

Chairperson: Ken Ginlack

Research Analyst: Kate Flynn Post, (414) 257-7473

Committee Coordinator: Jessica Iggen, (414) 257-7606

MILWAUKEE COUNTY MENTAL HEALTH BOARD GOVERNANCE COMMITTEE MEETING

Wednesday, November 13, 2024 – 1:30 P.M.
Microsoft Teams

MINUTES

PRESENT: *Kathy Bottoni, Rachel Forman, Ken Ginlack, Mary Neubauer, Richard Canter*

SCHEDULED ITEMS:

NOTE: All Informational Items are Informational Only Unless Otherwise Directed by the Board.

- | | |
|----|---|
| 1. | <p>Welcome.</p> <p>Chairman Ginlack welcomed everyone to the November 13, 2024 Governance Committee Meeting.</p> |
| 2. | <p>Approval of the Minutes from the September 11, 2024 Governance Committee Meeting.</p> <p>No edits or recommendations.</p> <p>Minutes approved.</p> |
| 3. | <p>Virtual Appearances Update.</p> <p>Chairman Ginlack reviewed the report that was presented at the September 11, 2024 Governance Committee Meeting. Questions and discussion ensued. Quemesha Madison, Administrative Manager Behavioral Health Services, clarified questions about the report and indicated the full board would have to approve virtual appearances for the administration team to move forward with procuring the appropriate technology.</p> <p>The committee agreed to recommend approval of virtual appearances for the full board to take action at the December 12, 2024 Milwaukee County Mental Health Board meeting.</p> |
| 4. | <p>Board Retreat Planning.</p> <p>Kate Flynn Post, Research Analyst, presented a memo and draft agenda for the Board Retreat. Board member Canter made comments regarding the Act 203 Review presentation. Committee member Forman and Committee member Bottoni made comments regarding the draft agenda. Mary Neubauer, Chairwoman of Milwaukee County Mental Health Board addressed the comments made about the agenda. The committee discussed how to move forward with this item and agenda topics on the draft agenda. Chairman Ginlack addressed concerns by committee and board members.</p> |

SCHEDULED ITEMS (CONTINUED):

	<p>The committee agreed to recommend this item as a draft for the full board to take action at the December 12, 2024 Milwaukee County Mental Health Board Meeting.</p>
5.	<p>Mental Health Board Policy on External Board Appointments.</p> <p>Kate Flynn Post, Research Analyst, presented a memo and corresponding Policy for this committee's review. Questions and discussion ensued. Administrator Lappen made comments to the board. Chairman Ginlack informed the committee that any suggested edits should be emailed to him directly. If he does not receive any suggestions he will bring this item back to committee at the January 8, 2025 meeting for approval as is.</p> <p>This item was informational.</p>
6.	<p>Public Comment Meetings Restructuring.</p> <p>Committee member Bottini spoke about her suggestions for future public comment meetings. Discussion and questions ensued. Chairman Ginlack requested that committee member Bottoni provide the committee with a written document that outlines her verbal comments. This item will be brought back in front of this committee at a future meeting.</p> <p>This item was informational.</p>
7.	<p>Community Support Programs (CSP) Funding Letter.</p> <p>Michael Lappen, Administrator Behavioral Health Services, provided an overview of the CSP Funding Letter. If approved, this letter as well as the corresponding Milwaukee County Board of Supervisors resolution will be sent to the governor.</p> <p>This committee agreed to recommend approval of this item for the full board to take action at the December 12, 2024 Milwaukee County mental Health Board Meeting.</p>
8.	<p>2025 Governance Committee Meeting Schedule.</p> <p>Jessica Iggens, Committee Coordinator, shared the 2025 meeting schedule for the Governance Committee which is attached to the packet. No questions or comments.</p> <p>This item was informational.</p>
9.	<p>Adjournment.</p> <p>Chairman Ginlack adjourned the meeting at 2:42pm.</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, are available on Milwaukee County's Legislative Information Center website, which can be accessed by clicking the link below.

Length of meeting: 1:31 p.m. to 2:42 p.m.

Adjourned,

Jessica Iggens

Jessica Iggens

Committee Coordinator

Milwaukee County Mental Health Board

**The next meeting for the Milwaukee County Mental Health Board Governance Committee is
Wednesday, January 8, 2025 at 1:30 P.M.**

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

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

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
Mental Health Board
Inter-Office Communication

DATE: October 30, 2024

TO: Kenneth Ginlack – Governance Chairperson

FROM: Kate Flynn Post – Research Analyst

SUBJECT: Board Policy Review: External Board Appointments

Background

The Mental Health Board approved a new policy to govern External Board Appointments at its December 9, 2021 meeting. The policy sets forth participation guidelines for Mental Health Board-sanctioned representatives to external board such as the Granite Hills Governing Board and the Mental Health Emergency Center (MHEC) Joint Venture Board. The Mental Health Board currently has two representatives serving on the Granite Hills board and four representatives serving on the MHEC board.

