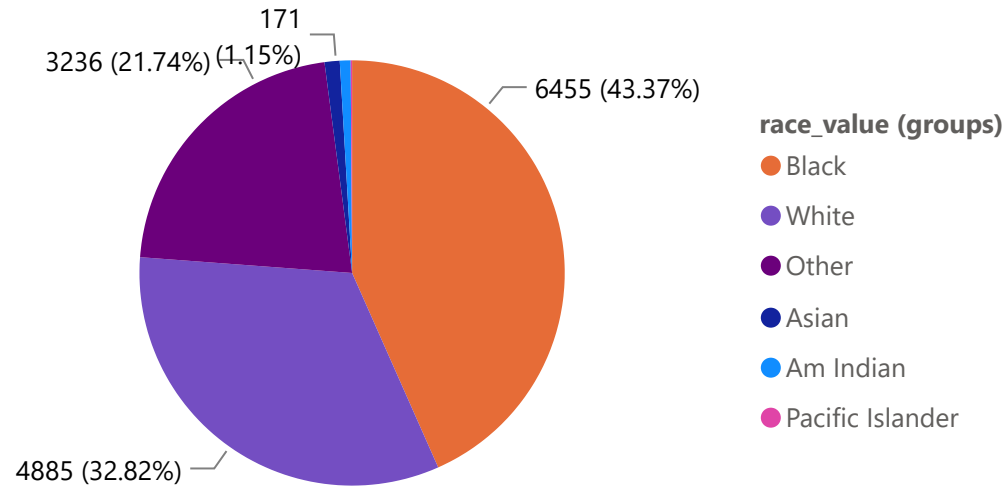
Health Equity Value from [www.healthcompassmilwaukee.org](http://www.healthcompassmilwaukee.org)  
Areas of highest need begin as "5.High"

## BHS Clients by Zip Code

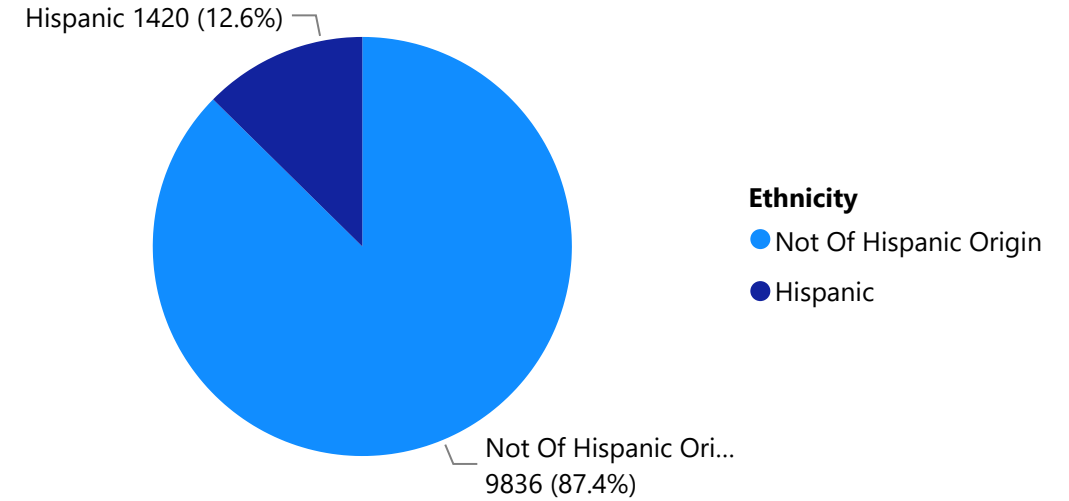


# BHS Client Demographics

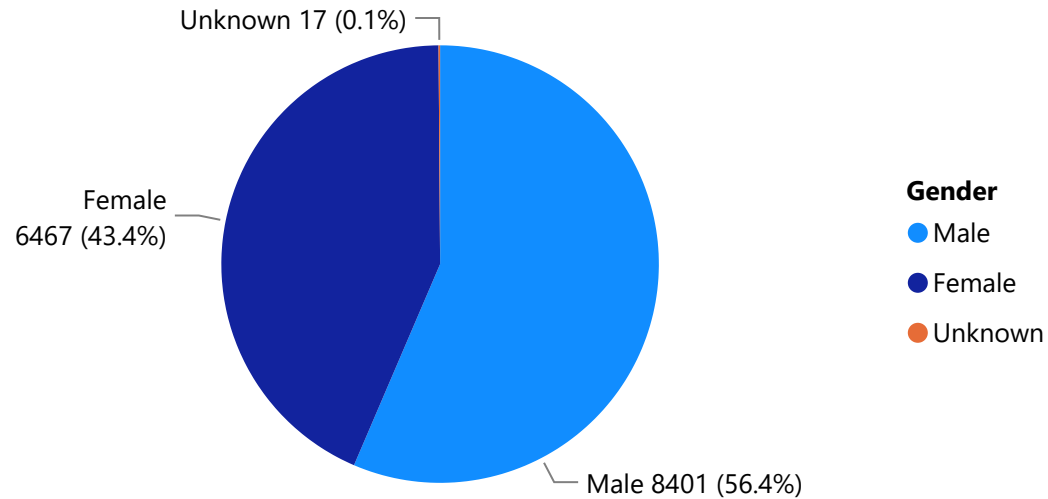
## BHS Clients by Race



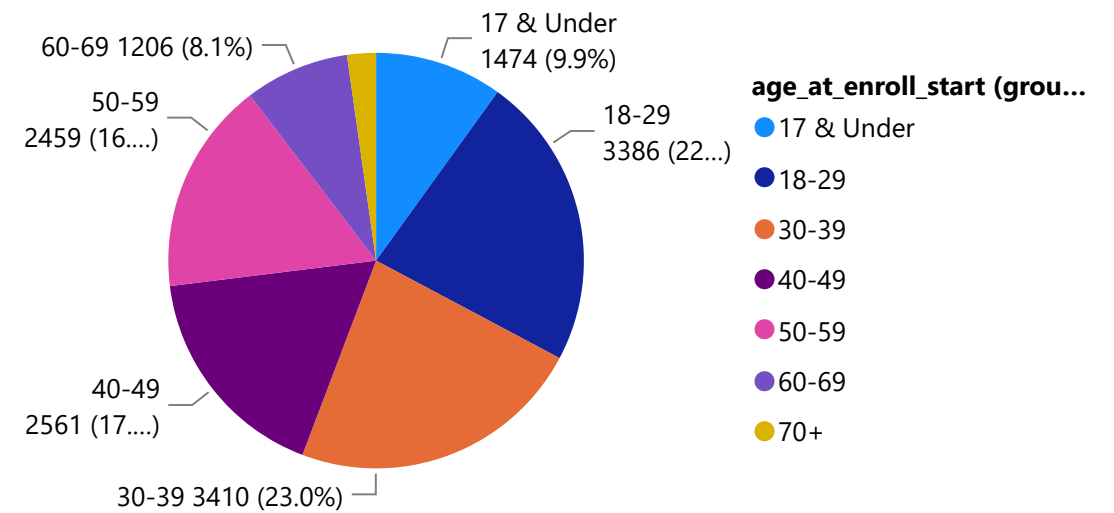
## BHS Clients by Ethnicity



## BHS Clients by Gender



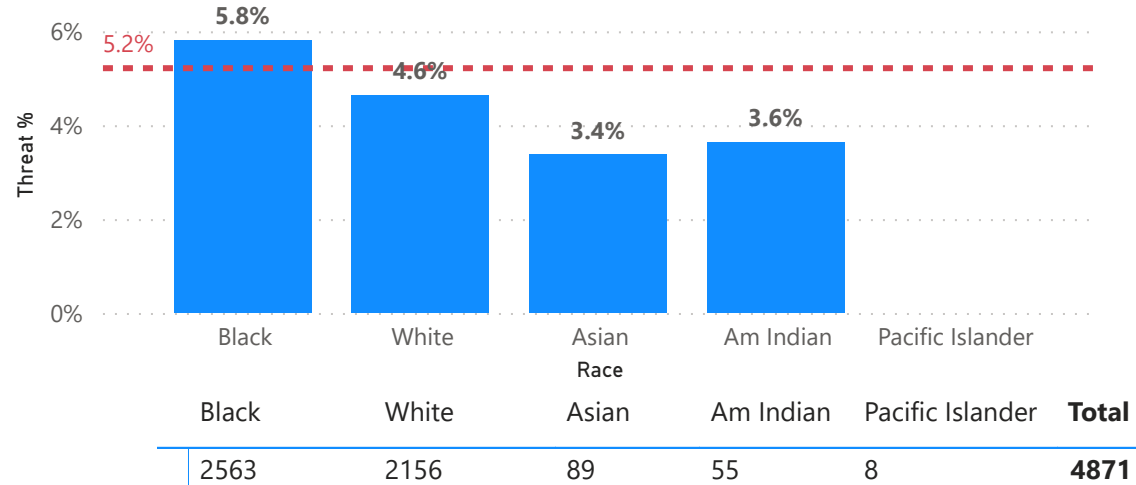
## BHS Clients by Age



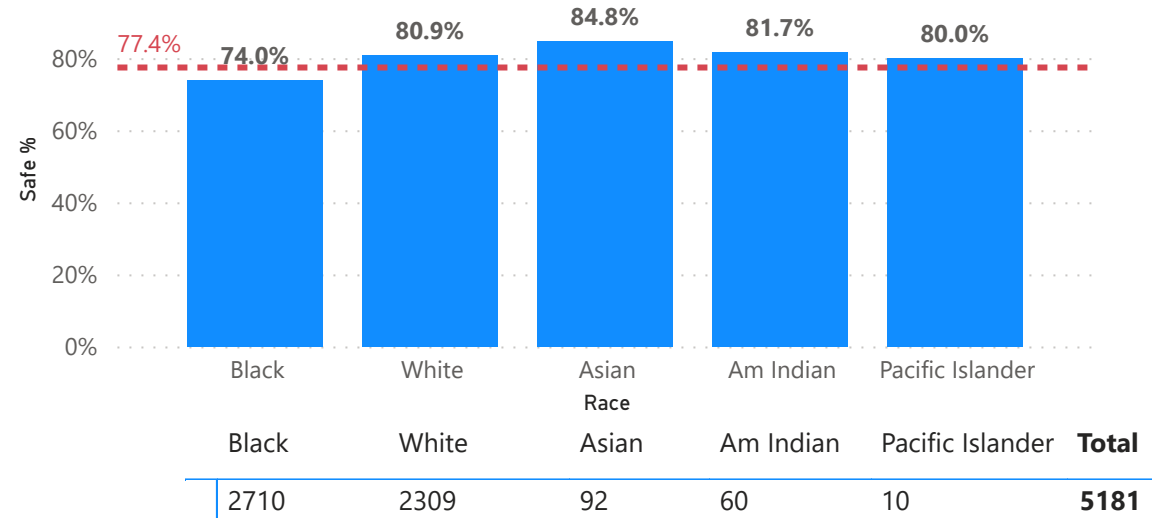


## Social Economic Factors

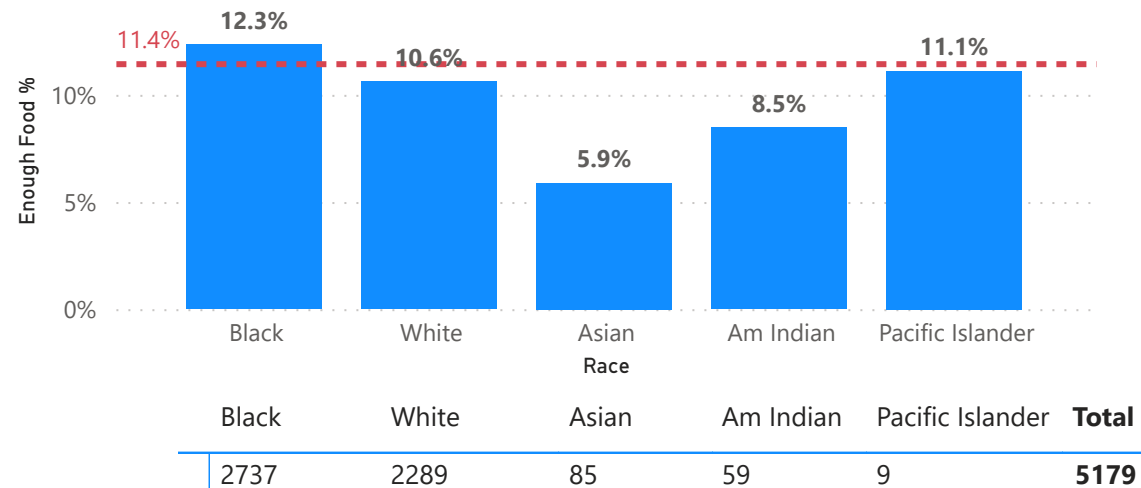
How Often Does Anyone Physically, Emotionally, or Verbally Hurt or Threaten You (Fairly Often, Always, Frequently)



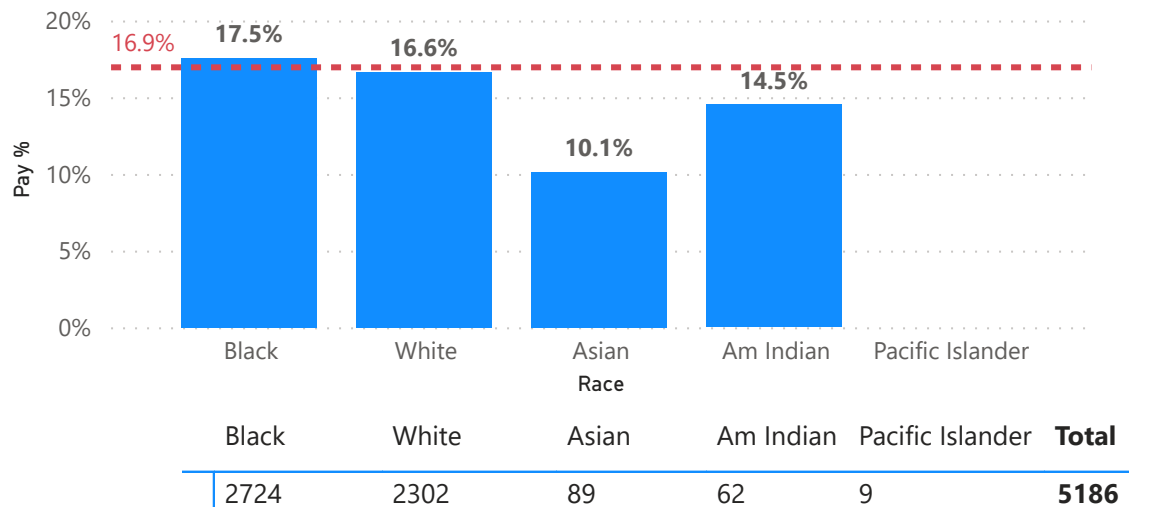
Do You Feel Safe Where You Live (Usually, Always)



In the Past 6 Months, You Worried That Your Food Would Run Out Before You Got Money To Buy More (Usually, Always)

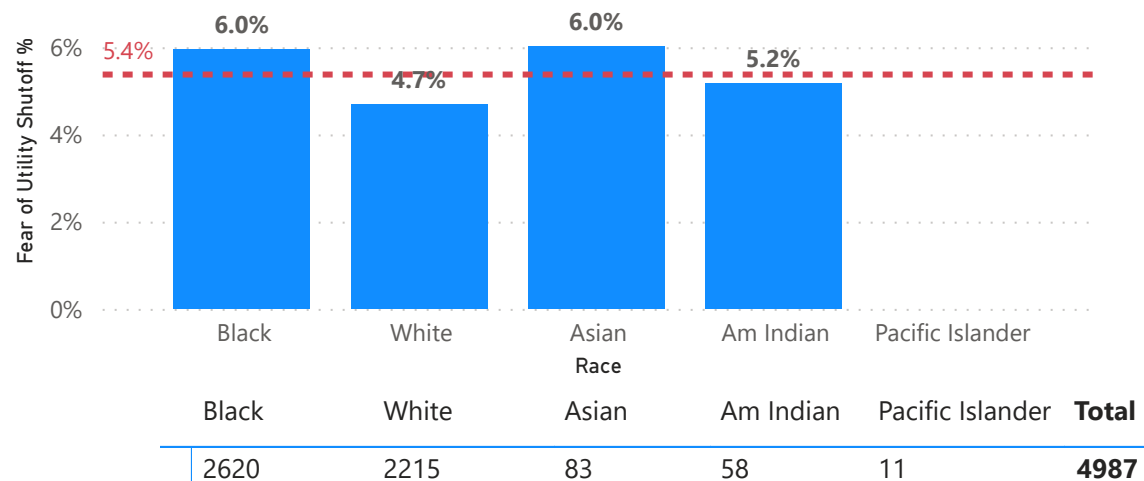


How Often is it Difficult For You To Pay for the Basics Like Food, Housing, Medical Care and Heating (Usually, Always)

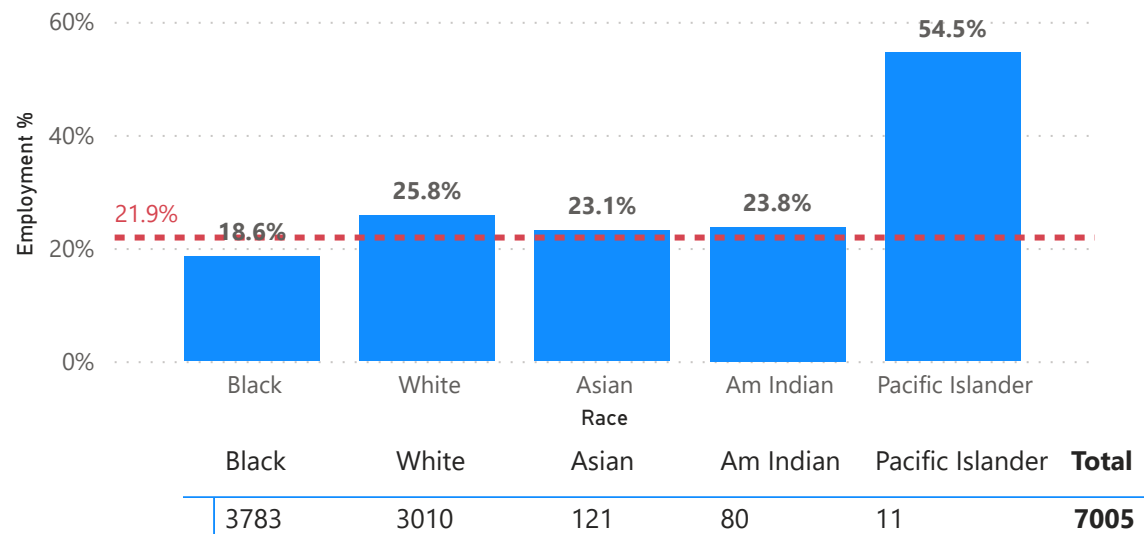


## Social Economic Factors

In Past 6 Months, Has Utility Company Threatened to Shutoff Services in Your Home (Yes)

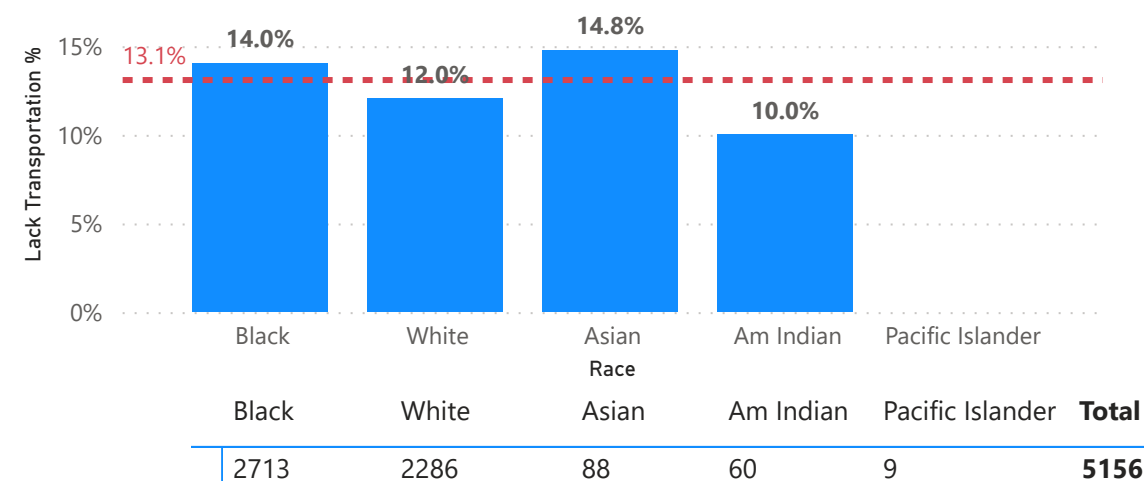


Employment Status (Full, Part, and Supported)

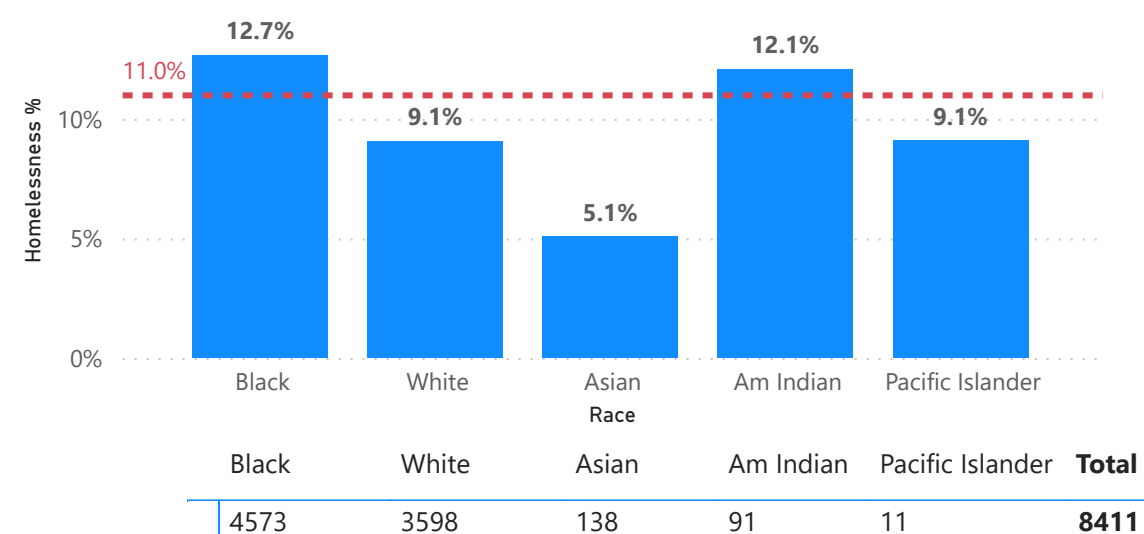


## Physical Environment

In the Past 6 Months, Has Lack of Reliable Transportation Kept You From Medical Appointments & Work (Usually, Always)

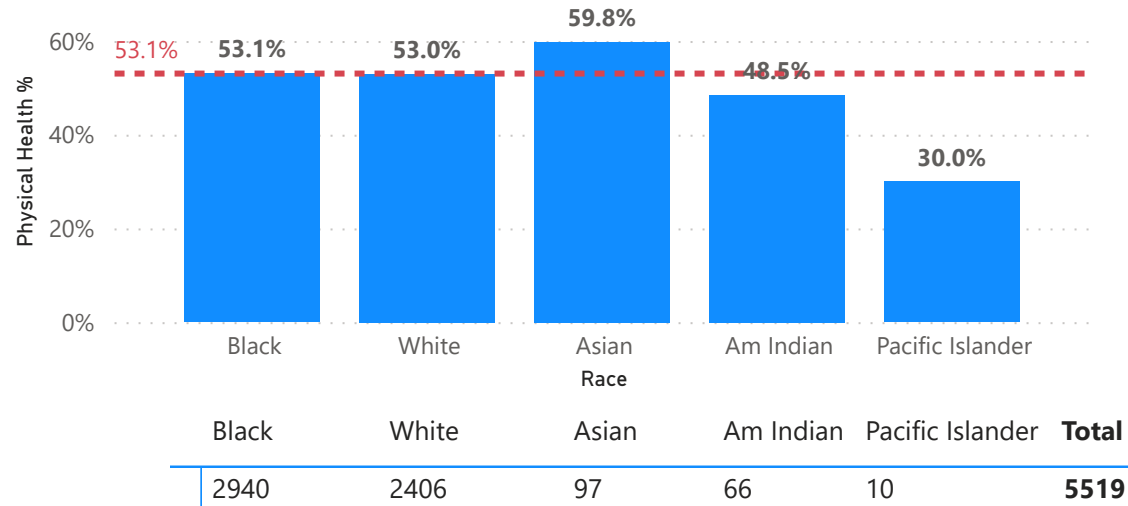


Current Living Arrangement (Street, Shelter, Homeless)

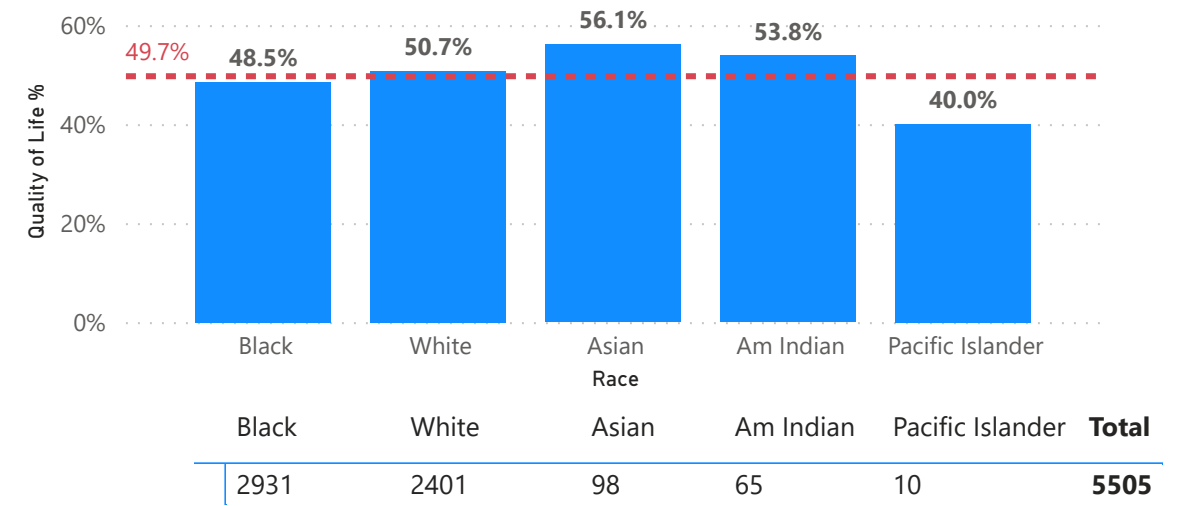


## Health Outcomes & Clinical Care

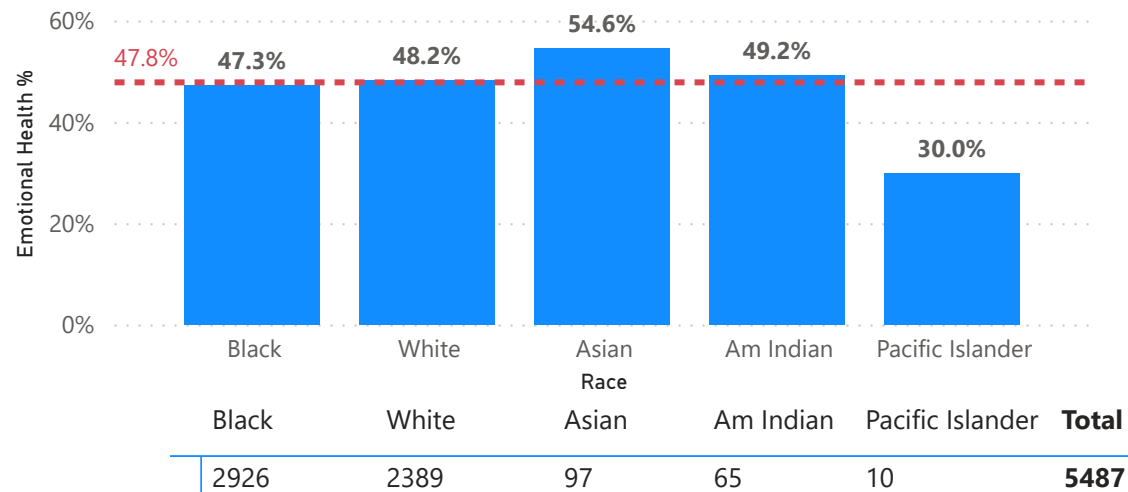
Percent of Clients Who Rate Their Physical Health as Good, Very Good, or Excellent



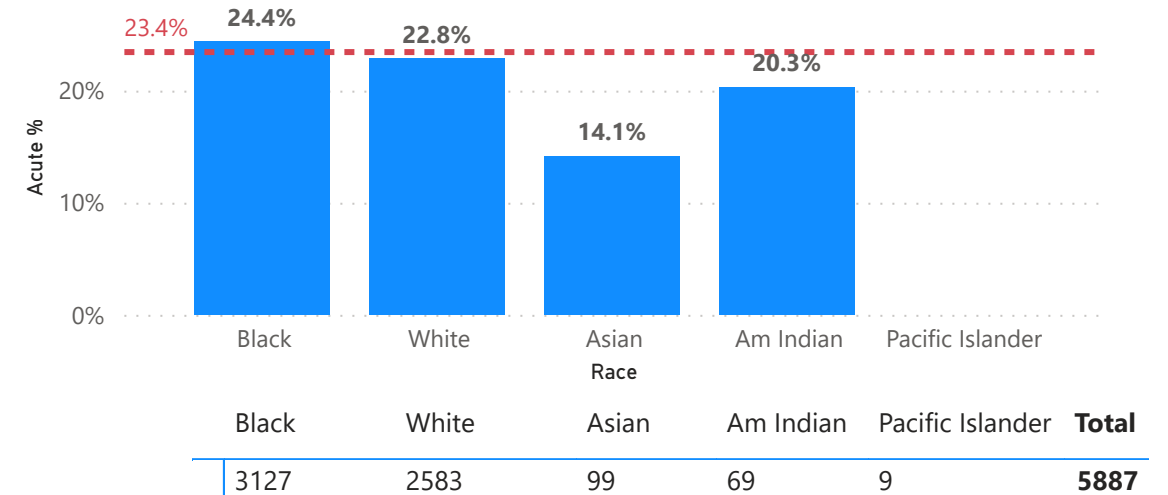
Percent of Clients Who Rate Their Overall Quality of Life as Good or Very Good



Percent of Clients Who Rate Their Emotional Health as Good, Very Good, or Excellent

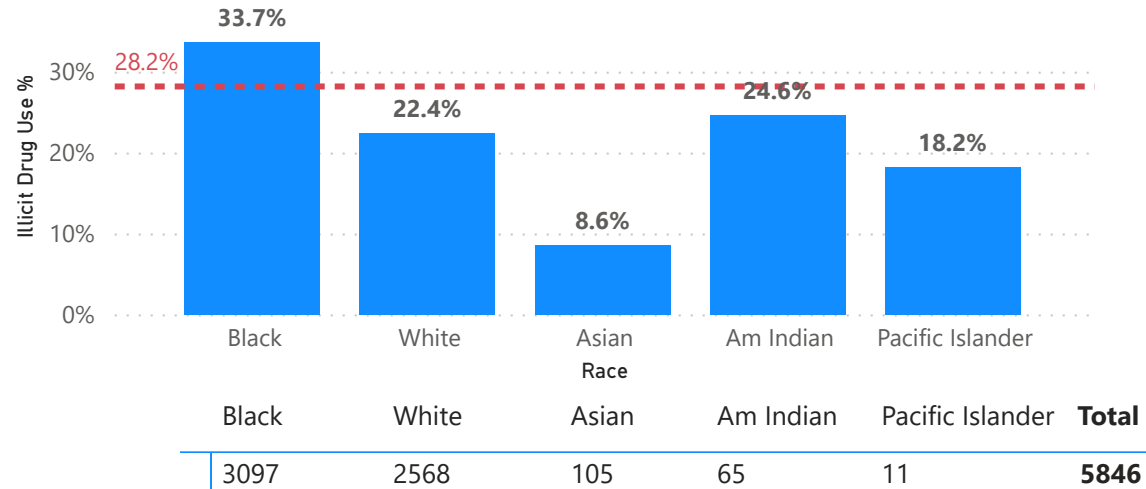


Percent of Clients Indicating They Received Services From an Emergency Room, Hospital, or Detox Facility

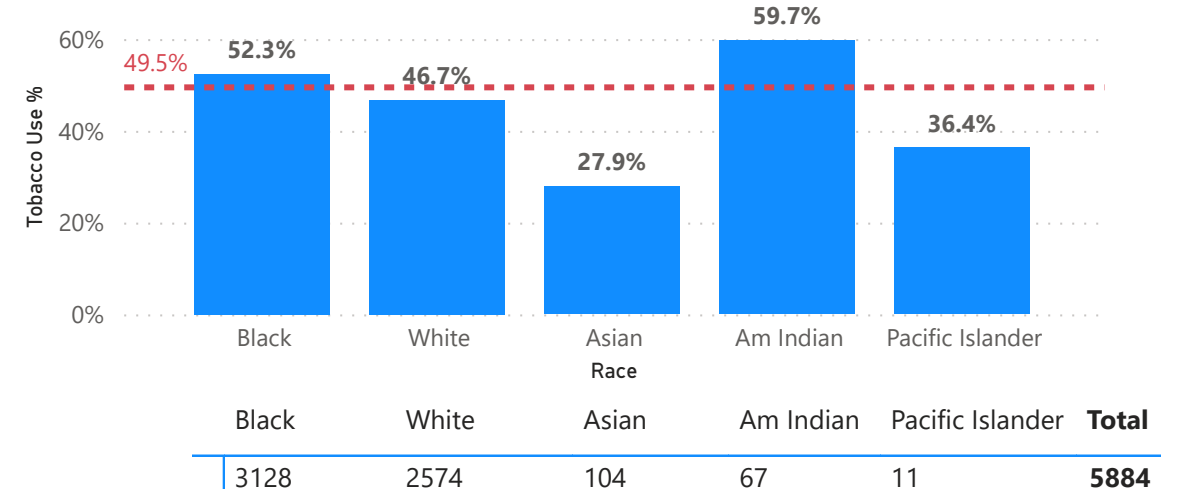


## Health Behaviors

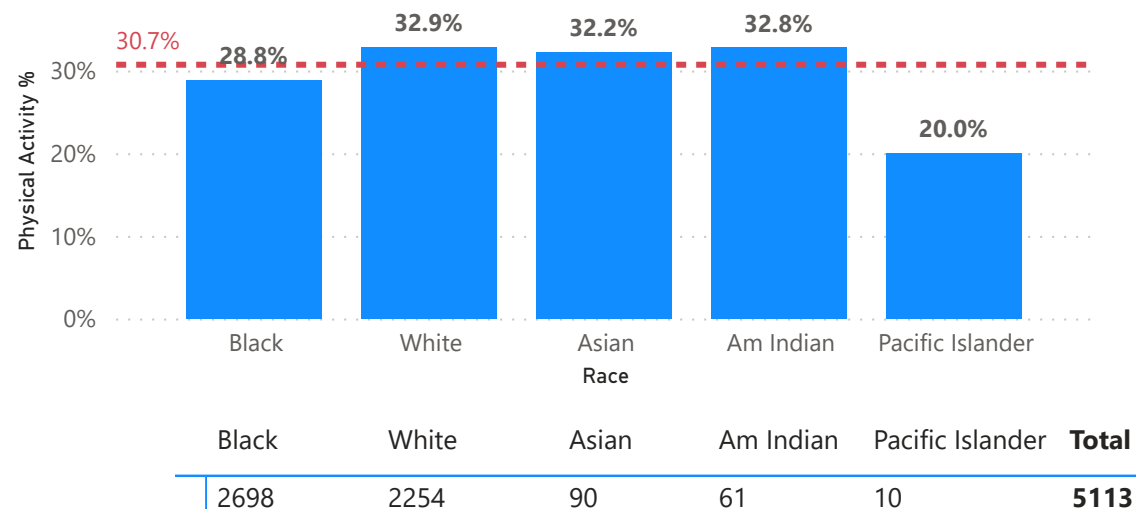
Percent of Clients Who Have Used Illegal Drugs, or Abused Prescription Drugs, At Least Once in The Last 30 Days



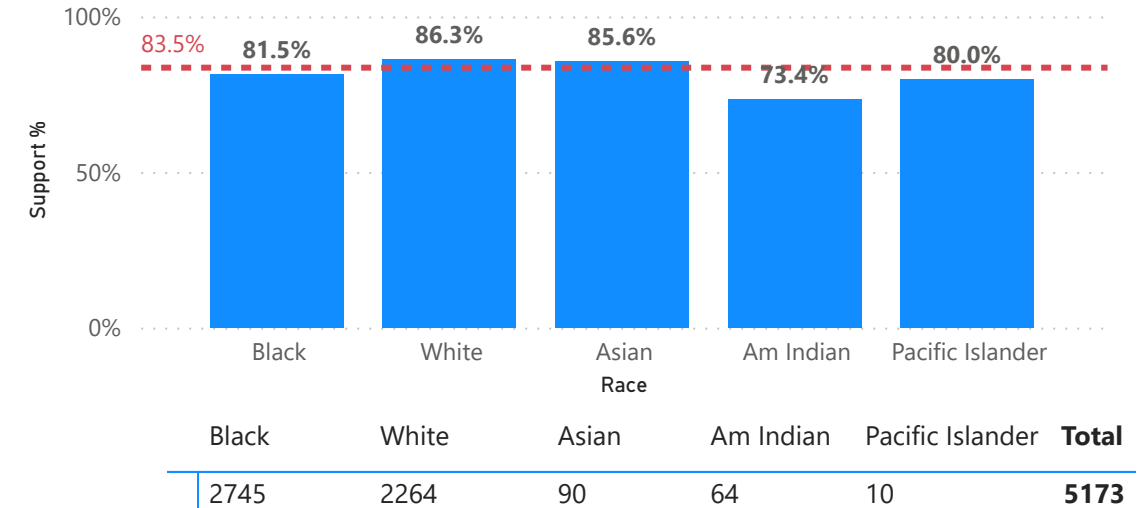
Percent of Clients Who Have Used Tobacco Products At Least Once in The Last 30 Days



Percent of Clients Who Have Engage in Regular Physical Activity (Usually, Always)

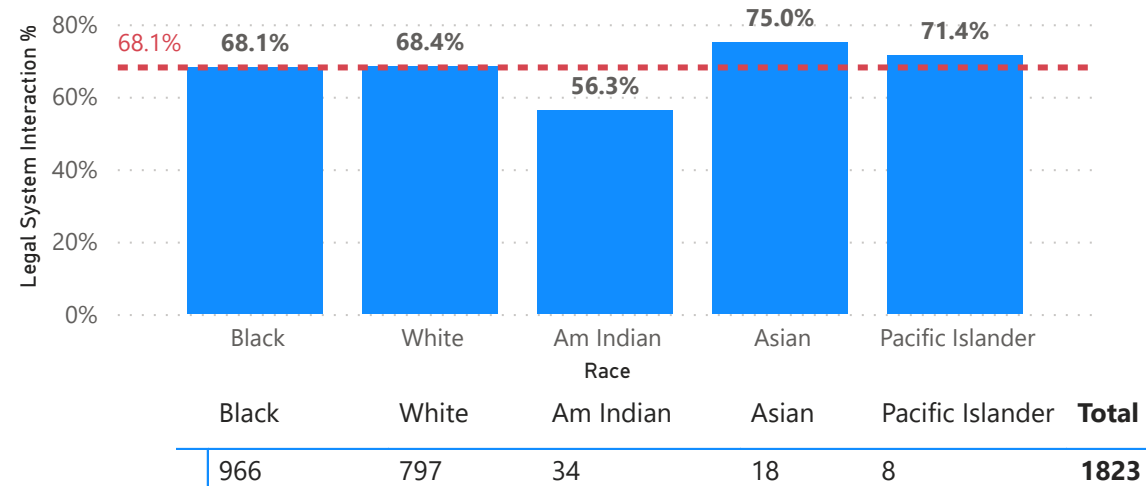


Percent of Clients Who Indicate Receiving Social and Emotional Support (Sometimes, Usually, Always)

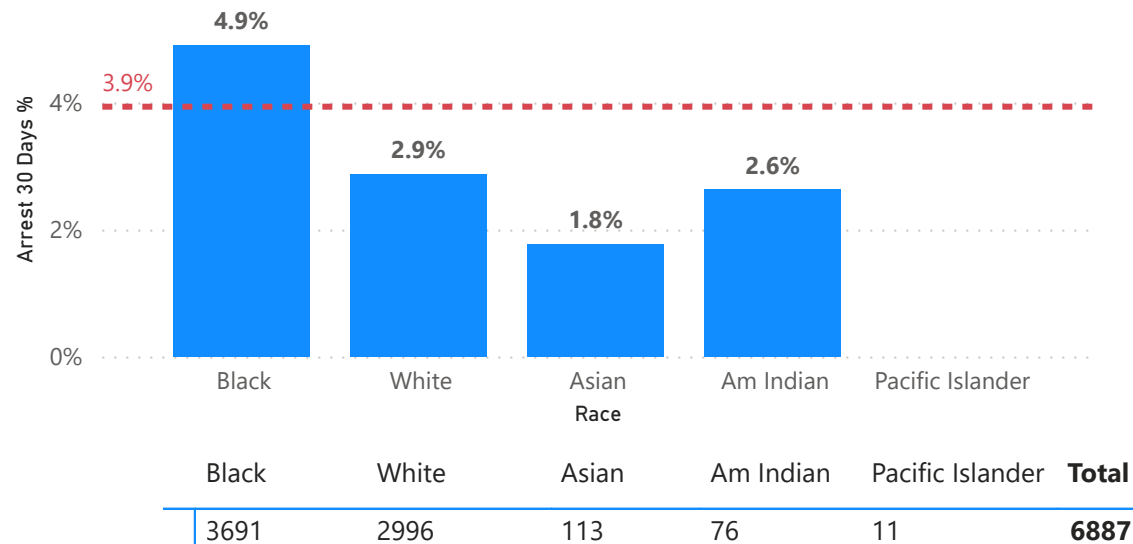


## Criminal Justice

Percent of Clients With No Interaction with the Criminal Justice System in the Last 6 Months



Percent of Clients Indicating At Least One Arrest in the Last 30 Days



# BHS KPI Report Q4 2023

Children's Community Mental Health  
Services and Wraparound Milwaukee



# Report Overview



**Unique Youth Served Q4**  
**1,342**

**Unique Youth  
Served 2023**  
**1,819**

Children's Community Mental Health Services and Wraparound Milwaukee is a unique system of care for children with serious emotional, behavioral, and mental health needs and their families.

This report seeks to present information about quality care, costs, and outcomes framed by Wraparound values and DHHS values.

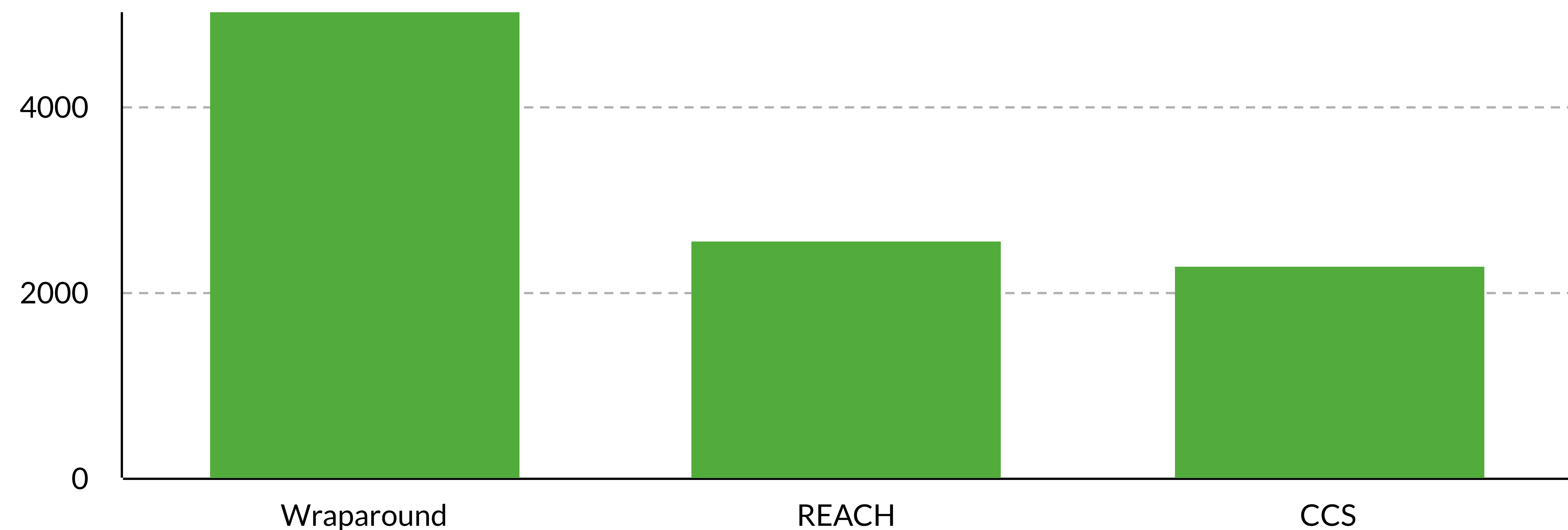
**Average Cost of Care** - average cost of care per family per month by program in the past quarter

**Population Health Metrics** - social support and out-of-home recidivism

**Outcomes** - overall satisfaction, permanency at discharge, natural supports, and how well youth/caregiver is doing at discharge, discharge dispositions



# Average Cost Per Youth



Wraparound  
**\$5,008**

REACH  
**\$2,559**

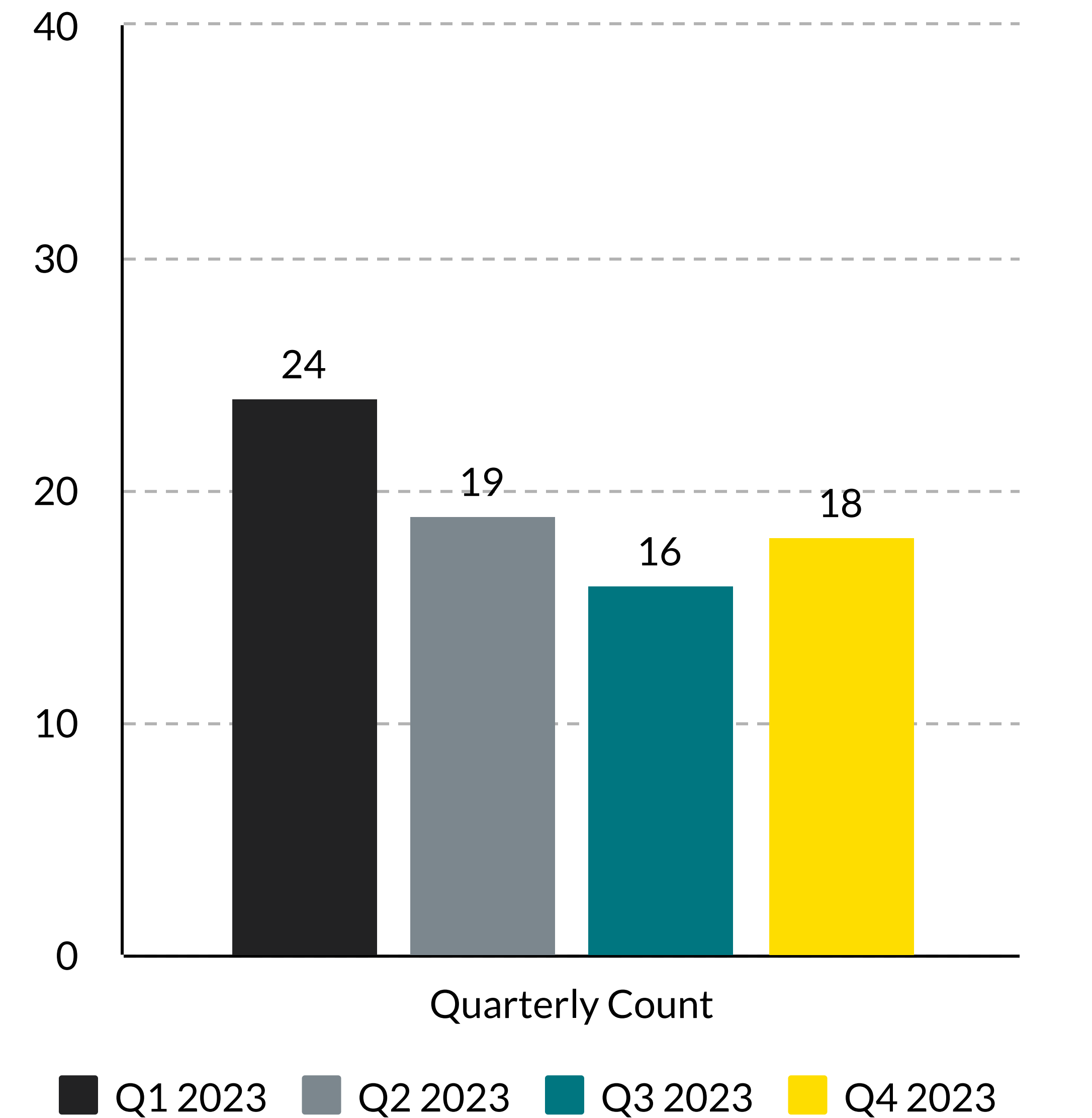
CCS  
**\$2,289**

Average costs are based on the services utilized per youth per month in the past quarter in Wraparound, REACH, and CCS.



# Population Health

## In-Home to Out-of-Home Moves

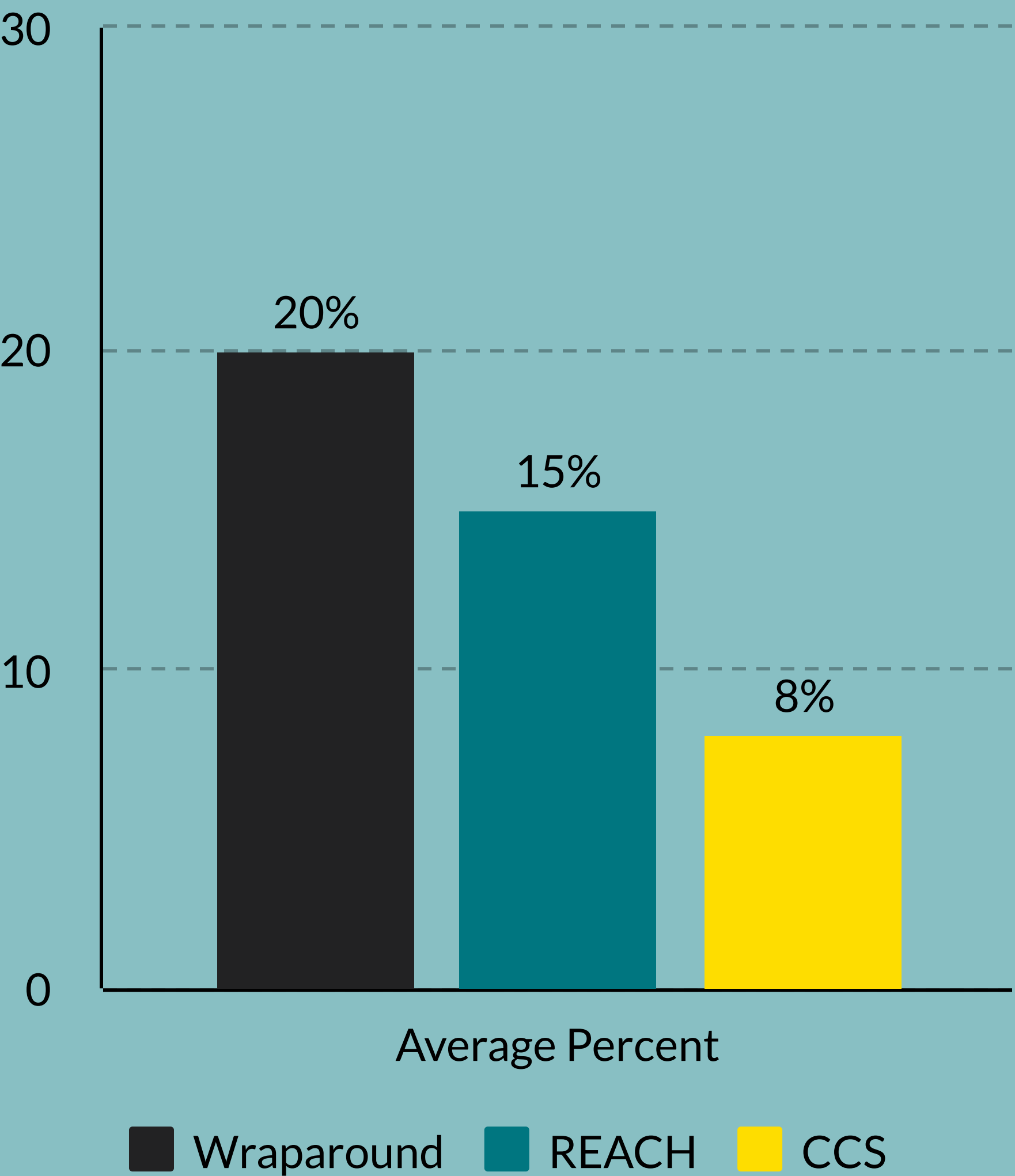


Number of youth in Wraparound and REACH who moved from a home-type setting to an out-of-home type setting within each quarter displayed.

2023 Average: 19 per quarter

\*\*Goal of 30 or under per quarter

## Percent of Natural Supports

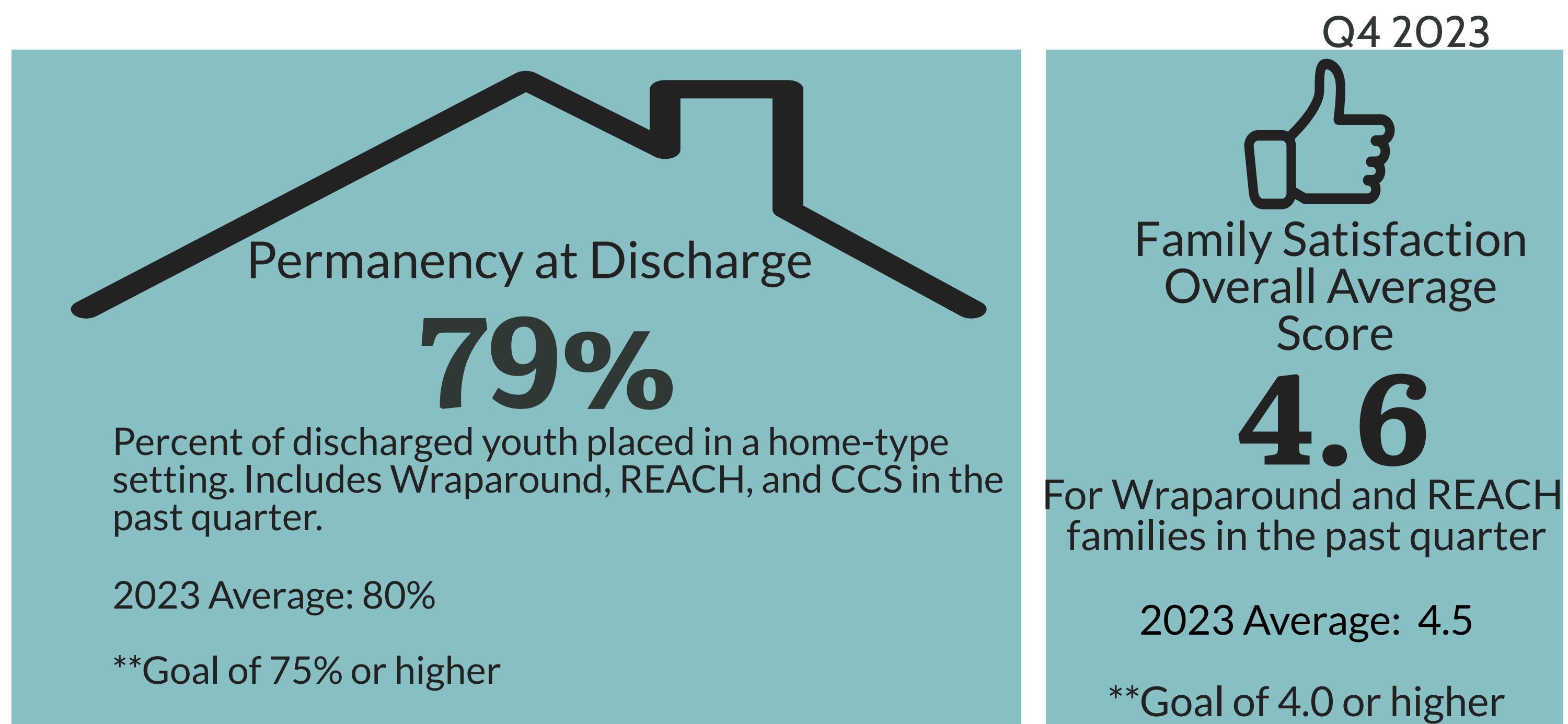


Average percent of natural supports on teams in the past quarter.

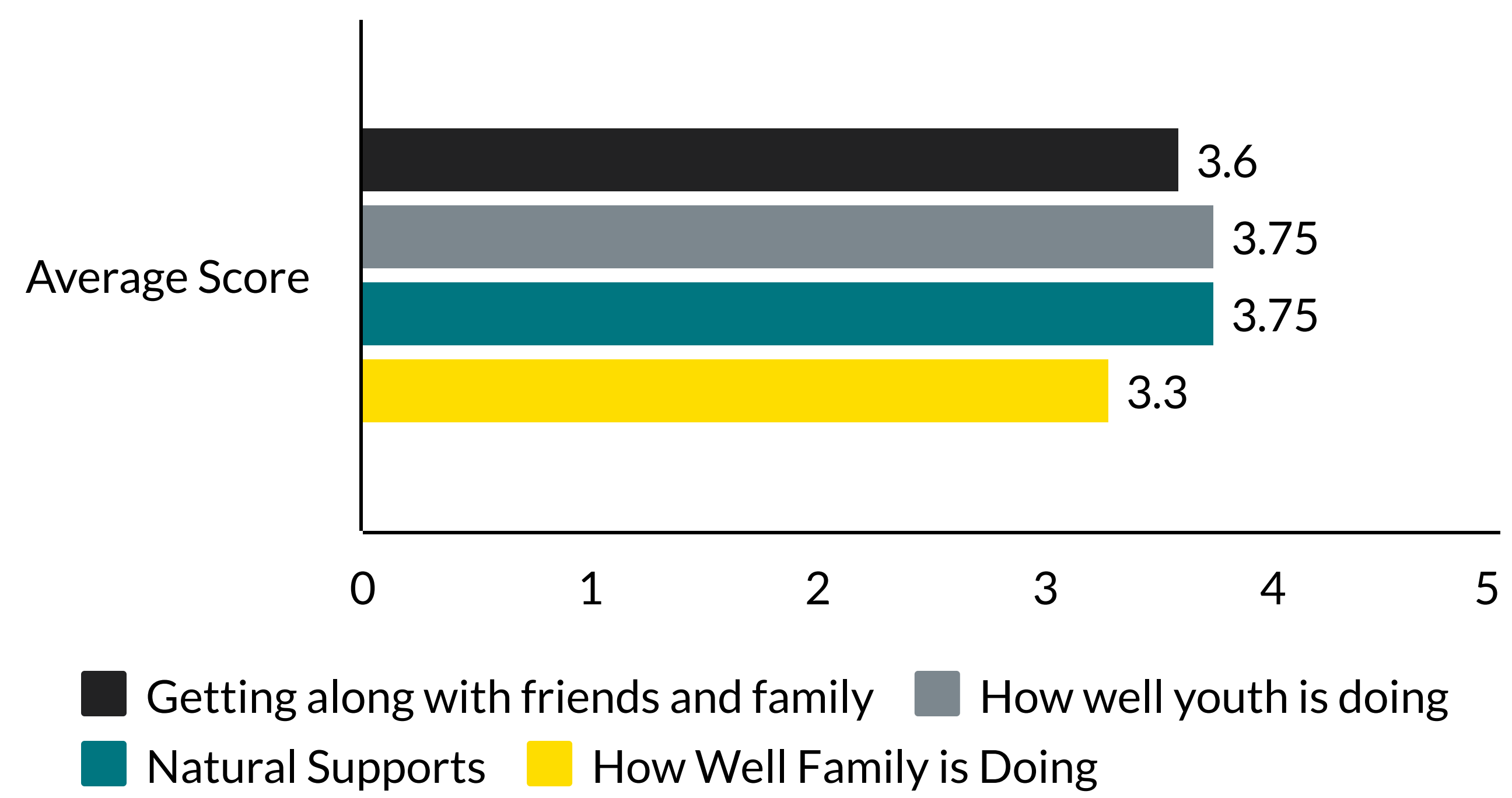
2023 Average: 15%

\*\*Goal of 40% or higher

# Outcomes



## Youth and Caregiver Perceptions

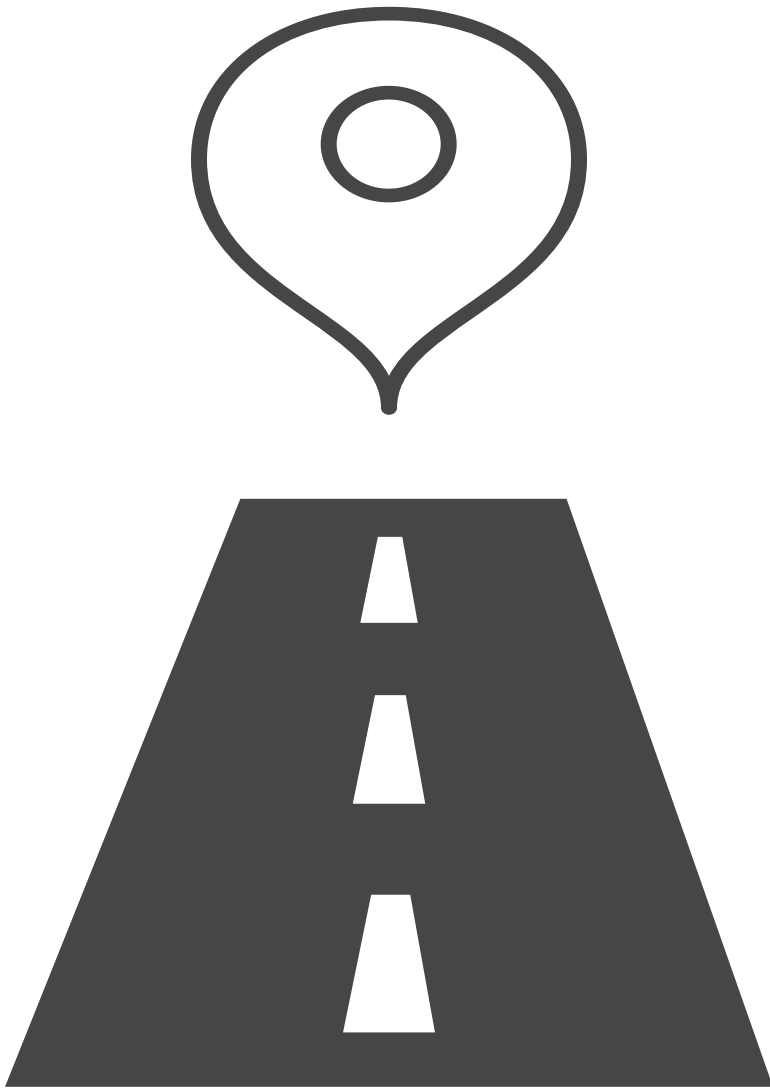


\*Scores are from voluntary disenrollment surveys given to caregivers and youth in Wraparound and REACH programs in the past quarter.

2023 Average: 3.9

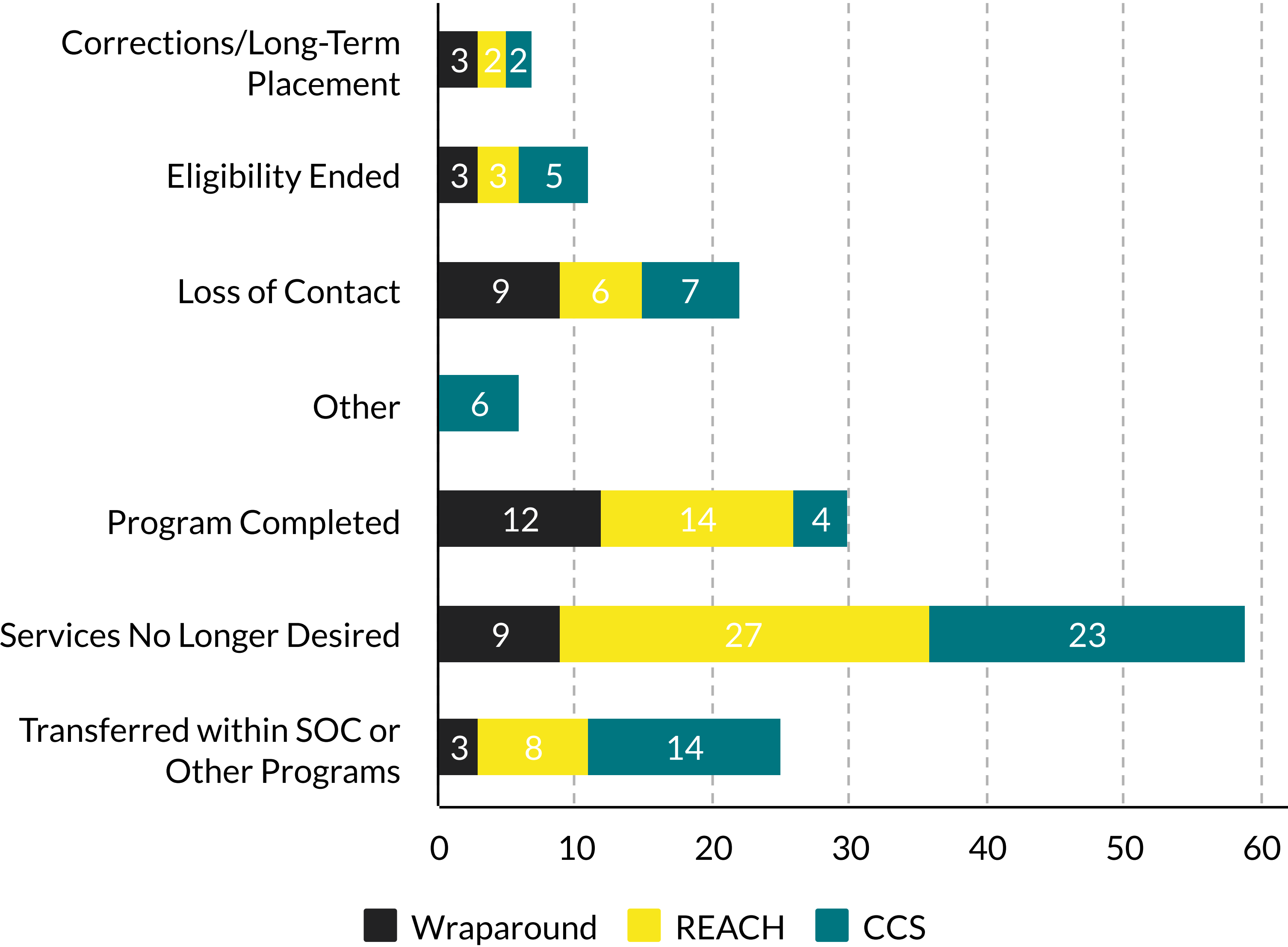
\*\*Goal of 4.0 or higher for 'how well youth and family are doing'

# Discharge Outcomes



Program	Discharges
Wraparound	39
REACH	60
CCS	61

Past Quarter Discharge Outcomes by Program





**DEPARTMENT OF**  
**Health and Human Services**  
**Behavioral Health Service**  
1220 W. Vliet Street, 3<sup>rd</sup> floor |  
Milwaukee, WI 53205

7

January 12, 2024

Sebastian Family Psychology Practice, LLC  
Attn: Sebastian Ssempijja  
1205 S. 70th St.  
West Allis, WI 53214

Dear Sebastian Ssempijja,

Milwaukee County Behavioral Health Services- Community Access to Recovery Services (BHS) is submitting this communication as notice that referrals to Sebastian Family Psychology Practice, LLC (SFPP) Comprehensive Community Services (CCS) program will resume effective Monday, January 15, 2024.

Please be aware that as a contracted provider with Milwaukee County BHS, you can be subject to unannounced quality and compliance audits by BHS at any time and the findings, corrections, and/or outcomes of our findings will be reported to the Quality Committee of the Milwaukee County Mental Health Board and other applicable entities as outlined in your current agreement with BHS.

Sincerely,

**Amy Lorenz, MSSW, LCSW** | Deputy Administrator, Operations  
Milwaukee County Behavioral Health Services  
1220 W. Vliet St., 3<sup>rd</sup> Floor | Milwaukee, WI 53205  
(414)801-7064

cc: L. Williams, J. Wittwer, D. Buesing, B. Lohmann, T. Layne, S. Ssempijja, Y. Ssempijja, K. Hojnacki

# Outpatient Treatment Programs of Milwaukee County

Increasing Access, Building Connections,  
and Improving Outcomes

*Kenneth Cole, Psy.D.  
Director of Outpatient Treatment*

# Access Clinics

Connection. Compassion. Healing.



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

# An historic lack of access is why we're **ACCESS.**



**Financial Access:** In 2022 over 11% of Americans with a mental health disorder were uninsured. And for many, their first time seeking out help is when they are in crisis. We provide crisis services for the uninsured, underinsured or insured and in crisis.

**Provider Access:** In Wisconsin there is roughly one provider for every 440 individuals in need (national average of 350). Wait times can be as high as two to three months. At Access Clinics someone in crisis can be seen same day.

**Historical and Cultural Access:** With locations across Milwaukee and a diverse and culturally informed clinical team, Access Clinics are working to rebuild trust, reduce stigma and counter the systemic inequities that exacerbate ongoing concerns in our community.

**Geographic Access:** Milwaukee County residents in crisis can access psychiatrists, nurse practitioners and licensed mental health professionals at three of our locations. As a result, access to support is can is one bus stop, freeway exit, or walking distance away.

# Connection: Walk in or call, we're here for you.



- **We welcome:**
  - Milwaukee County residents (18 and older) with a valid ID
  - Intake and therapeutic follow-up provided either in-person or virtual
- **Front Desk, to Psychiatry, we work to foster connection and build trust**
  - At the first point of contact our Outpatient Admitting Clerks begin the process of registration and completion of relevant demographic information
- **Evidenced based best practices from the start:**
  - Columbia Suicide Severity Rating Scale (C-SSRS)
  - Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
  - Safety Planning
- **Available Monday thru Friday (and on minor holidays)**
  - New intakes completed 8:30 a.m. to 2:30 p.m.



# Connection: Access in the heart of our community

## Access North:

@ Milwaukee Health Services

P: 414.257.5190

Andrea Nauer-Waldschmidt, LPC

Crisis Services Coordinator

## Access East:

@ Outreach Community Health Center

p.: 414.257.7665

Andrea Nauer-Waldschmidt, LPC

Crisis Services Coordinator

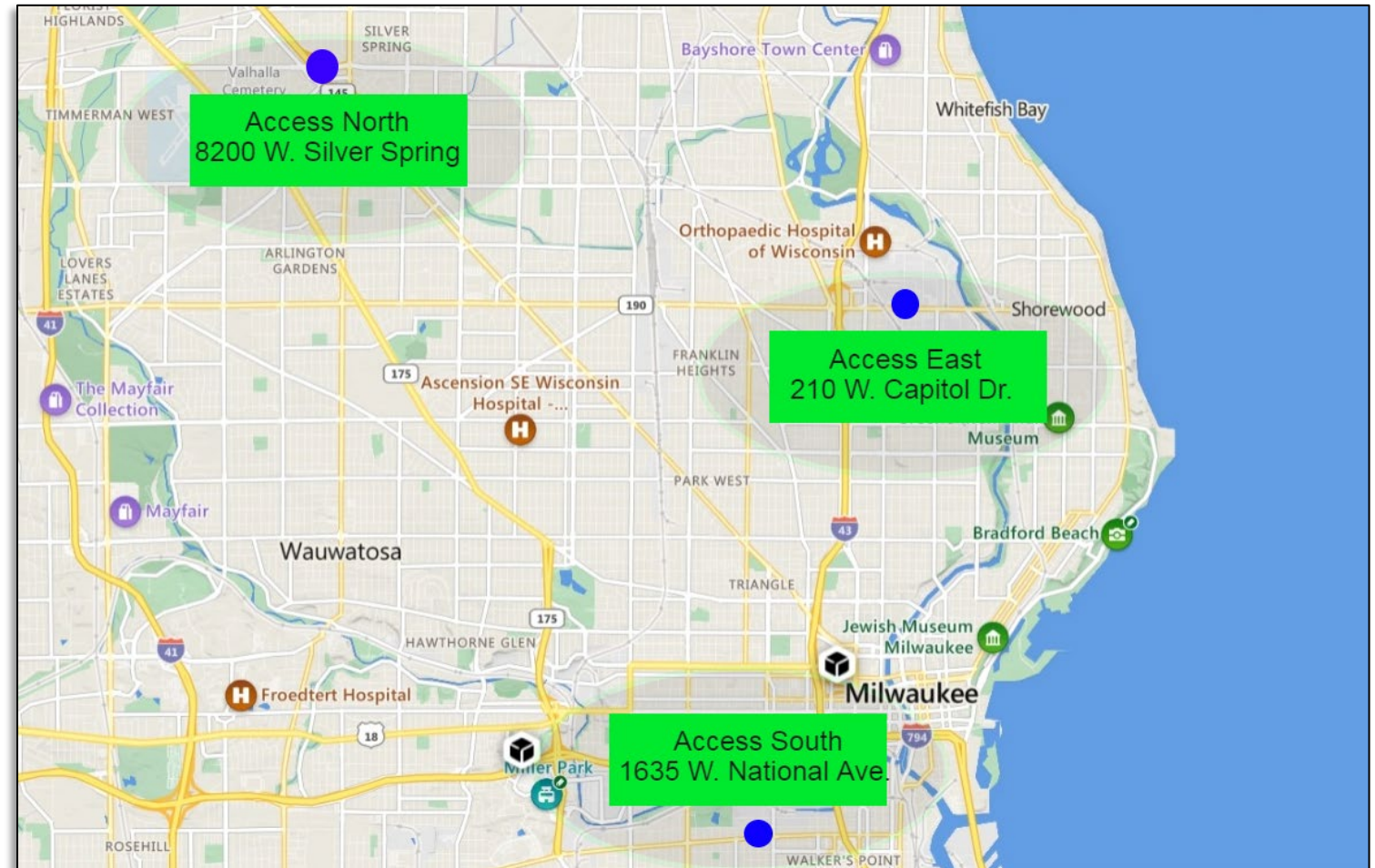
## Access South:

@ 16<sup>th</sup> St. Clinic

p.: 414.257.7900

Michael Maletis, LCSW

Crisis Services Coordinator



# Compassion: It's at the heart of all we do

One point of entry gives individuals access to a host of services, including:

## Intake and assessment (with a licensed behavioral health clinician)

- Our clinicians take a comprehensive approach to hear client's concerns, assess needs, work to stabilize the crisis and as needed, make linkage with long-term resources.

## Intake medication assessment (with a psychiatrist or psychiatric nurse practitioner)

- When clinically indicated prescribers evaluate and prescribe medications based upon a mental health recovery model. Our prescribing team also plays a key role in assessment and case consultation.

## Therapeutic follow-up

- Clinicians provide therapeutic follow-ups that are individualized and seek to build coping skills, assess for risk, and determine further resource needs and ensure a warm handoff.

## Follow-up (with a Certified Peer Specialist)

- Trained Certified Peer Specialists (CPS) with lived experience are also available to support individuals as they navigate recovery.

# Compassion: An array of services for an array of needs



Our continuum of care strives to ensure individuals receive the right service at the right time. This tailored approach focuses on transitioning the patient to a level of care that aligns with their goals, resources, and continues a path toward wellness. This care can be accessed through our clinics but is also available through others across the County.

**Parachute House:** Short term peer run respite in a home-like setting setting.

**Crisis Stabilization Houses:** Assisting individuals in crisis in a short-term supportive residential setting.

**Crisis Resource Centers:** Short-term crisis stabilization offering assessment, medication access, recovery services and linkage to ongoing support.

**Crisis Care Coordination:** Crisis assessment and evaluation delivered in a person-centered, trauma informed and recovery-oriented focus of care.

# Compassion: It defines who we are

From our outpatient admitting clerks, to clinicians, psychiatrists, RN's, translators and other valued team members, each play an integral role in supporting those we serve. Every interaction presents an opportunity for healing and to rewrite the narrative about what compassionate behavioral health care is.

Across our three Access Clinics our team consists of:

- A licensed psychologist
- Two licensed Crisis Service Coordinators
- Three psychiatrists
- Three registered nurses
- Three nurse practitioners
- Four licensed clinicians
- Suicide Prevention Specialist
- Bilingual-Spanish licensed clinician
- Three outpatient admitting clerks
- In-person Spanish language translation
- Certified peer specialists
- Two MSW Interns

Every interaction, an opportunity for healing...

# Healing: Each story making our community stronger



## A Story of Access

One elusive conversation finally held, one life changed, one family more whole, one community stronger

### Three years and nearly 3,000 Milwaukee County residents accessed

- 2021: 976 distinct clients
- 2022: 916 clients served)
- 2023: 927 clients served

Life is essential for any healing to occur. Because one suicide is too many.

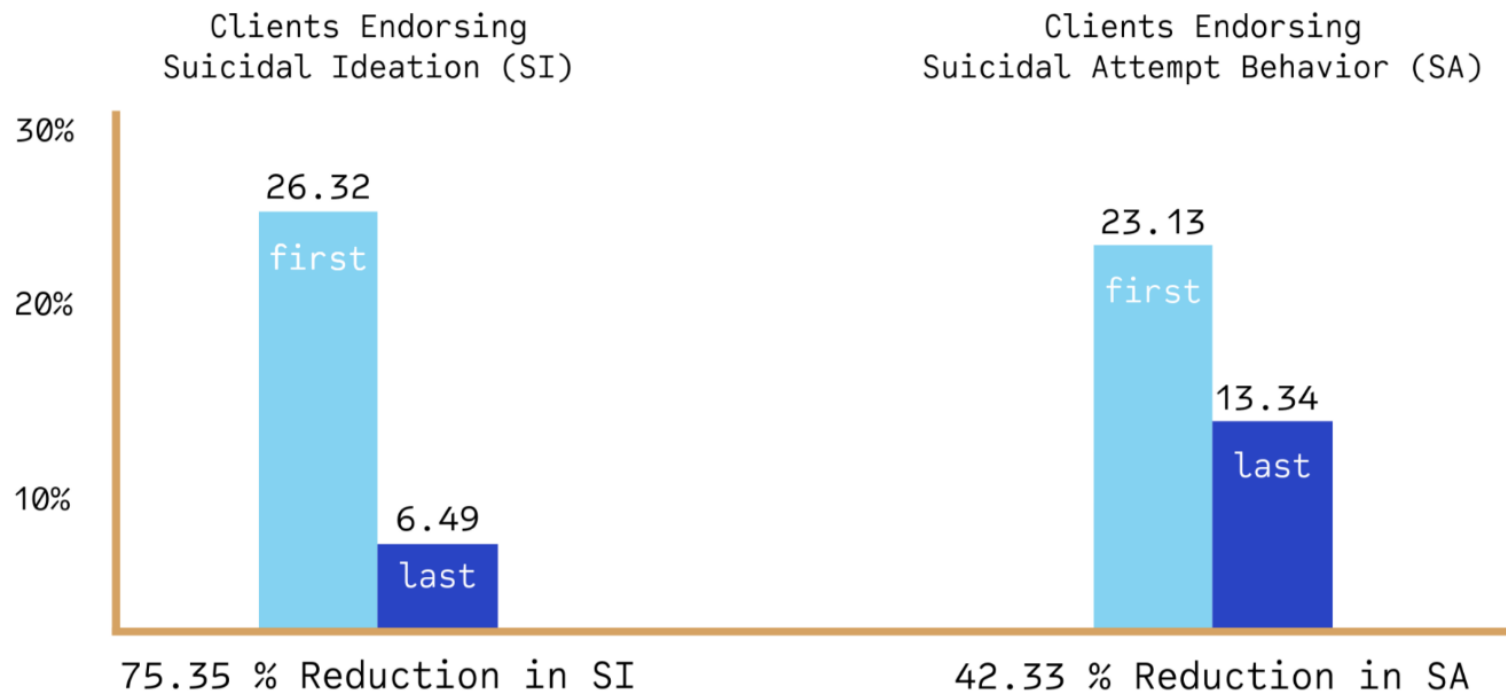
Every client, at every contact, is assessed for risk of suicide. Our proactive approach to suicide has resulted in thousands of assessments. Each determining risk, providing resources, plans to mitigate risk, reducing stigma and opening doors for healing to occur.

- Over 8,000 C-SSRS's completed
- 18 staff trained in Counseling on Access to Lethal Means (CALM)
- Our full-time Suicide Prevention Coordinator leads efforts at preventing suicide across Milwaukee County

# Healing: Every interaction matters because every life does.



Our Access Clinic team is proving that suicide prevention can be seamlessly integrated into every interaction, and remain central to all we do. In doing so, we create opportunities to provide we are not only providing much needed support, but also reducing stigma, making vital linkages, and yes, saving lives.



*\*From the client's first contact with a clinician at the Access Clinics, to their last we continue to see significant reduction in suicidal ideation, as well as behaviors suggestive of a suicide attempt.*



# Milwaukee County Mental Health Clinic (MCMHC)\*

An Outpatient Behavioral Health Clinic  
Providing Support for Milwaukee's Youth and  
Young Adults

*\*Formerly known as the  
Wraparound Wellness Clinic*



# What is the MCMHC?



The MCMHC is a community-based outpatient clinic providing medication management and psychotherapy services for youth and young adults enrolled in Wraparound Milwaukee or Youth Comprehensive Community Services (CCS).

## Our team at the MCMHC consists of:

- Medical Director and Psychiatrist
- Three child and adolescent psychiatrists
- Advance Psychiatric Nurse Practitioner
- Licensed Behavioral Health Clinician
- Post-Doctoral Psychology Clinician
- QTT Clinical Intern
- Registered Nurse
- Office Assistants



# Decades of experience helping our youth



The MCMHC continues Milwaukee County's long history of assisting youth and young adults through very challenging times and working to create healthier coping strategies. Key to this is our dedicated clinical team of child and adolescent psychiatrists who specialize in a range of mental health diagnoses including, but not limited to, ADHD, mood and psychotic disorders. These services are bolstered by a dedicated team of clinicians.

## The range of services currently provided include;

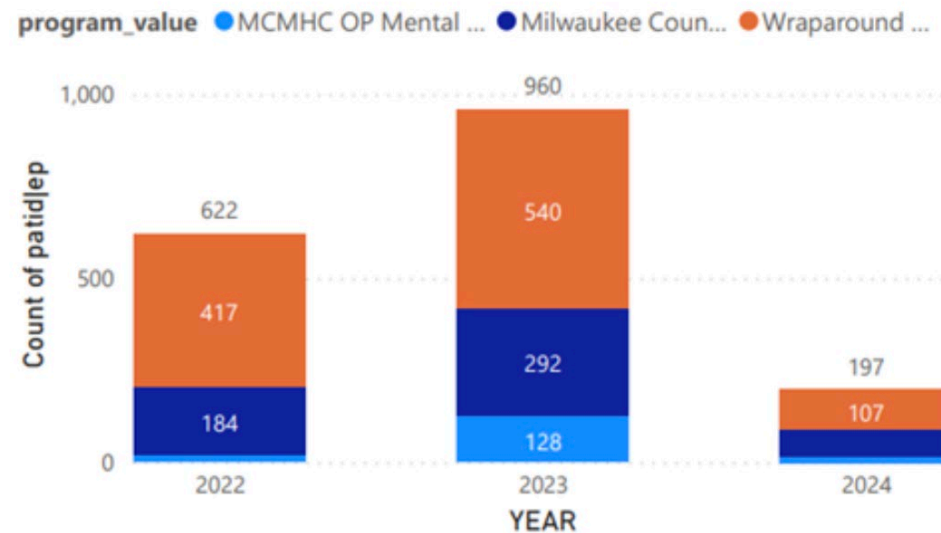
- Psychosocial and psychiatric assessment
- Outpatient psychotherapy
- Psychotherapeutic interventions
- Medication management
- Facilitate linkage and dialogue with community resources
- Participation in and contribution to comprehensive treatment planning

*\*services currently limited to youth enrolled in Wraparound and CCS services*

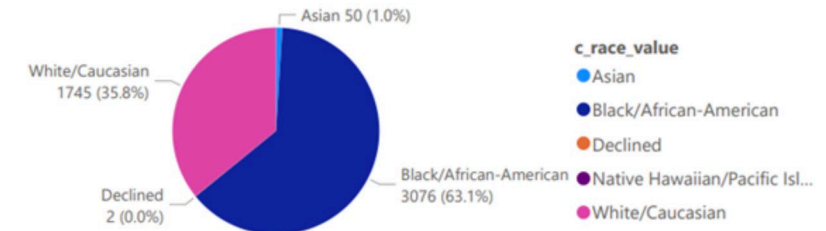
# Getting settled into the community

Nestled in the heart of the Lindsay Heights community, the MCMHC strives to become a trusted resource working to reduce stigma, strengthen connections and chart a course forward where mental health and a celebration of resilience is the norm. And it looks like we are slowly moving things forward.

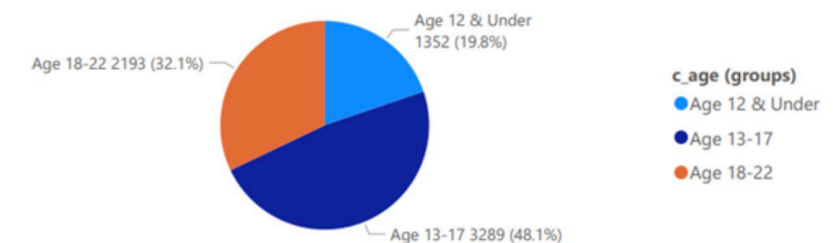
MCMHC Episodes by Year



2023 MCMHC Client Race



2023 MCMHC Client Age



*\*Since opening our doors at 19<sup>th</sup> and North there has been a 32 percent increase in the number of unique youth clients served (601 in '22 and 798 in '23), and a 135 percent increase in the number of unique youth client visits (1,901 in '22 and 4,472 in '23).*

# Yet still recognizing the need to do more



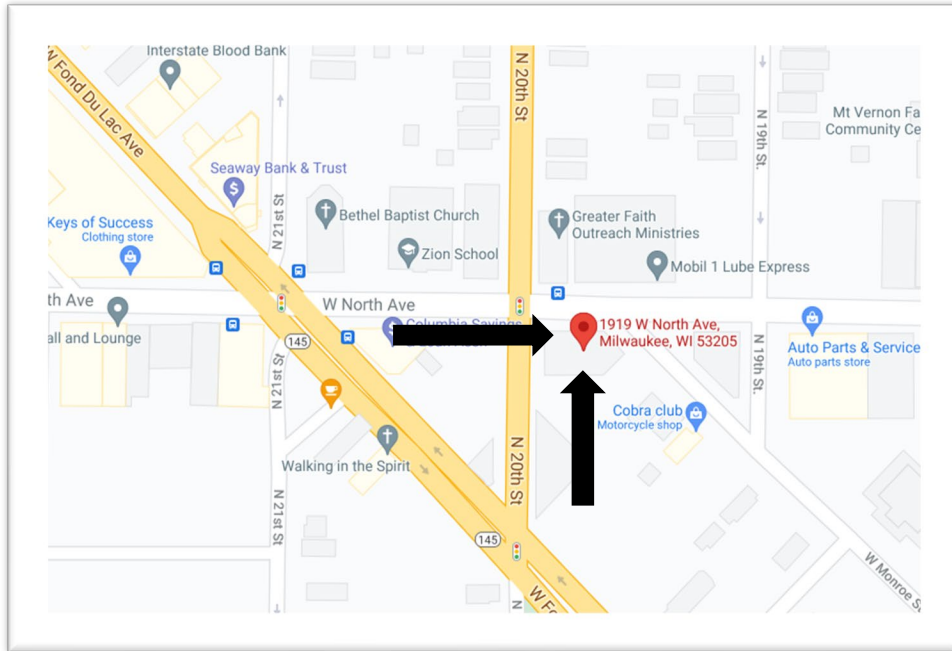
With disproportionate rates of suicide, trauma, and the uncertainty many youth navigate during adolescence, the MCMHC realizes the unique opportunity put before us. We recognize that not all of Milwaukee County's youth in need of support are enrolled in Wraparound. And as such, we are working to create a healing space for them as well. To that end, we continue to evolve as illustrated by;

- Addition of three outpatient clinicians to complement with work of our prescribing team
- Working to secure the acceptance of a range of insurances to reach youth earlier
- Creation of group therapy and work groups to provide clinically and culturally relevant programming
- Establish the MCMHC as a resource for in-services forums and community engagement
- Updating training to reflect latest developments on suicide assessment and prevention
- An open door to ideas, engagement and collaboration with community members and stakeholders

A door that is open to you as well...

# Where is the MCMHC, and what are the hours?

Located in the Lindsay Heights neighborhood, the MCMHC is situated on the second floor of Shafi Plaza at 1919 W. North Avenue.



## Appointment Times

Monday - Friday

8:30 a.m. – 4:00 p.m.

by appointment only

\*On-call psychiatrist available after  
4:30 p.m. weekends and holidays

For info please call: (414) 257-7610

# Outpatient Treatment Programs

We're not there yet, but we are no doubt on our way. Examples of this include going from...;

- one location in Wauwatosa, to five across Milwaukee County
- ZERO clinicians at the MCMHC six months ago, to three today
- limited awareness of our Access Clinics, to a full-throated marketing campaign in 2024
- a part-time Suicide Prevention intern, to a 1.0 Suicide Prevention Coordinator

As well as...

- Developing a pilot program with Froedtert ER for referrals to the Access Clinic
- Engaging with partners to increase access for youth across all healthcare systems

And most of all...

- Continuing great clinical work at the MCMHC and our Access Clinics and seizing opportunities to do more, do better and become more connecting to each other and the community we serve.

# Questions, thoughts, or suggestions?

Kenneth Cole, Psy.D.  
Director of Outpatient Treatment  
e: [ken.cole@milwaukeecountywi.gov](mailto:ken.cole@milwaukeecountywi.gov)  
p: 414.369.8693

**Milwaukee County Mental Health Board****Quality Committee****2024 Meeting Schedule**

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March 4, 2024, at 10 a.m.

June 3, 2024, at 10 a.m.

September 9, 2024, at 10 a.m.

December 2, 2024, at 10 a.m.

# MHB Quality Committee

## 2024 Submission Timeline Calendar

Agenda Setting Date	Staff Report Submission Deadline (To Committee Coordinator)	Committee Coordinator Submission Deadline (To Board Members)	Meeting Date
January 22, 2024	<b>February 9, 2024</b>	<b>February 20, 2024</b>	March 4, 2024 - <b>Q4 2023</b>
April 22, 2024	<b>May 10, 2024</b>	<b>May 20, 2024</b>	June 3, 2024 - <b>Q1 2024</b>
July 29, 2024	<b>August 16, 2024</b>	<b>August 26, 2024</b>	September 9, 2024 - <b>Q2 2024</b>
October 21, 2024	<b>November 8, 2024</b>	<b>November 18, 2024</b>	December 2, 2024 - <b>Q3 2024</b>



**Chairperson:** Richard Canter

**Research Analyst:** Kate Flynn Post, (414) 257-7606

**Interim Committee Coordinator:** Jennifer Miles, (414) 257-7639

## MILWAUKEE COUNTY MENTAL HEALTH BOARD FINANCE COMMITTEE

Thursday, March 28, 2024 - 1:30 P.M.  
Microsoft Teams

### MINUTES

**PRESENT:** \*Richard Canter, Kathie Eilers, Kenneth Ginlack, Dennise Lavrenz, and Mary Neubauer

**EXCUSED:** N/A

\*Due to technical difficulties, Richard Canter joined during Item 2.

### SCHEDULED ITEMS:

- |    |   |
|----|---|
| 1. | <p><b>Welcome.</b></p> <p>Board Chair, Mary Neubauer, announced that Richard Canter is now the Chair of the Finance Committee, replacing Kathie Eilers.</p> <p>Former Chairwoman Eilers welcomed everyone to the March 28, 2024 Mental Health Board Finance Committee's remote/virtual meeting.</p>   |
| 2. | <p><b>Minutes from the February 22, 2024, Committee Meeting.</b></p> <p>No questions were asked; therefore, minutes were adopted.<br/>This Item was informational.</p>  |
| 3. | <p><b>Discussion of Public Comment Budget Feedback from March 21, 2024.</b></p> <p>Board Chairwoman Neubauer presented a synopsis of the Public Comment Hearing. This was a robust session. Nora Hitchcock spoke about peer run respite and sustainability. The understanding initially is that the State would take on that funding, but based on Ms. Hitchcock's comments, that may not be the case and will require follow up. Legal concerns were brought up by other speakers who shared their struggles with their unique situations. The Liaison position will hopefully be able to assist in the future. Mr. Lappen provided an update that the contract with Mental Health America was signed and they have asked for 30 days grace to get that up and running.</p> <p>Concerns about Granite Hills had been discussed and will require further discussion as a future Committee or Board meeting agenda item.</p> <p>Discussion ensued at length.</p> <p>This Item was informational.</p> |

**SCHEDULED ITEMS (CONTINUED):**

4.	<p><b>Q4 2023 Dashboard.</b></p> <p>There was a budget surplus reported and it was explained that the WIMCR revenue was paid and this is really a “catch up” from previous years. The rate fluctuates based on crisis reporting and we are reimbursed based on years prior. The CARS contracts are a Fee-for-Service and those were underspent and vacant, unfilled, positions also contributed to the surplus. There continues to be a deficit in Children’s Mental Health Services due to the HMO changes and that will likely change once the funding source has changed in 2024. AODA is also running a deficit due to changes by the state and what is paid by them vs what is not covered. RCC is covered by Medicaid, but not room and board. Previously, we had grants to cover that, but can no longer leverage grant funds when the state pays a portion, so tax levy must be used to cover it now.</p> <p>CCS was highlighted that it continues to be a solid program across the board. This Item was informational.</p>
5.	<p><b>Q4 2023 Financial Reporting Package.</b></p> <p>The reporting package presented is the graphics component to Item 4. This Item was informational.</p>
6.	<p><b>Update on Risks and Opportunities Facing BHS.</b></p> <p>This is a continuation of Items 4 and 5 with more of a long-term advocacy focus. Out of Home Placements for youth will need to be funded with tax levy as there have been changes with the state in how they pay. With the transition of the Wraparound HMO, this should be minimally impactful to service recipients, but we are working to ensure enrollment numbers in 2025 and budgets in 2025 are accurate. Rates for providers for in-patient and other community services.</p> <p>Opioid settlement funds are being used now and over the next 18 years. DHHS was awarded funds for prevention and vending machines this will off-set tax levy. Allows us to focus on AODA treatment which typically isn’t able to be funded. Board member Ginlack offered that treatment beds becoming available is vital for the community.</p> <p>This Item was informational.</p>
7.	<p><b>Quarterly Fund Transfer Report.</b></p> <p>This is a summary of fund transfers from the current budget. It’s mostly administrative changes to already approved grant awards and moving of budgets for staff based on WIMCR funding.</p> <p>This Item was informational.</p>

**SCHEDULED ITEMS (CONTINUED):**

8.	<p><b>Quarterly Reserve Fund Overview.</b></p> <p>Projecting \$1.2M deficit for Wraparound. Wraparound has a separate reserve fund than BHS. General surplus of \$5.4M for BHS. Overall, this \$34.9M surplus is well over the minimum \$10M required surplus.</p> <p>This Item was informational.</p>
9.	<p><b>\$1M Budget Investment in Housing First.</b></p> <p>Each year \$1M is allocated to the Housing First program and Mental Health Board Chair Neubauer is suggesting for consideration that the \$1M can have a tracking mechanism to move anyone who has an opioid addiction and move those individuals under Opioid Settlement dollars instead to allow more dollars to stay in Housing First for alcohol addiction treatment.</p> <p>Fortunately, the request for Opioid Settlement dollars Milwaukee County was awarded do have some flexibility to include alcohol treatment already. More discussion to be had in the future.</p> <p>This Item was informational.</p>
10.	<p><b>Adjournment.</b></p> <p>Chairman Canter ordered the meeting adjourned.</p>

**SCHEDULED ITEMS (CONTINUED):**

This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on Milwaukee County's Legislative Information Center website, which can be accessed by clicking the link below.

Length of meeting: 1:35 p.m. to 3:03 p.m.

Adjourned,

*Jennifer Miles*

Jennifer Miles  
Interim Board Administrative Liaison  
Milwaukee County Mental Health Board

**To Access the Meeting, Use the Link Below:**

**[Click here to join the meeting](#)**

**or call**

**[\(414\) 436-3530](#)**

**Phone Conference ID: 368 861 682#**

**The next meeting of the Milwaukee County Mental Health Board  
Finance Committee will be on  
Thursday, April 25, 2024, at 8:00 a.m.**

**To View All Associated Meeting Materials,  
Visit the Milwaukee County Legislative Information Center at:  
[Milwaukee County - Calendar \(legistar.com\)](#)**

**Visit the Milwaukee County Mental Health Board Web Page at:  
<https://county.milwaukee.gov/EN/DHHS/About/Governance>**

# BEHAVIORAL HEALTH DIVISION

## DASHBOARD REPORT

Year End 2023

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# BHS COMBINED DASHBOARD

4th Quarter 2023



	2023 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	170,286,224	173,017,187	182,536,014	(9,518,827)
<b>Expense</b>				
Personnel	41,952,267	45,231,128	48,145,310	2,914,182
Commodities/Services	4,772,392	5,136,394	5,843,761	707,367
Depreciation/Inventory	-	-	-	-
Other Charges	160,992,359	161,540,518	174,406,640	12,866,122
Capital	-	-	-	-
Intra County Services	11,607,213	12,272,802	12,082,579	(190,223)
<b>Total Expense</b>	219,324,231	224,180,842	240,478,290	16,297,448
Tax Levy	49,038,007	51,163,655	57,942,276	6,778,621

## Financial Highlights & Major Variances

- WIMCR \$2.9m
- CARS Contract Underspend \$2.7m
- Vacant Position Surplus \$2.4m
- CBRF Below Budget \$1.6m
- Improved Revenue Experience 0.6m
- Legacy Fringe Surplus \$0.5m
- AODA Deficit (\$0.8m)
- Wraparound HMO Deficit (\$2.3m)

## 2023 Budget Initiatives

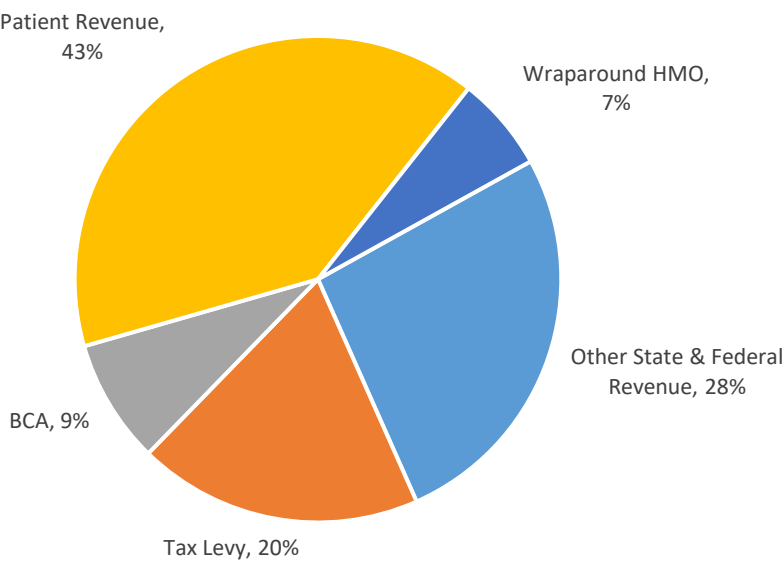
Initiative	Status	
Granite Hills Capacity	↓	Capacity below expectations
Crisis Stabilization	↓	Remaining at current sites
Peer Support Academy	→	In Progress
Provider Rate Increases	↑	Completed, still experiencing capacity challenges.

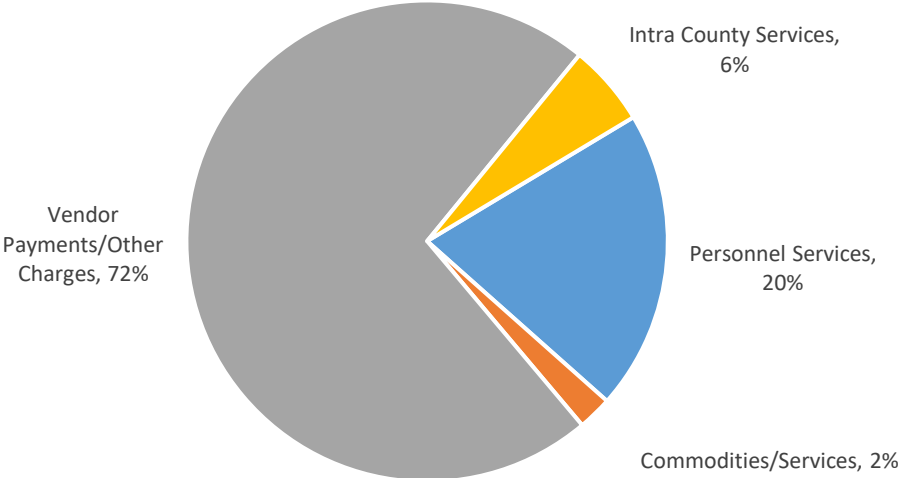
Complete	↑	Not Done	↓	Progressing	→
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**BHS 3-Year Trend**  
**4th Quarter 2023**

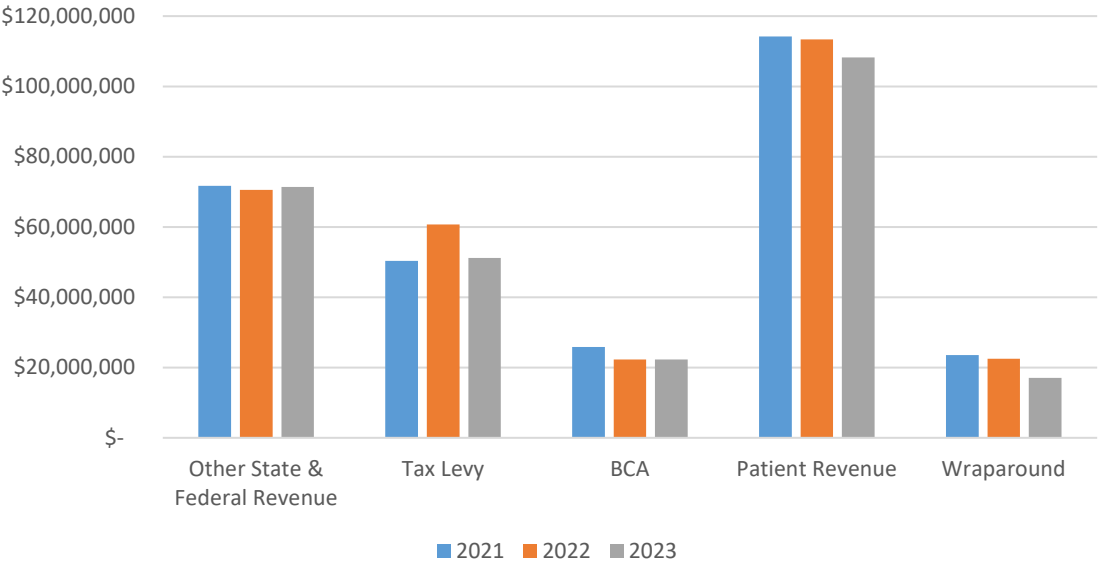
BHS 2023 Revenue by Source



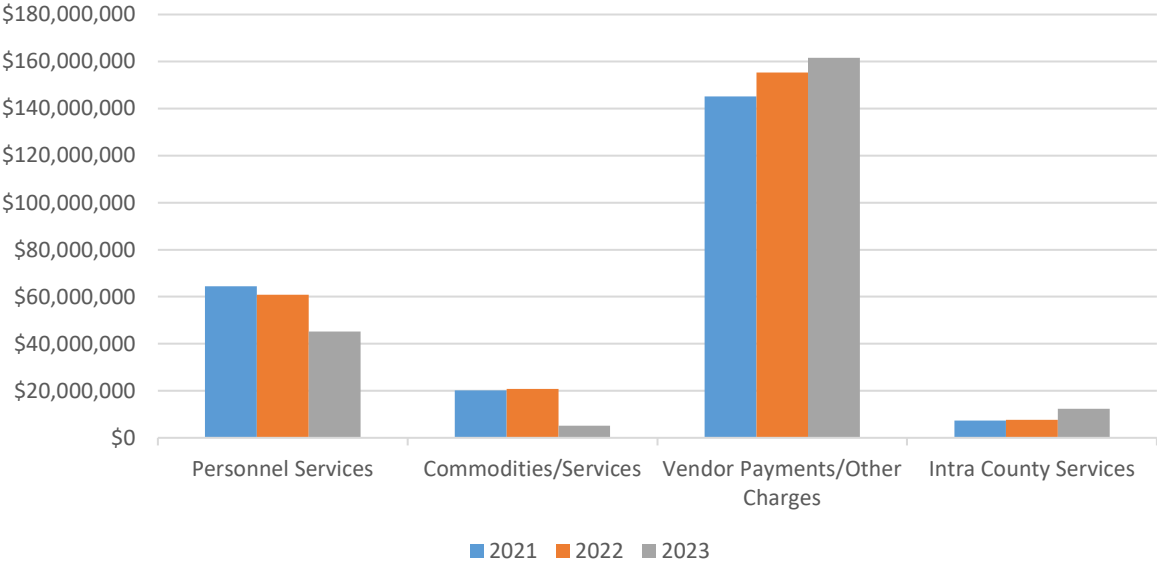
BHS 2023 Expenditures by Type



BHS Revenue by Year, 2021 - 2023



BHS Expenses by Year, 2021 - 2023

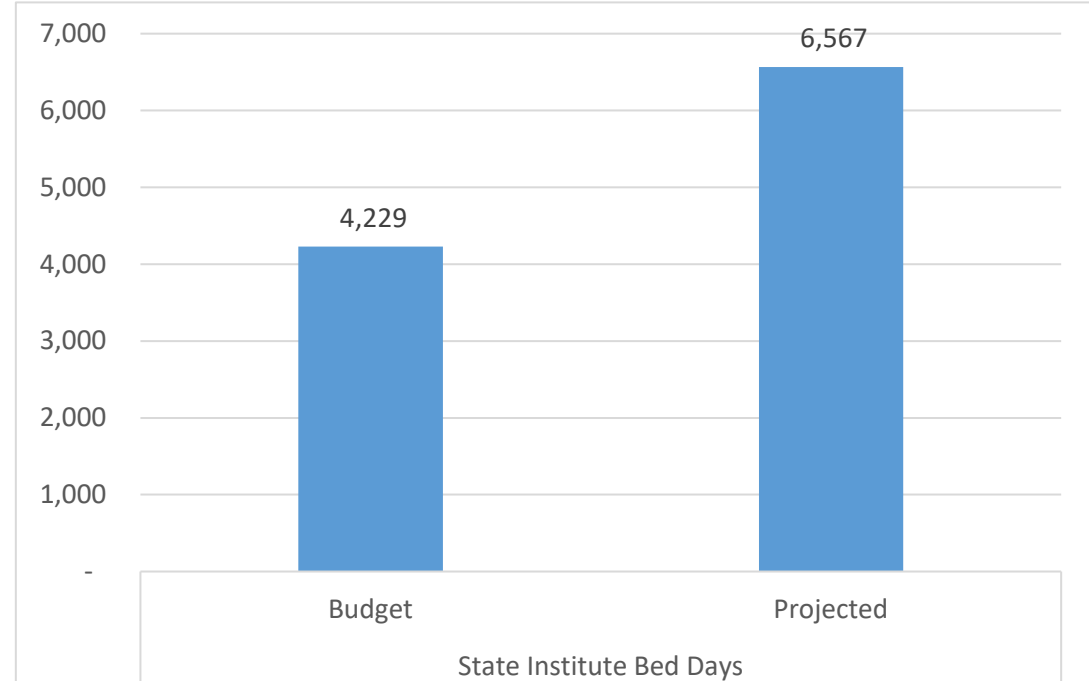
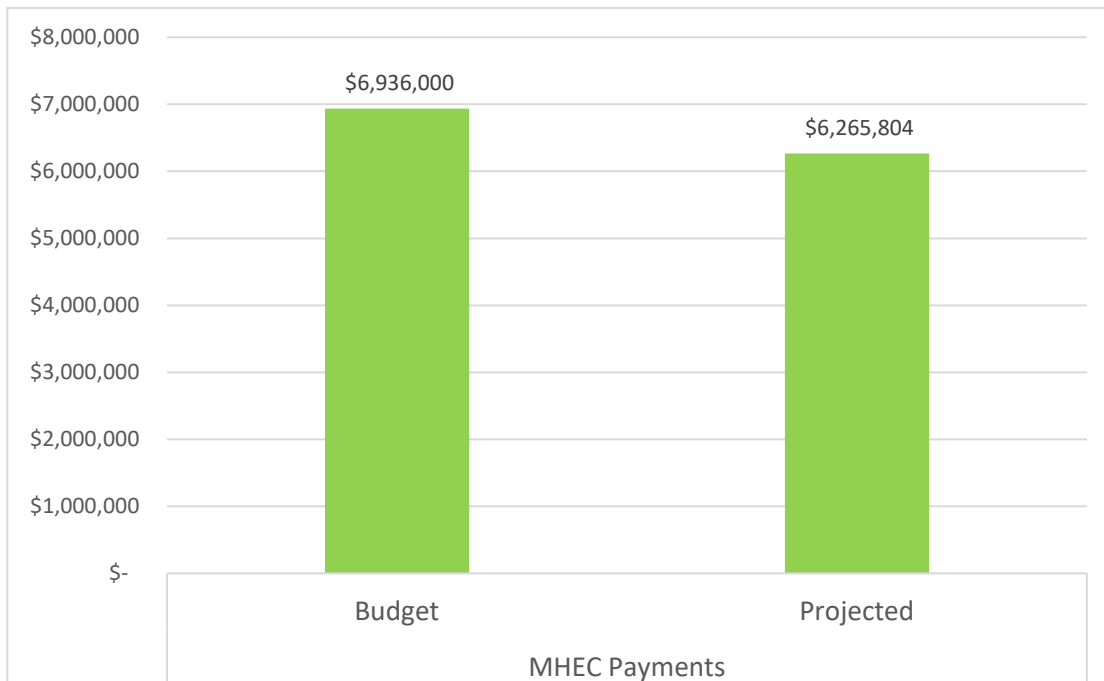
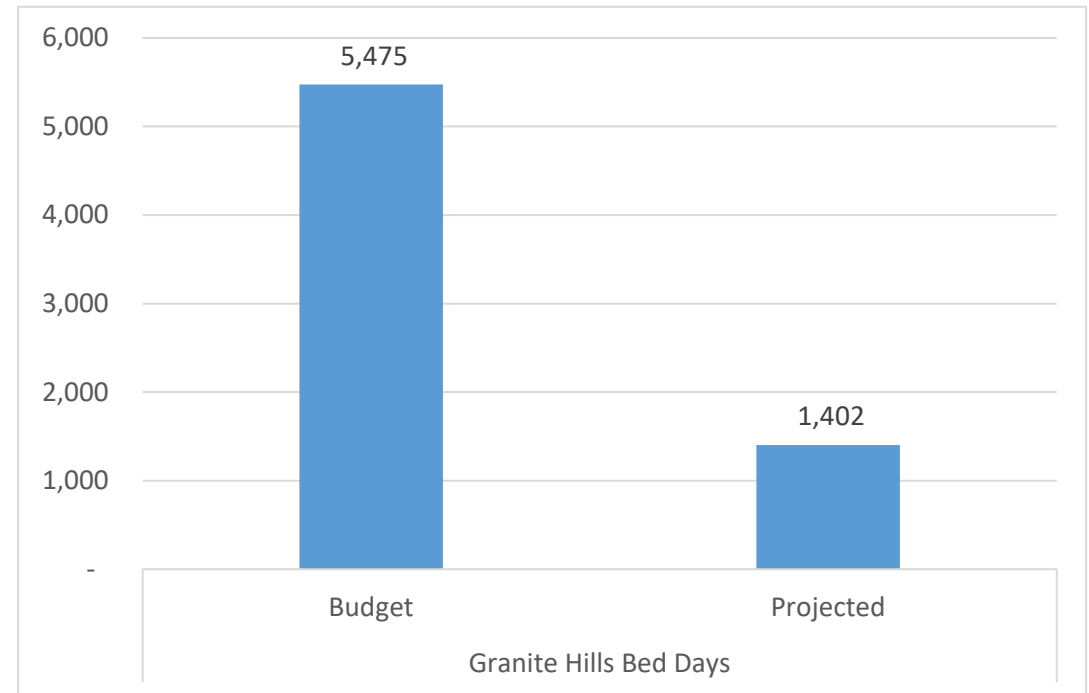




# INPATIENT SERVICES DASHBOARD

4th Quarter 2023

	2023 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	2,003,247	2,003,247	1,200,000	803,247
<b>Expense</b>				
Personnel	242,344	1,394,125	-	(1,394,125)
Commodities/Services	(35,501)	(35,501)	7,679	43,180
Depreciation/Inventory	-	-	-	-
Other Charges	16,268,682	16,268,682	16,788,019	519,337
Capital	-	-	-	-
Intra County Services	2,708,589	3,374,546	665,957	(2,708,589)
<b>Total Expense</b>	19,184,115	21,001,853	17,461,655	(3,540,198)
Tax Levy	17,180,868	18,998,606	16,261,655	(2,736,951)



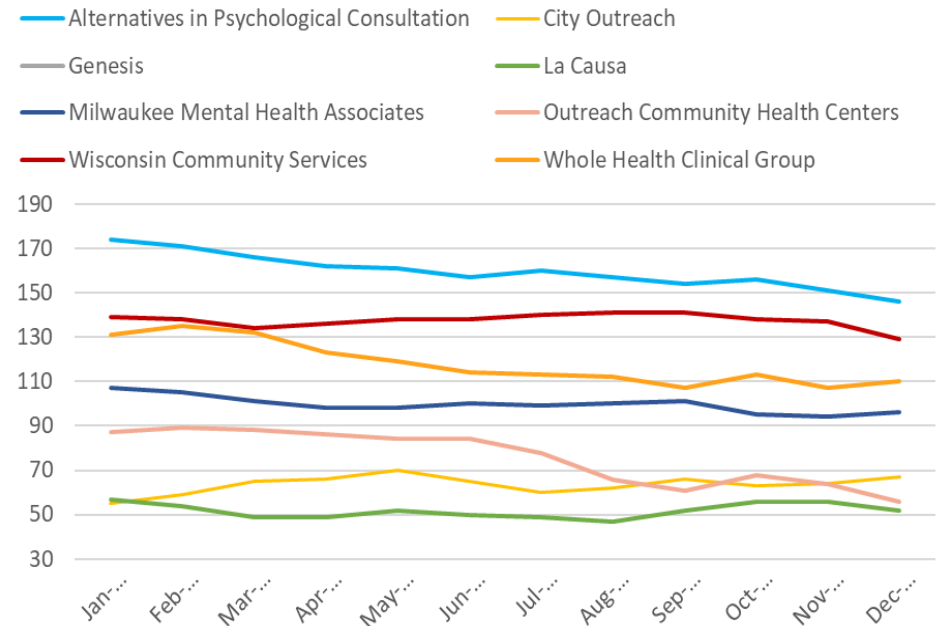
## TCM (Targeted Case Management) DASHBOARD

4th Quarter 2023

	2023 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	6,212,057	6,212,057	7,766,139	(1,554,082)
<b>Expense</b>				
Personnel	358,040	358,705	488,777	130,072
Commodities/Services	563	563	-	(563)
Depreciation/Inventory	-	-	-	-
Other Charges	7,096,914	7,096,914	7,525,056	428,142
Capital	-	-	-	-
Intra County Services	788,223	788,223	1,194,729	406,506
<b>Total Expense</b>	8,243,739	8,244,405	9,208,562	964,157
<b>Tax Levy</b>	2,031,683	2,032,348	1,442,423	(589,925)

Average Enrollment                      786                      763                      1,001

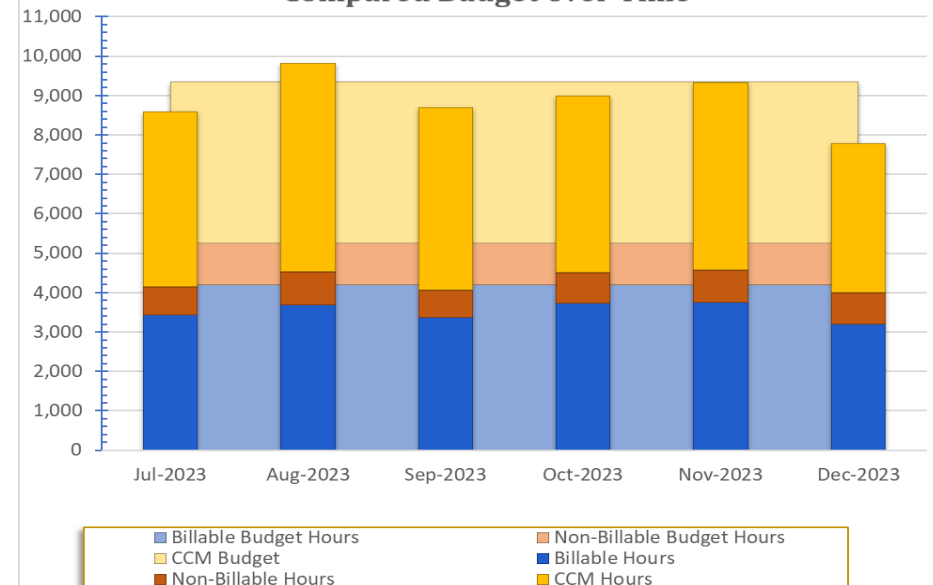
**TCM Distinct Clients by Provider - 2023**



	2023			Q4	2023			YTD
	Billable	Non-billable	% Non-billable		Billable	Non-billable	% Non-billable	
Alt in Psych Cons	12,679	2,222	18%		45,320	8,947	20%	
City Outreach	4,430	2,296	52%		14,639	7,997	55%	
La Causa	2,713	755	28%		11,055	2,614	24%	
Milw MHA	5,299	2,217	42%		22,785	8,323	37%	
Outreach CHC	4,428	53	1%		23,144	751	3%	
Wisc Com Srv	7,659	1,843	24%		32,047	7,048	22%	
WHCG	5,429	224	4%		23,144	1,335	6%	
<b>TOTAL</b>	<b>42,637</b>	<b>9,611</b>	<b>23%</b>		<b>172,135</b>	<b>37,014</b>	<b>22%</b>	

\*\*\* Non-billable services are paid to Providers, but not billable to Medicaid

**Total TCM and CCM HOURS Compared Budget over Time**

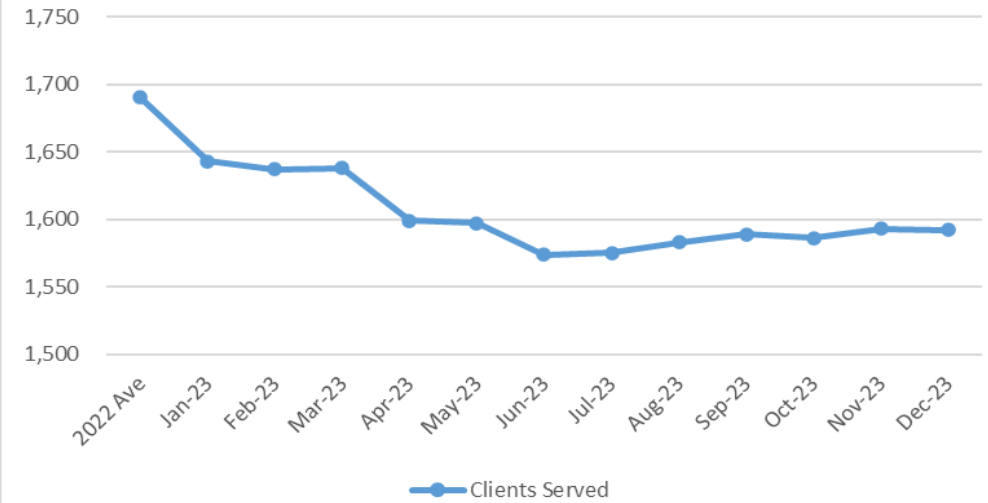


# CCS (Comprehensive Community Services) Adult DASHBOARD

4th Quarter 2023

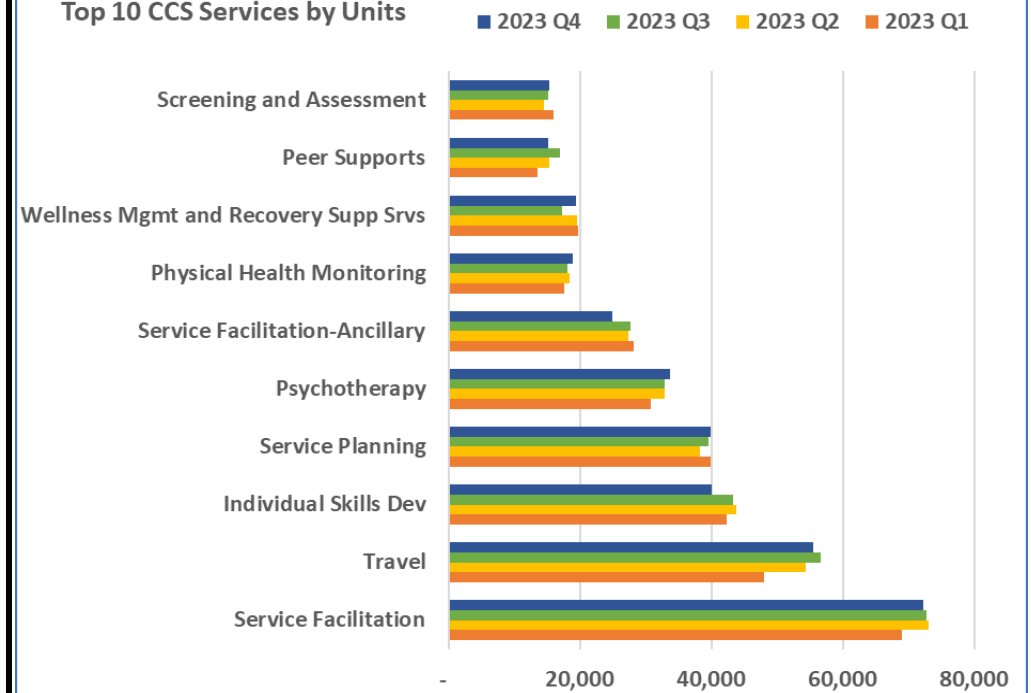
	2023 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	44,083,590	44,083,590	44,335,651	(252,061)
<b>Expense</b>				
Personnel	1,495,101	1,497,564	1,297,085	(200,479)
Commodities/Services	5,185	5,185	111,069	105,884
Depreciation/Inventory	-	-	-	-
Other Charges	37,091,396	37,091,396	41,092,731	4,001,335
Capital	-	-	-	-
Intra County Services	5,208,633	5,208,633	6,782,399	1,573,766
<b>Total Expense</b>	43,800,315	43,802,778	49,283,284	5,480,506
<b>Tax Levy</b>	(283,274)	(280,812)	4,947,633	5,228,445
<b>Average Enrollment</b>	1,614	1,687	2,139	

## Distinct Clients Served 2023



Number of Billable to Nonbillable Dollars - Top 10 Providers						
	2023 Q4 Totals			2023 YTD Totals		
	Billable	Non-Billable	% Non-Billable	Billable	Non-Billable	% Non-Billable
Project Access	1,351,111	7,929	0.6%	5,476,669	41,733	0.8%
Wisconsin Community Services	1,171,662	2,957	0.3%	4,411,230	6,397	0.1%
Alternatives in Psychological Consulting	546,271	921	0.2%	2,377,203	4,436	0.2%
Miracle Home	554,754		0.0%	2,154,167		0.0%
Whole Health Clinical Group	582,952	1,243	0.2%	2,102,504	2,303	0.1%
Summit Wellness	407,698		0.0%	1,718,998		0.0%
Sirona Recovery	522,871	8,517	1.6%	1,699,726	31,454	1.9%
Professional Services Group	378,734	3,311	0.9%	1,682,128	20,934	1.2%
Sixteenth Street Sebastian Family Psychology	552,906	1,221	0.2%	1,615,368	7,168	0.4%
	339,930		0.0%	1,287,401		0.0%

## Top 10 CCS Services by Units



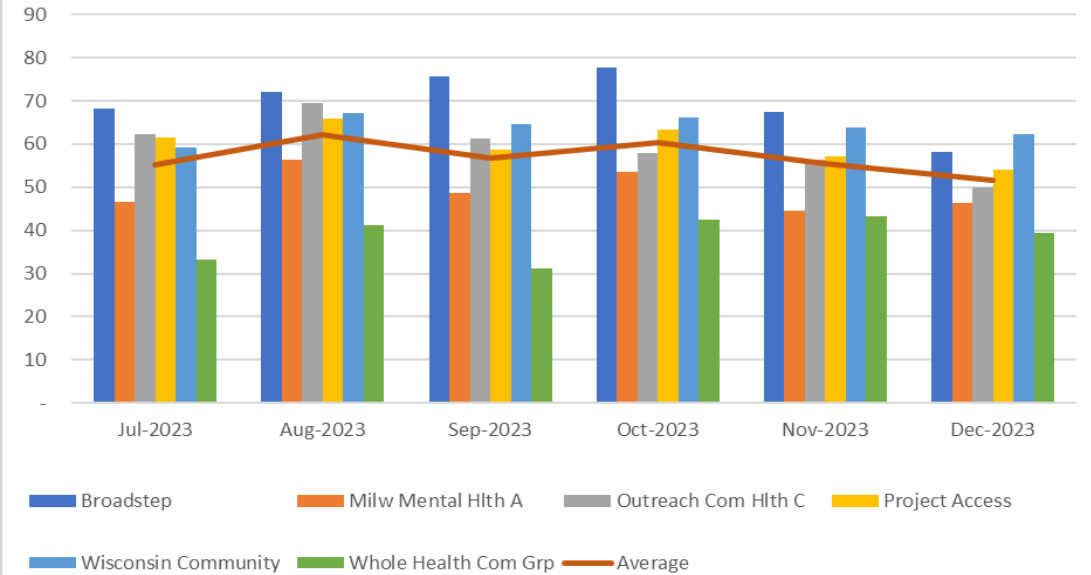
## CSP (Community Support Program) DASHBOARD

### 4th Quarter 2023

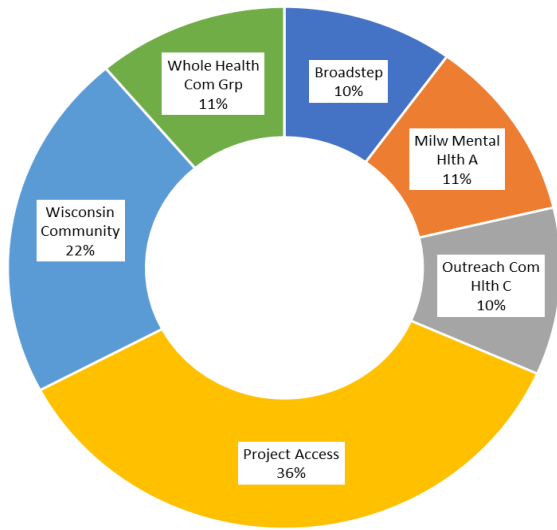
	2023 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	16,794,014	16,794,014	17,999,196	(1,205,182)
<b>Expense</b>				
Personnel	2,355,672	2,369,232	1,359,414	(1,009,818)
Commodities/Services	365,438	365,438	136,775	(228,663)
Depreciation/Inventory	-	-	-	-
Other Charges	13,266,723	13,266,723	16,140,951	2,874,228
Capital	-	-	-	-
Intra County Services	2,003,610	2,003,610	2,659,840	656,230
<b>Total Expense</b>	17,991,443	18,005,003	20,296,980	2,291,977
<b>Tax Levy</b>	1,197,428	1,210,989	2,297,784	1,086,795

Average Enrollment	1,103	1,159	1,274
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Average Units per Client by Provider



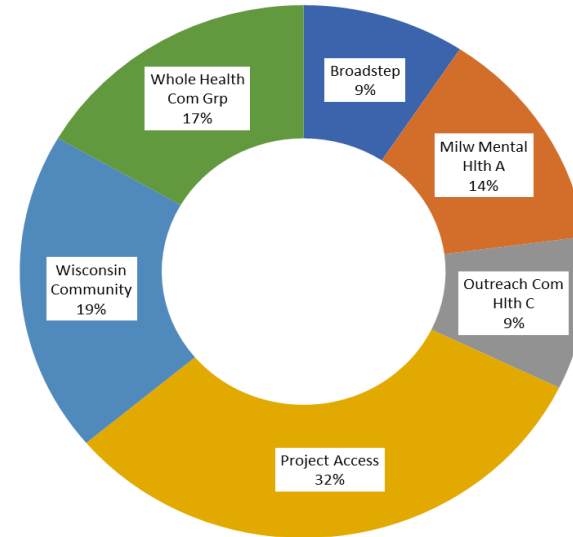
2023 % of Units Paid per Provider



Individual Units

Agency	December	YTD Total
Broadstep	5,410	70,767
Milw MHA	6,159	80,023
Outreach	4,701	73,392
Proj Access	18,842	252,097
Wisc Com Srv	13,062	152,929
Whole Health	6,703	79,120
<b>Grand Total</b>	<b>54,877</b>	<b>708,328</b>

2023 % of Consumers per Provider



Distinct Clients

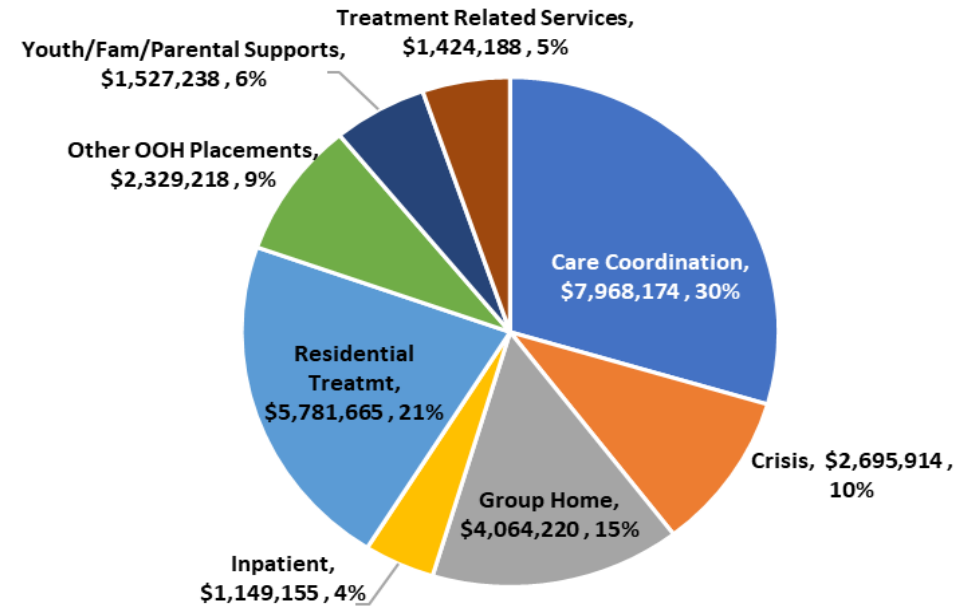
Agency	December	YTD Ave per Month
Broadstep	93	99
Milw MHA	133	145
Outreach	94	99
Proj Access	349	338
Wisc Com Srv	210	208
Whole Health	170	178
<b>Grand Total</b>	<b>1,049</b>	<b>1,066</b>

# CHILDRENS COMMUNITY MENTAL HEALTH SERVICES DASHBOARD

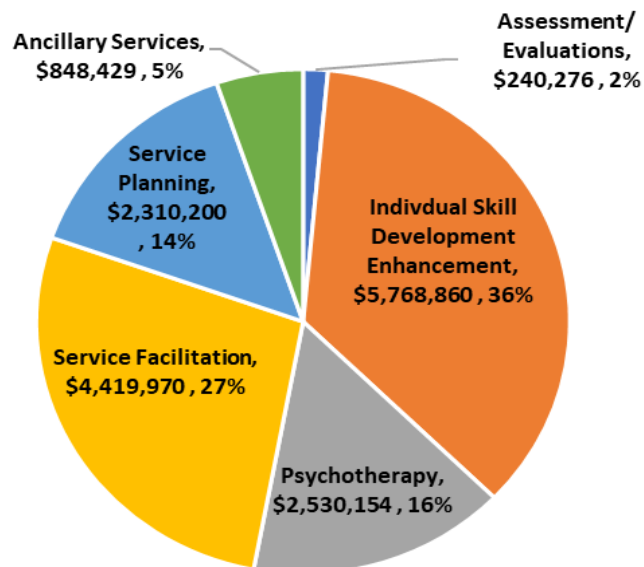
4th Quarter 2023

	2023 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	60,108,827	62,882,126	68,632,949	(5,750,823)
<b>Expense</b>				
Personnel	7,036,639	8,377,437	9,447,382	1,069,945
Commodities/Services	1,286,667	1,286,667	1,459,895	173,228
Depreciation/Inventory	-	-	-	0
Other Charges	53,481,990	53,481,990	55,270,608	1,788,618
Capital	-	-	-	0
Intra County Services	5,378,913	5,378,545	8,709,704	3,331,159
<b>Total Expense</b>	67,184,208	68,524,638	74,887,589	6,362,951
Tax Levy	7,075,382	5,642,512	6,254,640	612,128

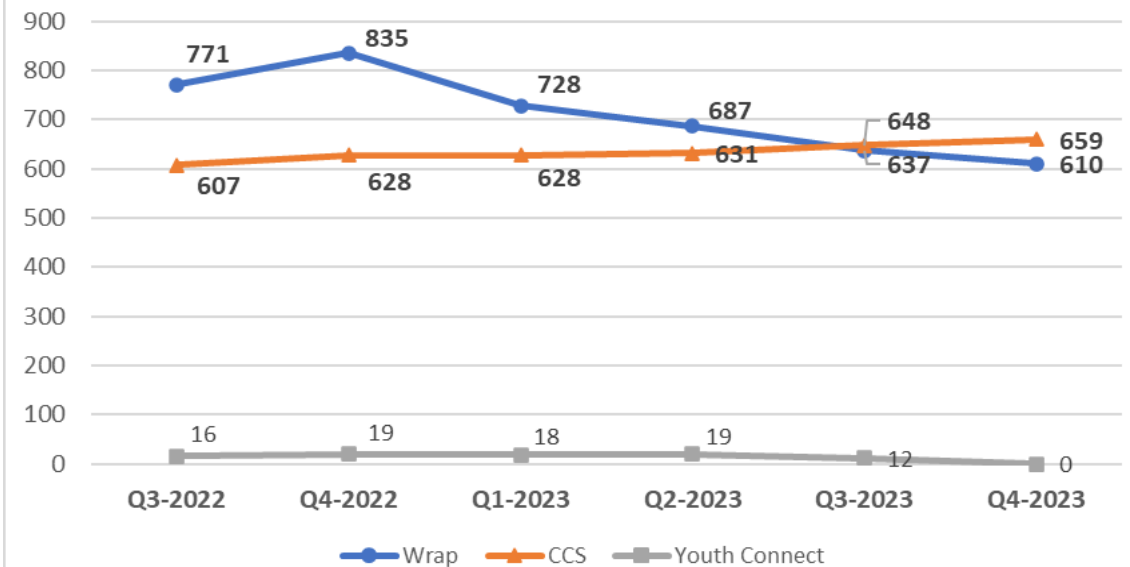
## HMO Services Provided YTD 12/31/23



## CCS Youth Services Provided YTD 12/31/23



## Enrollment Trends



	2023 Budget				2023 Annual Projection				2023 Projected Surplus/(Deficit)			
	Hospital	Community Services	Mgmt/ Ops/Fiscal	Total BHD	Hospital	Community Services	Mgmt/ Ops/Fiscal	Total BHD	Hospital	Community Services	Mgmt/ Ops/Fiscal	Total BHD
<b>Revenue</b>												
BCA	-	22,336,586	-	22,336,586	-	22,336,586	-	22,336,586	-	-	-	-
Intergovernmental	-	25,109,125	-	25,109,125	-	24,592,840	37,433	24,630,273	-	(516,284)	37,433	(478,851)
Charges for Services	1,200,000	133,477,215	1,200	134,678,415	2,003,247	123,323,074	-	125,326,321	803,247	(10,154,141)	(1,200)	(9,352,094)
Other Revenue	-	211,789	200,100	411,889	-	143,412	580,593	724,005	-	(68,377)	380,493	312,116
Total Revenue	1,200,000	181,134,715	201,300	182,536,015	2,003,247	170,395,912	618,026	173,017,185	803,247	(10,738,802)	416,726	(9,518,829)
<b>Expense</b>												
Salary	-	15,381,812	6,028,224	21,410,036	169,181	13,320,582	5,341,860	18,831,624	(169,181)	2,061,230	686,364	2,578,412
Overtime	-	-	-	-	57,213	349,945	101,448	508,606	(57,213)	(349,945)	(101,448)	(508,606)
Fringe	-	17,251,950	9,483,324	26,735,274	1,167,730	16,747,724	7,975,444	25,890,898	(1,167,730)	504,226	1,507,880	844,376
Commodities/Services	7,679	3,941,548	1,894,533	5,843,760	(35,501)	4,038,349	1,133,545	5,136,394	43,180	(96,801)	760,988	707,366
Depreciation/Inventory	-	-	-	-	0	0	(0)	(0)	(0)	(0)	0	0
Other Charges	16,788,019	157,629,508	(10,886)	174,406,641	16,268,682	145,195,222	76,615	161,540,518	519,337	12,434,287	(87,501)	12,866,123
Capital	-	-	-	-	-	-	-	-	-	-	-	-
Intra County Services	665,957	27,238,139	(15,821,517)	12,082,579	3,374,546	20,262,711	(11,364,456)	12,272,801	(2,708,589)	6,975,428	(4,457,061)	(190,222)
Total Expense	17,461,655	221,442,957	1,573,678	240,478,290	21,001,853	199,914,532	3,264,457	224,180,841	(3,540,198)	21,528,425	(1,690,779)	16,297,449
<b>Tax Levy</b>	16,261,655	40,308,243	1,372,378	57,942,276	18,998,605	29,518,620	2,646,431	51,163,656	(2,736,950)	10,789,623	(1,274,053)	6,778,620

Hospital includes Adult Inpatient, Child and Adolescent Inpatient and Crisis ER/Observation.

Mgmt/Ops/Fiscal includes administrative functions includes all support functions such as: management, quality, contracts, legal, dietary, fiscal, admissions, medical records and facilities.

Community includes Wraparound, AODA and Community Mental Health.

Community Mental Health includes major programs: TCM, CCS, CSP and CRS in addition to CBRF, Crisis Mobile, & Adult Community Clinics  
Administrative functions and Community Crisis programs including Mobile Teams, Access Clinic and contracted crisis services.

Behavioral Health Division

Community Services (CARS & Wraparound)

2023 Annual Projection as of December 2023

	2023 Budget				2023 Annual Projection				2023 Projected Surplus/(Deficit)			
	AODA	Mental Health	CCMHS	Total Community	AODA	Mental Health	CCMHS	Total Community	AODA	Mental Health	CCMHS	Total Community
<b>Revenue</b>												
BCA	-	18,336,586	4,000,000	22,336,586	0	18,336,586	4,000,000	22,336,586	-	-	-	-
Intergovernmental	9,202,404	11,839,280	4,067,441	25,109,125	9,575,532	11,125,498	3,891,810	24,592,840	373,128	(713,782)	(175,630)	(516,284)
Charges for Services	544,455	72,408,201	60,524,559	133,477,215	340,590	68,115,580	54,866,904	123,323,074	(203,865)	(4,292,621)	(5,657,655)	(10,154,141)
Other Revenue	-	170,840	40,949	211,789	0	20,000	123,412	143,412	-	(150,840)	82,463	(68,377)
Total Revenue	9,746,859	102,754,907	68,632,949	181,134,715	9,916,122	97,597,664	62,882,126	170,395,912	169,263	(5,157,243)	(5,750,822)	(10,738,802)
<b>Expense</b>												
Salary	136,041	11,040,476	4,205,295	15,381,812	121,964	9,467,971	3,730,647	13,320,582	14,077	1,572,505	474,648	2,061,230
Overtime	-	-	-	-	90	343,066	6,789	349,945	(90)	(343,066)	(6,789)	(349,945)
Fringe	183,246	11,826,617	5,242,087	17,251,950	174,987	11,932,736	4,640,001	16,747,724	8,259	(106,119)	602,086	504,226
Commodities/Services	264,076	2,217,578	1,459,894	3,941,548	181,062	2,570,620	1,286,667	4,038,349	83,014	(353,042)	173,227	(96,801)
Depreciation/Inventory	-	-	-	-	0	0	-	0	-	(0)	-	(0)
Other Charges	11,786,937	90,571,963	55,270,608	157,629,508	13,190,831	78,522,401	53,481,990	145,195,222	(1,403,894)	12,049,562	1,788,619	12,434,287
Capital	-	-	-	-	-	-	-	-	-	-	-	-
Intra County Services	1,437,041	17,091,394	8,709,704	27,238,139	1,045,338	13,838,828	5,378,545	20,262,711	391,703	3,252,566	3,331,159	6,975,428
Total Expense	13,807,341	132,748,028	74,887,588	221,442,957	14,714,272	116,675,622	68,524,638	199,914,532	(906,931)	16,072,406	6,362,950	21,528,425
<b>Tax Levy</b>	4,060,482	29,993,121	6,254,640	<b>40,308,243</b>	4,798,150	19,077,958	5,642,512	<b>29,518,620</b>	<b>(737,668)</b>	<b>10,915,163</b>	<b>612,128</b>	<b>10,789,623</b>

Community Mental Health includes the following major programs: TCM, CCS, CSP and CRS in addition to CBRF, CCC, IOP, Day Treatment, Community Administrative functions,

Behavioral Health Division

Inpatient - ED Services

2023 Annual Projection as of December 2023

	2023 Budget			2023 Annual Projection			2023 Projected Surplus/(Deficit)		
	Inpatient Care	MHEC	Total Inpatient/ED Services	Inpatient Care	MHEC	Total Inpatient/ED Services	Inpatient Care	MHEC	Total Inpatient/ED Services
<b>Revenue</b>									
BCA	-	-	-	-	-	-	-	-	-
Intergovernmental	-	-	-	-	-	-	-	-	-
Charges for Services	700,000	500,000	1,200,000	1,205,725	797,522	2,003,247	505,725	297,522	803,247
Other Revenue	-	-	-	-	-	-	-	-	-
Total Revenue	700,000	500,000	1,200,000	1,205,725	797,522	2,003,247	505,725	297,522	803,247
<b>Expense</b>									
Salary	-	-	-	-	169,181	169,181	-	(169,181)	(169,181)
Overtime	-	-	-	-	57,213	57,213	-	(57,213)	(57,213)
Fringe	-	-	-	-	1,167,730	1,167,730	-	(1,167,730)	(1,167,730)
Commodities/Services	600	7,079	7,679	(75,351)	39,850	(35,501)	75,951	(32,771)	43,180
Depreciation/Inventory	-	-	-	0	-	0	(0)	-	(0)
Other Charges	9,852,019	6,936,000	16,788,019	10,002,879	6,265,804	16,268,682	(150,860)	670,196	519,337
Capital	-	-	-	-	-	-	-	-	-
Intra County Services	-	665,957	665,957	815,115	2,559,431	3,374,546	(815,115)	(1,893,474)	(2,708,589)
Total Expense	9,852,619	7,609,036	17,461,655	10,742,643	10,259,210	21,001,853	(890,024)	(2,650,174)	(3,540,198)
<b>Tax Levy</b>	9,152,619	7,109,036	16,261,655	9,536,918	9,461,688	18,998,605	(384,299)	(2,352,652)	(2,736,950)



Behavioral Health Division

Management/Operations/Fiscal

2023 Annual Projection as of December 2023

	2023 Budget	2023 Annual Projection	2023 Projected Surplus/(Deficit)
<b>Revenue</b>			
BCA	-	-	-
Intergovernmental	-	37,433	37,433
Charges for Services	1,200	-	(1,200)
Other Revenue	200,100	580,593	380,493
<b>Total Revenue</b>	<b>201,300</b>	<b>618,026</b>	<b>416,726</b>
<b>Expense</b>			
Salary	6,028,224	5,341,860	686,364
Overtime	-	101,448	(101,448)
Fringe	9,483,324	7,975,444	1,507,880
Commodities/Services	1,894,533	1,133,545	760,988
Depreciation/Inventory	-	(0)	0
Other Charges	(10,886)	76,615	(87,501)
Capital	-	-	-
Intra County Services	(15,821,517)	(11,364,456)	(4,457,061)
<b>Total Expense</b>	<b>1,573,678</b>	<b>3,264,457</b>	<b>(1,690,779)</b>
<b>Tax Levy</b>	<b>1,372,378</b>	<b>2,646,431</b>	<b>(1,274,053)</b>

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

Date: February 29, 2024

To: Mary Neubauer, Chairperson – Milwaukee County Mental Health Board

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

Subject: A report from the Director, Department of Health and Human Services, notifying the Milwaukee County Mental Health Board of Financial Risks, Vulnerabilities, and Opportunities.

File Type: Informational Report

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**BACKGROUND**

The Milwaukee County Behavioral Health Division has identified the following vulnerabilities.

**Risks & Vulnerabilities**

**1) Wraparound Milwaukee Residential Care Center Costs**

Wisconsin Department of Health Services recently informed Wraparound Milwaukee that Residential Care Center placement costs will no longer be funded through the HMO benefit after SFY2024. RCC costs currently represent approximately \$4.5m in total annual expenditures for Wraparound Milwaukee youth. If no alternative fund source is identified prior to SFY2024, the \$4.5m in annual costs will need to be supported with tax levy.

BHS is in discussions with the Division of Milwaukee Child Protective Services to potentially transfer the facilitation and coordination of RCC placements to DMCPs for Wraparound-enrolled youth involved in child protective services.

**2) Wraparound Milwaukee HMO Future**

Over the past decade, the number of services eligible for coverage under the Wraparound HMO has decreased while administrative burden in terms of reporting and audit requirements has increased. This change, paired with a decline in enrollment as

more youth opt into Comprehensive Community Services, is challenging the financial integrity of the program. BHS leadership has made the decision to end the Wraparound HMO program with a target sunset date of 9/30/2024. Youth currently enrolled in the Wraparound HMO be transferred to Comprehensive Community Services, Crisis Intervention, and other Medicaid and grant-funded programs managed by Milwaukee County. The Children's Youth Mental Health network may experience an increase in unreimbursed costs during this transition.

## **2) Labor Market**

The Department of Health and Human Services has seen an increase in provider agencies requesting rate increases due to difficulties hiring and retaining staff at current rates. Milwaukee County has very limited ability to increase rates without increases to local, state, or federal revenue to offset increased costs. Milwaukee County has raised this issue with DHS partners, but no immediate solutions have been identified.

BHS has renewed recruitment campaigns aimed at filling vacant internal position and has included targeted rate increase for Community Support Program providers in the 2024 budget request to help reduce workforce turnover in those areas.

## **3) Inpatient Capacity**

Low availability of inpatient bed capacity in area hospitals is leading to increased reliance on state psychiatric institutes for some high-acuity patients. Increased reliance on state psychiatric institutes leads to longer lengths of stay and increased costs. BHS Administration is working with health system partners and Granite Hills on plans to increase psychiatric bed availability. Granite Hills continues to make progress with bed availability, though it is still slower than was initially envisioned when BHS closed the Milwaukee County-operated psychiatric hospital.

## **Opportunities:**

### **1) Opioid Settlement Funds**

Milwaukee County is expecting substantial Opioid Settlement funds over the next 18 several years. The focus will be on creating efficiencies, expanding access to care to underserved communities, and shifting services upstream with a greater focus on prevention. BHS is requesting a substantial increase in Opioid Settlement Funds to sustain and expand substance use programming in 2024.

### **2) IMD Waiver**

Waiver of IMD restrictions (AB 616/SB 635) requires the Department of Health Services to seek a federal waiver to allow federal Medicaid reimbursement for mental health treatment services in facilities considered Institutions of Mental Disease (IMDs) such as

the Winnebago Mental Health Institute and Granite Hills. BHS currently estimates this waiver could free up approximately \$5.0m in BHS tax levy funds by replacing those funds with Medicaid payments. The waiver will likely not go into effect for at least 2 years, after which time we will have a much better estimate of the financial impact on Milwaukee County

### **3) Psychiatric Residential Treatment Facilities**

Psychiatric Residential Treatment Facilities (AB 1003/SB 913) – Create statutory authority for DHS to issue PRTF licensing rules and submit Medicaid state plan amendment to allow Medicaid reimbursement. This could allow for Medicaid reimbursement in some Residential Care Center settings currently funded by tax levy, but it is unclear how many, if any, Residential Care Center providers will pursue this licensure.

#### **PREPARED BY:**

Matthew Fortman, Fiscal Administrator, Department of Health and Human Services

#### **APPROVED BY:**

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

cc: Chairperson, Milwaukee County Mental Health Board Finance Committee

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

Date: March 4, 2023

To: Mary Neubauer, Chairperson – Milwaukee County Mental Health Board

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

Subject: A report from the Director, Department of Health and Human Services, notifying the Milwaukee County Mental Health Board of Fund Transfers Processed in the previous quarter.

File Type: Informational Report

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**BACKGROUND**

Per the “BHD Fund Transfer Policy” adopted by the Mental Health Board, the BHD Fiscal Administrator will provide a quarterly informational report notifying the MHB as to any administrative fund transfers that have occurred during the previous quarter.

Wisconsin Statutes 51.41 authorizes the Milwaukee County Mental Health Board (MHB) to propose an annual budget to the County Executive for the Behavioral Health Division (BHD). Once this budget is approved by the County Executive, the budget provides the total spending authority for BHD for one calendar year. This budget reflects total expenditures, revenues and property tax levy required for the operation of programs and services within BHD.

Throughout the course of the year, certain adjustments to the budget may be necessary to better reflect BHD’s actual experience. In most cases, these adjustments, or appropriation transfers, would increase or decrease BHD’s expenditures and revenues compared to its base budget while maintaining the same tax levy as established in the original budget.

## Quarterly Fund Transfer Report

<b>Title</b>	<b>Description</b>	<b>Total Funds Transferred</b>
2024 Youth Mental Health Personnel Budget Adjustment	Fund transfer moves 3.0 FTE personnel expense budget to reflect cost centers where youth mental health staff are currently working	\$159,883
2024 Substance Abuse Treatment and Prevention Block Grant	Fund transfer establishes new expense account for more consistent and accurate tracking of Substance Abuse Treatment and Prevention Block Grant expenses.	\$588,738
2024 ADTC Reallocation	Fund transfer to reallocate Drug Treatment Court Grant expenditures and revenues based on most recent grant budget.	\$72,308
2024 TANF Reallocation	Fund transfer to reallocation Temporary Assistance for Needy Families (TANF) grant expenditures and revenues based on most recent grant budget.	\$367,606
2024 State Opioid Response reallocation	Fund transfer to reallocation State Opioid Response (SOR) grant expenditures and revenues based on most recent grant budget.	\$638,869
2024 Injection Drug Use Treatment Reallocation	Fund transfer to reallocation Injection Drug Use Treatment grant expenditures and revenues based on most recent grant budget.	\$228,272
2024 DMCPs grant reallocation	Fund transfer to Division of Milwaukee Child Protective Services grant expenditures and revenues based on most recent grant budget.	\$148,830
2024 WIMCR & Personnel Transfer	Fund transfer to establish budget authority for 1.0 FTE additional Contract Services Coordinator positions and 1.0 FTE additional Medical Records Clerk position. These costs are offset by increased Comprehensive Community Services program cost report revenue.	\$111,486

**PREPARED BY:**

Matthew Fortman, Fiscal Administrator, Department of Health and Human Services

**APPROVED BY:**

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

cc: Chairperson, Milwaukee County Mental Health Board Finance Committee

**2023 Year-End Projected BHD Reserve Balances - as of February 2024**

		2020 Balance	2021 Contribution	2021 Balance	2022 Contribution	2022 Balance	2023 Adjustment (Projected)	2023 Balance (Projected)
0904	Wrap Reserve	9,311,826	91,980	9,403,806	239,660	9,643,466	(1,200,000)	8,443,466
0906	Capital Reserve	2,942,631	(1,520,726)	1,421,905	(1,421,905)	-	-	-
0905	Surplus Reserve	24,121,207	9,310,616	33,431,823	(3,901,167)	29,530,655	5,413,835	34,944,490
Total Reserves		36,375,664	7,881,870	44,257,534	(5,083,413)	39,174,122	4,213,835	43,387,957

**Reserve Impacts - 2024 & Beyond**

	Surplus Reserve
<b>Commitments/Risks</b>	
Youth Residential Costs	\$ 3,500,000
AODA Program Deficit	\$ 1,000,000
Crisis Transport Revenue Shortfall	\$ 500,000
<b>Total Commitments/Risks</b>	<b>\$ 5,000,000</b>
<b>Current Balance</b>	34,944,490
<b>Future Balance after Known Commitments/Risks</b>	<b>\$ 29,944,490</b>



**Chairperson:** Richard Canter  
**Research Analyst:** Kate Flynn Post, (414) 257-7473  
**Interim Board Liaison:** Jennifer Miles, (414) 257-7639

## MILWAUKEE COUNTY MENTAL HEALTH BOARD FINANCE COMMITTEE

Thursday, April 25, 2024 - 8:00 A.M.  
 Marcia P. Cogg Human Services Building  
 1220 West Vliet Street, Room 104

### A G E N D A

#### **SCHEDULED ITEMS:**

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

1.	Welcome. <b>(Chairman Canter)</b>
2.	Minutes from the March 28, 2024, Committee Meeting. <b>(Informational)</b>
3.	Professional Services Contracts Recommendation. <b>(Michael Lappen, Behavioral Health Services/Recommendation Item)</b>  Contract Amendment(s) <ul style="list-style-type: none"> <li>➤ Goodwill Industries of Southeast Wisconsin</li> <li>➤ Medical College of Wisconsin</li> <li>➤ Status Solutions, LLC</li> </ul>
4.	Purchase-of-Service Agreements Recommendation. <b>(Amy Lorenz and Brian McBride, Behavioral Health Services/Recommendation Item)</b> <ul style="list-style-type: none"> <li>• Agreement Amendment(s)</li> <li>• 2024 Agreement(s)</li> </ul>
5.	Finance Committee Fee-for-Service Agreements Recommendation. <b>(Amy Lorenz and Brian McBride, Behavioral Health Services/Recommendation Item)</b> <ul style="list-style-type: none"> <li>• 2024 Agreement(s)</li> </ul>
6.	Employment Agreement. <b>(Dr. John Schneider, Behavioral Health Services/Recommendation Item)</b>
7.	Receipt of Revenue Recommendation. <b>(Matt Fortman, Behavioral Health Services/Recommendation Item)</b>

**SCHEDULED ITEMS (CONTINUED):**

8.	Expected Enrollment Changes for Children's Services with HMO Transition. <b>(Brian McBride, Behavioral Health Services/Informational)</b>
9.	Adjournment.

**The next meeting of the Milwaukee County Mental Health Board  
Finance Committee is Thursday, June 6, 2024, at 4:30 p.m.**

**Washington Park Senior Center  
4420 West Vliet Street  
Milwaukee, WI 53208**

**To View All Associated Meeting Materials,  
Visit the Milwaukee County Legislative Information Center at:  
[Milwaukee County - Calendar \(legistar.com\)](https://legistar.com/locations/milwaukee-county-legislative-information-center/)**

**Visit the Milwaukee County Mental Health Board Web Page at:  
<https://county.milwaukee.gov/EN/DHHS/About/Governance#MCMHBrecords>**

***ADA accommodation requests should be filed with the Milwaukee County Office for Persons with Disabilities,  
278-3932 (voice) or 711 (TRS), upon receipt of this notice.***

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

**DATE:** April 8, 2024

**TO:** Mary Neubauer, 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, or group of contracts by the same contractor for essentially the same service, 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 enter into professional services agreements.

**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.

**Professional Services Contracts**

**Goodwill Industries of Southeast Wisconsin, Inc. - \$75,000**

This is a one-year Professional Service Contract for 2024. This is the 5th year of service from this contractor for the same service. BHS CARS seeks MHB approval of this contract retroactively to 1/1/2024 to run through 12/31/2024. The agency will network to establish business relationships to educate employers and work to increase the employment rate for CARS clients in mental health and substance abuse recovery. The 5-year cumulative amount for services from the vendor for essentially the same service is \$375,000.

**Medical College of Wisconsin Affiliated Hospitals, Inc. - \$200,000.00**

AMENDMENT TO: BHS contracts with the Medical College of Wisconsin Affiliated Hospitals, Inc. (MCWAH) for resident and fellow housestaff activities, as part of BHS' training site designation with the MCW Psychiatry Training Programs. The residents and fellows assigned gain medical and psychiatric experience within BHS Crisis and Community services. Rotations will include experiences with Assisted Outpatient Treatment/Assertive Community Treatment (AOT/ACT), Milwaukee Mobile Crisis, Milwaukee Mental Health Clinic, Coordinated Opportunities for Recovery and Empowerment (CORE), Access Clinics, the Detention Center and

with Administration/Legal Services. Oversight of all resident and fellow activities is by BHS psychiatry staff. BHS is seeking to amend the current agreement to cover the period of July 1, 2024 to June 30, 2025 for an added amount not to exceed \$200,000.00, resulting in a total contract of \$405,000.

**Status Solutions, LLC - \$116,240.00**

Status Solutions, LLC is a situational awareness service that utilizes real-time notification to response teams or law enforcement in the event of potential life-threatening events for workers. It provides personal electronic devices, surveillance, and software links for staff in a variety of settings including indoors, parking lots, and those performing community outreach functions. Two-way communication is also possible in the event of a need for mass communication to staff. The system will be employed both in the current Coggs building as well as the new building under construction. This is a sole source agreement due to the specialized nature of the security solution. The contract is for three years in the amount of \$116,240.00.

**Fiscal Summary**

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

Vendor/Agency Name	Currently Approved Allocation	Contract Change Requested Amount	2023 Allocation	Proposed 2024 Allocation	Variance
Goodwill Industries of Southeast Wisconsin, Inc.	\$0.00	\$75,000.00	\$75,000.00	\$75,000.00	\$0.00
Medical College of Wisconsin Affiliated Hospitals, Inc.	\$205,000.00	\$200,000.00	\$205,000.00	\$405,000.00	\$200,000.00
Status Solutions, LLC	\$0.00	\$116,240.00	\$0.00	\$116,240.00	\$116,240
<b>Total</b>	\$205,000.00	\$391,240.00	\$280,000.00	\$596,240.00	\$316,240.00

\*Represents an agreement with at least partial grant funding

*Shakita LaGrant-McClain*

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

Cc: Richard Canter, Finance Chairperson

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

**DATE:** March 27, 2024

**TO:** Mary Neubauer, 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 (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**

**Wisconsin Community Services, Inc. (WCS) - \$250,000**

CONTRACT AMENDMENT: adding funds to 2024 POS contract (BHS-POS332-022024) effective dates 1/1/2024 to 12/31/2024 to operate the Community Linkages and Stabilization Program (CLASP) for BHS clients. CLASP aims to support clients' recovery, increase clients' ability to live independently in the community, and reduce clients' incidents of emergency room visits and rehospitalization. This voluntary program provides extended support and services through Certified Peer Specialists trained to share their experiences and recovery with individuals in crisis to empower people throughout the recovery process. The County funds this contract through \$279,714 in tax levy and \$250,000 Medicaid passthrough. The \$250,000 for the 2024 Medicaid pass-thru payments was omitted from the 2024 MHB approval for the contract. The existing WCS purchase of service contract for CLASP services is for \$279,714 and this additional funding would bring the total 2024 contract to \$529,714.

**Vivent Health – \$26,798\***

CONTRACT AMENDMENT: adding funds to a 9-month POS contract (Contract # BHS-POS335-022024) effective dates 1/1/2024 – 9/29/2024. Requesting to add \$26,798 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 targeted populations as identified. This additional funding is coming from the Temporary Aid to Needy Families (TANF) grant funding. The existing contract was for \$136,089, and this additional funding would bring the total contract amount to \$162,887.

**2024 Contract for Childrens Services**

**Christine Shafer dba The SEA Group - \$10,160**

CONTRACT AMENDMENT: adding funds to POS contract (BHD POS246 012022) effective dates 1/1/2022-12/31/2024. The SEA Group provides Educational Advocacy Services to help youth enrolled in Wraparound Milwaukee to obtain an Individual Education Plan (IEP), achieve appropriate school placements, and reduce unnecessary residential and day treatment services. The existing SEA Group purchase of service contract is for \$540,059 and this additional funding would bring the total contract amount to \$550,219.

**St. Charles Youth & Family Services - \$292,445.00**

CONTRACT AMENDMENT: adding funds to 2024 POS contract (BHS-POS336-022024) effective dates 1/1/2024-12/31/2024.

Vendor to provide day to day oversight of Owen's Place (southside) while ensuring availability of resources and opportunities to support young adults transitioning to adulthood. These services should engage and empower young adults to actively plan for adulthood. Owens Place provides a welcoming environment which young adults will find inviting and therefore attend regularly. This work focuses on establishing strong positive relationships with young adults and facilitating their search for information that supports their transition including the critical domains of functioning: working, living, learning, belonging, healing, and safety. The existing St. Charles purchase of service contract is for \$285,000 and this additional funding would bring the total 2024 contract of \$577,445.

**St. Charles Youth & Family Services - \$ 290,000**

BHS leadership is requesting a single-source contract for St. Charles Youth and Family Services to provide youth crisis care coordination services to newly enrolled youth effective May 1, 2024. This program, along with CCS, will fill the gaps of HMO-funded programming scheduled to fully sunset September 30, 2024. A single-source contract is being requested for this agreement due to the tight timeline around sunseting the HMO and ensuring continuation of high-quality Wraparound community mental health services. St. Charles Youth and Family services was chosen given their performance on the most recent Agency Performance Reviews. While this is a pilot program to begin, it is the intention of Wraparound Milwaukee to have an RFP posted in July for services in 2025 with the potential to add one to three agencies through that RFP process. The requested funding will result in a contract in the amount of \$290,000 for the remainder of 2024.

**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
Wisconsin Community Services, Inc. (WCS)	\$279,714.00	\$250,000.00	\$529,714.00	\$529,714.00	\$0.00
Vivent Health Inc.*	\$136,089.00	\$26,798.00	\$0.00	\$162,887.00	\$162,887.00
Christine Shafer dba The SEA Group	\$540,059.00	\$10,160.00	\$540,059.00	\$550,219.00	\$10,160.00
St. Charles Youth & Family Services	\$285,000.00	\$292,445.00	\$426,779.99	\$577,445.00	\$150,665.01
St. Charles Youth & Family Services	\$0.00	\$290,000.00	\$0.00	\$290,000.00	\$290,000.00
<b>Total</b>	\$1,240,862.00	\$869,403.00	\$1,496,552.99	\$2,110,265.00	\$613,712.01

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




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

Cc: Richard Canter, Finance Chairperson

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

**DATE:** March 27, 2024

**TO:** Mary Neubauer, 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 Fee-for-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 (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 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.

**2024 Contract for Adult Services**

**Broadstep of Wisconsin, Inc. (Broadstep SUD Residential-Milwaukee Women's Recovery Center) - \$201,000**

CONTRACT AMENDMENT adding funds to FFS contract effective dates 1/1/2024 to 12/31/2025. Requesting to add \$201,000 to the Broadstep contract to provide residential Substance Use Disorder services to women and family members. The existing FFS contract with this vendor is for \$99,000 and this additional funding would bring the total contract amount to \$300,000.

**Blue Skies Holistic Care (FKA Pinnacle) - \$61,000**

CONTRACT AMENDMENT adding funds to 2024 - 2025 Fee For Service Agreement for Behavioral Health/Social Services. Vendor will provide Comprehensive Community Services to BHS CARS clients. The existing FFS contract with this vendor is for \$99,000 and this additional funding would bring the total contract amount to \$160,000.



**Unique Unity, LLC - \$151,000**

CONTRACT AMENDMENT adding funds to 2024 - 2025 Fee For Service Agreement for Behavioral Health/Social Services. Vendor will provide Residential (AFH) services to BHS CARS clients. The existing FFS contract with this vendor is for \$99,000 and this additional funding would bring the total contract amount to \$250,000.

**2024 Contract for Childrens Services****831 Adult Family Home - \$201,000 (initial contract amount of \$99,000)**

CONTRACT AMENDMENT adding funds to FFS contract effective dates 1/1/2024 to 12/31/2025. This vendor provides Adult Family Home services to youth in Wraparound Milwaukee. In addition to room/board, youth receive treatment, care and services. The existing FFS contract with this vendor is for \$99,000 and this additional funding would bring the total contract amount to \$300,000.

**Jefferson County Human Services - \$300,000 (initial contract amount of \$99,000)**

CONTRACT AMENDMENT adding funds to FFS contract effective dates 1/1/2024 to 12/31/2025. The vendor will operate a Youth Crisis Stabilization Facility \*YCSF) for boys and girls ages 10-17 years old as a diversion from Psychiatric Crisis Services and a step-down resource to help shorten hospital stays. The existing FFS contract with this vendor is for \$99,000 and this additional funding would bring the total contract amount to \$300,000.

**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
Broadstep of Wisconsin, Inc.	\$99,000.00	\$201,000.00	\$0.00	\$300,000.00	\$300,000.00
Blue Skies Holistic Care (FKA Pinnacle)	\$99,000.00	\$61,000.00	\$150,000.00	\$160,000.00	\$10,000.00
Unique Unity, LLC	\$99,000.00	\$151,000.00	\$90,000.00	\$250,000.00	\$160,000.00
831 Adult Family Home	\$99,000.00	\$201,000.00	\$0.00	\$300,000.00	\$300,000.00
Jefferson County Human Services	\$99,000.00	\$201,000.00	\$0.00	\$300,000.00	\$300,000.00
<b>Total</b>	<b>\$495,000.00</b>	<b>\$815,000.00</b>	<b>\$240,000.00</b>	<b>\$1,310,000.00</b>	<b>\$1,070,000.00</b>



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

Cc: Richard Canter, Finance Chairperson

**DATE:** March 14, 2024

**TO:** Mary Neubauer, MSW, CPS , Chairperson, Milwaukee County Mental Health Board

**FROM:** Michael Lappen, BHS Administrator  
*Submitted by John Schneider, MD, FAPA, BHS Chief Medical Officer*

**SUBJECT:** **Report from Behavioral Health Services Administrator, Requesting Approval to Implement one “Employment Agreement” As Established Under BHS Personnel Policy for Specific Classified, Unclassified and Exempt Physician, Psychologist and Advanced Practice Nurse County Employees**

## Issue

Wisconsin Statute 51.41(10) requires approval for any contract related to mental health with a value of at least \$100,000. No such contract or contract amendment shall take effect until approved by the Milwaukee County Mental Health Board.

Per the above Statute, the BHS Administrator is requesting authorization to establish one (1) new Employment Agreement with a position for which we are currently recruiting.

## Discussion

Due to the significant time, effort and expense associated with recruiting and retaining qualified medical staff, Behavioral Health Services, in collaboration with the Compensation Division and Corporation Counsel, has established a personnel policy that allows for employment agreements for specific classified, unclassified and exempt physician, psychologist and advanced practice nurse classifications within Milwaukee County employ. The purpose of these agreements is to stipulate total compensation including fringe benefits, recruitment/retention incentives and to establish a reasonable and fair "minimum resignation notice" requirement, which does not exist under Civil Service rules.

We submit the table below, which lists the personnel transaction that BHS will be requesting the Milwaukee County Chief Human Resources Officer to implement, in connection with Employment Agreement execution.

NEW AGREEMENT - RECRUITMENT									
ITEM ID	HIGH/ LOW ORG	POSITION JOB CODE	NO. POSITIONS	RECOMMENDED		INFORMATIONAL:			EFFECTIVE DATE (on or after)
				PAY RANGE	ANNUAL PAY RATE	Market equitable alignment based on overall job duties/responsibilities, industry competition, competencies and education/experience requirements.			
EA2024-4A	6300/ 6446	21016003	1	P020	Min	\$115,460	X	Immediate Recruitment Need.	04/28/2024
							X	Retention	
					Max	\$167,419	X	Industry shortage / high competition for profession	
					\$135,000 *			Other:	

The individual practitioner(s) entering into this agreement shall maintain current status as a benefit-eligible COUNTY EMPLOYEE, or if newly hired shall be established as a benefit-eligible COUNTY EMPLOYEE, including ERS or WRS enrollment, as applicable, and subject to all applicable Milwaukee County and BHS personnel policies and Civil Service rules, where applicable.

Based on industry shortage and high competition, a recruitment/retention bonus may also be offered in some instances. All bonuses awarded shall be subject to conditions. Amount of bonus for above position(s), if determined to be eligible, **shall not exceed \$10,000 annually.**

\*The recommended and offered salary is equitable to what other BHS employees with similar post-graduate training experience are earning. If practitioner accepts part-time employment, recommended annual pay rate and bonus shall be pro-rated based on the assigned part-time FTE.

In all cases, any funds identified through the Employment Agreement as a retention or other bonus shall not be considered eligible earnings under the Milwaukee County or State Pension Plans. Therefore, a retention or other bonus shall not affect in any manner any pension benefit under the Employee Retirement System (ERS) or Wisconsin Retirement System (WRS), including, but not limited to, earnable compensation, final average salary, service credit, eligibility for a benefit or timing of a benefit. Paid Extra Shifts may be authorized to salaried employees at Administration's discretion when a critical patient care need exists.

### **Recommendation**

It is recommended that the Milwaukee County Mental Health Board approve entering into an "Employment Agreement" (contract) with candidate selected for this vacant position within the recommended total compensation amount.

### **References**

Wis. Stats. [46.19\(4\)](#): the salaries of any superintendent of a mental health institution and the salaries of any visiting physician and necessary additional officers and employees whose duties are related to mental health shall be fixed by the county executive.

Wis. Stats. [51.41\(10\)](#): MENTAL HEALTH CONTRACTS. Any contract related to mental health with a value of at least \$100,000, to which Milwaukee County is a party may take effect only if the Milwaukee County mental health board votes to approve, or does not vote to reject, the contract.

Wis. Stats. [51.42\(6m\)\(i\)](#): Establish salaries and personnel policies of the programs of the county department of community programs subject to approval of the county executive or county administrator and county board of supervisors, except in Milwaukee County, or the Milwaukee County mental health board in Milwaukee County unless the county board of supervisors or the Milwaukee County mental health board elects not to review the salaries and personnel policies.

### **Fiscal Effect**

The recommended compensation contained in this report is supported by currently funded and authorized positions within Behavioral Health Services' 2024 operating budget. There is no tax levy associated with this request.

Respectfully Submitted,



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Michael Lappen, Administrator  
Behavioral Health Services

cc M. Kathleen Eilers, Chairperson, Milwaukee County Mental Health Board Finance Committee  
Shakita LaGrant-McClain, Director, Department of Health and Human Services  
John Schneider, MD, BHS Chief Medical Officer  
Matthew Fortman, DHHS/BHS Fiscal Administrator  
Pam Matthews, DHHS/BHS Sr. Budget Analyst  
Lora Dooley, BHS Director of Medical Staff Services  
Jennifer Miles, BHS Office Manager / Interim MHB Committee Coordinator

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

Date: March 27, 2024

To: Mary Neubauer, 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

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**REQUEST**

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

**Funder:** State of Wisconsin, Department of Health Services

**Funding Type:** Renewal

**BHS Department:** CARS

**Budget Period:** 1/1/2024 – 12/31/2024

**Amount:** \$493,412

**Match Required:** No

With these funds, BHS will be able to fund the Room and Board portion of Residential Treatment Services for individuals with an opioid use disorder, or at risk of an opioid overdose and has Medicaid.

**REPORT**

Existing Residential Treatment providers will all be eligible for this funding through their existing Fee for Service agreements.

**RECOMMENDATION**

It is recommended that the Milwaukee County Mental Health Board authorize the Director, Department of Health and Human Services, to accept the \$493,412 in funding from the State of Wisconsin.

**PREPARED BY:**

Jennifer Alfredson, Senior Grants Analyst

**APPROVED BY:**

*Shakita LaGrant-McClain*

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

cc: Richard Canter, Finance Chairperson

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

Date: April 9, 2024

To: Mary Neubauer, Chairperson – Milwaukee County Mental Health Board

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

Subject: Informational Update from the Director, Department of Health and Human Services, Enrollment Changes for Children's Services with HMO Transition

File Type: Informational Report

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**BACKGROUND**

Children's Community Mental Health Services & Wraparound Milwaukee is currently transitioning to a different funding model to replace the current HMO programming. This communication was sent to Care Coordination agencies to provide an update on processes related to the transition.

**REPORT**

This communication is to serve as an important update regarding information that will impact each of the Care Coordination (CC) agencies currently contracted with BHS Children's Community Mental Health Services & Wraparound Milwaukee. Beginning in May, screenings and assessments will start to occur for current HMO enrolled youth, to discuss alternative programming options for continued mental health support, to include programming within the Children's Mental Health Services System of Care. The schedule is below.

May – St. Charles Youth and Family Services

June – Alternatives in Psychological Consultation

July – La Causa and Jewish Family Services

August – Jewish Family Services (continued) and Wisconsin Community Services

September – Wisconsin Community Services

Leadership from Wraparound Administration will meet with each agency the month prior, to review records, schedule screenings, and talk through the process. Unless the youth and/or family has a specific preference, youth that newly enroll in the HMO for the remainder of April 2024 will be assigned to the CC agency with the latest transition date. During each agency's scheduled month, the Care Coordinator along with an Options Counselor, will meet with the youth and family together, providing support and gathering information to complete the screening and assessment. Options Counselors will review each program with the youth and families and determine eligibility. We expect all Care Coordinators to work closely with Wraparound Administration during this process and assist with what is needed. For

youth and families enrolled in programming that disenrollment is naturally being discussed with a community-based plan being sought, or the youth and family are not interested in additional programming, we would not look to screen them during this process.

We will continue to update and share information as necessary to ensure a seamless transition with this process, as we learn and understand the impact on youth and their families.

**PREPARED BY:**

Brian McBride, Director, Children's Community Mental Health Services & Wraparound  
Milwaukee

**APPROVED BY:**

*Shakita LaGrant-McClain*

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

cc: Richard Canter, Finance Chairperson

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

Date: April 22, 2024

To: Mary Neubauer, Board Chair, Milwaukee County Mental Health Board

From: Joe Lamers, Director, Office of Strategy, Budget and Performance

Subject: 2025 Operating Budget Planning

File Type: Informational Report

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## **OVERVIEW**

This report provides a preliminary overview of 2025 operating budget process. Included are an overview of the budget timeline, a projection of the 2025 operating budget and a summary of key issues that are being monitored as a part of budget preparation.

## **BUDGET PROCESS / TIMELINE**

### **January to April – Budget Preparation Phase**

- Comptroller completes Five-Year Financial Forecast
- SBP evaluates forecasted expenditure and revenue changes
- County Executive prepares budget strategy and levy targets in line with County strategic plan
- SBP prepares technical budget instructions and budget system for department users

### **April to July 15 – Requested Budget Phase**

- Departments request expenditures, revenue, and positions that they find appropriate for 2025
- Departments complete Racial Equity Budget Tool
- Departments submit final requested budget which complies with the assigned levy target

### **July 15 to October 1 – County Executive Phase**

- SBP and County Executive analyze department requests
- County Executive hosts listening sessions, budget town halls
- County Executive determines what items are included or not included in Recommended Budget
- SBP and County Executive provide narrative explanation of the budget and submit completed document to County Board by October 1.



#### October 1 to Mid-November – Finance Committee / County Board Phase

- Finance Committee holds budget hearings to review recommended budget
- Finance Committee reviews and approves budget amendments
- Finance Committee and County Board hold listening sessions and public hearings
- County Board votes on amendments and vetoes (if necessary) and adopts the final 2025 Budget

#### Jan 1, 2025 – Start of Fiscal Year

- 2025 Budget goes into effect

### **2025 BUDGET PROJECTIONS**

In July 2024, Milwaukee County opted to enact a new 0.4% sales tax to cover costs related to the unfunded liability of the County's pension system. While this additional revenue helps improve the County's fiscal outlook, the County still operates with a structural deficit where expenditures increase at a higher rate than revenues. Due to this structural deficit, the Five-Year Financial Forecast prepared by the Office of the Comptroller has projected (in File 24-369) a 2025 Budget deficit of \$11.5 million and a five-year cumulative structural deficit of \$68.9 million by 2029.

SBP has made preliminary assumptions on expenditures and revenues in the 2025 budget that would change the annual projection from an \$11.5 million deficit to a \$1.5 million surplus. These assumptions include the removal of cost items that were designated as one-time expenditures in the 2024 Adopted Budget, as well as an increase in the sales tax projection related State Assembly Bill 438/439. While these assumptions provide a potential path to a balanced budget, there is limited new funding anticipated to be available within the budget. Based on this financial outlook, the County Executive will issue flat tax levy targets to each department. Departments must absorb inflationary and cost-to-continue expenditure increases within their 2025 budget requests.

2025 Fiscal Forecast: Deficit/(Surplus) \$ in Millions			
Expenditure Type	Comptroller Forecast	SBP 2025 Budget Assumptions	Net Total
Levy-funded Capital	\$ (26.4)		\$ (26.4)
Other Uses (Wauwatosa Fire Charge)	\$ (4.0)		\$ (4.0)
Cost to Continue	\$ 0.2		\$ 0.2
Transit	\$ 2.1		\$ 2.1
Debt Service	\$ 5.0		\$ 5.0
Pension	\$ 10.4		\$ 10.4
Salaries & Overtime	\$ 11.5		\$ 11.5
Health & Other Benefits	\$ 12.1		\$ 12.1
One Time Operating Expenses		\$ (10.5)	\$ (10.5)
<b>Expenditure Change</b>	<b>\$ 10.9</b>	<b>\$ (10.5)</b>	<b>\$ 0.4</b>
Revenue Type			
One-time Revenue	\$ 11.8		\$ 11.8
State & Federal Revenues	\$ 3.4		\$ 3.4
Investment Earnings	\$ 1.6		\$ 1.6
Odd Year Unclaimed Funds	\$ (1.2)		\$ (1.2)
Property Taxes	\$ (1.5)		\$ (1.5)
Transit Revenue	\$ (2.0)		\$ (2.0)
Sales Tax	\$ (2.4)	\$ (2.5)	\$ (4.9)
Miscellaneous Revenue	\$ (8.9)		\$ (8.9)
<b>Revenue Change</b>	<b>\$ 0.7</b>	<b>\$ (2.5)</b>	<b>\$ (1.8)</b>
<b>Projected 2025 Operating Gap/(Surplus)</b>	<b>\$ 11.5</b>	<b>\$ (13.0)</b>	<b>\$ (1.5)</b>

## **KEY ISSUES IN THE 2025 BUDGET**

**Levy-Funded Capital:** The 2024 budget included \$26.4 million in tax levy funded capital project spending (as opposed to bond funding). The five-year forecast projects these expenditures as “one-time” and does include any tax levy funding for capital projections. This assumption may be revisited during the budget process based on the recommendations of the Capital Improvement Committee

**Wauwatosa Fire Charge:** Milwaukee County previously had a liability for fire protection charges at the County grounds in Wauwatosa. The 2024 budget included additional funding to retire the liability and a reduction in costs of \$4 million is projected in 2025.

**Transit:** The 2024 budget included a significant ongoing levy increase toward transit to avoid service reductions. A combination of this tax levy increase and federal funding

means that no major changes are expected in the 2025 transit budget. However, when federal funding expires in 2027 a significant gap in the transit budget is expected.

**Pension:** Employees who join the county after December 31, 2024 will become members of the Wisconsin Retirement System (WRS) instead of the Milwaukee County Employees Retirement System (ERS). Additionally, there are cost increases projected to the ERS normal cost and unfunded liability payments based on the calculations of the pension fund's actuary. Pension Obligation Bond (POB) payments will increase by \$10.6 million in 2025 as part of the debt service schedule from the Office of the Comptroller. Per 2023 Act 12, the 0.4% sales tax can be used to cover cost increases for POBs, ERS unfunded liability, and ERS normal costs. Costs related to WRS contributions are not eligible for the 0.4% sales tax and are funded by tax levy.

**Compensation:** The 2025 budget projection assumes a 2% general increase and some general compensation funding based on the ongoing Compensation Transformation Projection. Additionally, SBP and the Office of the Comptroller are monitoring the countywide vacancy rate. In January 2023, the County had 3200 filled positions. In April 2024, that number has increased to 3500. While many of the new hires are Corrections Officers (who have seen significant recent pay increases), most departments have seen improvements in the ability to recruit and retain employees. This trend positively impacts the ability of departments to provide services. However, when the number of filled positions increases, there are increases in salaries, social security, overtime, health care, and other costs that based on the number of active employees. Departments will need to closely evaluate personnel spending within their 2025 Budget requests.

**Health Benefits:** Costs are projected to increase \$12.1 for health and other benefits due both to increasing utilization (due to additional FTEs participating in the health plan) and inflationary increases such as a 10% increase in pharmacy costs.

**One-Time Operating Expenses:** Like the levy-funded capital, the 2024 budget included approximately \$10.5 million of one-time expenditure items that are not expected to be included in the 2025 budget. This includes a one-time tax levy allocation for affordable housing, one-time investments in parks amenities and minor capital, and other one-time investments across multiple departments. These one-time investments were strategically included in the 2024 budget with the understanding that the County would continue to face structural deficit challenges in 2025 and future years. These one-time cost items are being removed from tax levy targets being issued to departments.

**One-Time Operating Revenue:** The 2024 Budget included \$11.8 million in one-time revenues from the debt service reserve. At this point, the 2025 Budget projections do not include a withdrawal from the reserve which is a revenue decrease of \$11.8 million.

**Sales Tax:** The Comptroller's Five-Year Forecast included \$2.4 million of projected sales tax growth in 2024. In addition, SBP is currently assuming that \$2.5 million of the 0.4% sales tax will be utilized to pay for Employees Retirement System (ERS) normal costs, which would provide an offset to the structural deficit in 2025. The 0.4% sales tax

must be used to pay for the unfunded liability within ERS. After the required annual payment to the unfunded liability is made, any remaining funds from the 0.4% sales tax must be used for additional payments to the unfunded liability, payments to the Pension Obligation Bond, or payments to ERS normal costs. The amount directed to each category is to be determined in the annual budget process.

### **ALIGNMENT TO STRATEGIC PLAN**

3B: Enhance the County's fiscal health and sustainability

### **FISCAL EFFECT**

The report is informational only and there is no fiscal impact.

### **PREPARED BY:**

Daniel Laurila, Operating Budget Director, SBP

### **APPROVED BY:**

Joe Lamers, Director, SBP