The Governance Committee had developed the policy with support from the Office of Corporation Counsel and the Board’s Research Analyst and discussed it at its November 19, 2021 meeting. The Committee appreciated the “tone of partnership and dialogue” within the policy.

Board policies are scheduled for regular review within Behavioral Health Services tracking system. This policy has a listed review date of November 8, 2024.

Discussion

The Governance Committee will review the status and performance of this policy in meeting its intended purposes. If any changes are needed, recommendations should be made to the full board. See attached policy.

Cc: Mental Health Board Members
Shakita LaGrant-McClain, DHHS Executive Director
Michael Lappen, BHS Administrator
Quemesha Madison, Administrative Manager/Board Liaison
Jessica Iggen, Committee Coordinator



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

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

DATE: January 7, 2025

TO: Ken Ginlack, Mental Health Board Governance Committee Chair

FROM: Katherine Bottoni, Milwaukee County Mental Health Board Member

SUBJECT: Public Meeting Restructuring

Background

We have been discussing the current status of the public comment meetings we have been hosting in the last year. The consensus is that in its current format, both the public and board members are dissatisfied. While we recognize this is not a forum for dialogue with the community, we must in some way, acknowledge their concerns and indicate that those concerns will be noted and addressed. A restructuring is being considered to improve the meetings to benefit all parties involved.

Recommendation

The purpose of the public hearing forum is to give the public the opportunity to address the board. In doing so, we gather information about various services in our community. Further, we collect information on discrepancies and areas where improvement is needed.

The current format prohibits us from entering in dialog with the public. Our silence is viewed in a questioning manner by the public. As board members, our goal is to guide and improve the implementation of services to the mental health community in Milwaukee County. Communicating to the public needs to be done at the outset of every meeting.

Proposal for Future Public Comment Meetings

1. Introduction of Board Chair
2. Introduction of Members who are present
3. Purpose of the Forum
4. Assurance as to what will be done with collected information
5. Request from the public for time limited presentation
6. Following each public member's presentation, the meeting facilitator will acknowledge the comment and note that it may be addressed at future meetings.

At the end of all public comments -

1. Statement of current/new resources available
2. Web site contacts and services available

This is a skeleton framework, but one which will provide an outline for further discussion.

Thank you for your service to our community,

Kathy Bottoni

cc: Mental Health Board Members

Shakita LaGrant-McClain, DHHS Executive Director

Michael Lappen, BHS Administrator

Quemesha Madison, Administrative Manager/Board Liaison

Jessica Iggen, Committee Coordinator

**COUNTY OF MILWAUKEE
Mental Health Board
Inter-Office Communication**

DATE: December 18, 2024

TO: Kenneth Ginlack – Governance Chairperson

FROM: Kate Flynn Post – Research Analyst

SUBJECT: BHS Administrator Performance Evaluation

Background

Following discussion and vetting of Board Survey Action Items by its Governance Committee, the Milwaukee County Mental Health Board voted on October 24, 2024 to unanimously approve the following:

- The Mental Health Board will participate in the performance evaluation of the BHS Administrator.

Discussion

The Milwaukee County Mental Health Board holds the authority to remove the BHS Administrator as provided for by state statute. To date, the Mental Health Board has not participated in a formal review process of the BHS Administrator role. The board discussed this idea in 2018 following legislative changes but did not create a formal review process.

At the time of the formation of the Mental Health Board in 2014, state statute provided the sole responsibility for removal of the Administrator to the Mental Health Board. The board could remove the Administrator in two ways:

- Eight members of the Mental Health Board vote for removal
- The Milwaukee County Executive could recommend removal of the Administrator, which would allow the Mental Health Board to remove the Administrator by a vote of six members.

Provisions in the statutes were amended in 2018 to provide that the Administrator may be removed by any of these entities (which could allow for removal without consulting the Mental Health Board):

Mental Health Board
-or-
Director of the Milwaukee County Department of Health and Human Services
-or-
Milwaukee County Executive

This item was discussed at the February 22, 2018 Mental Health Board Meeting in which it was noted that:

- The board works closely with the Administrator and should therefore have a role in any review steps leading up to dismissal.
- The Acting DHHS Director and the Mental Health Board discussed a partnership approach in which consultation should be made prior to any dismissal action.

At present time, the DHHS Executive Director conducts an annual performance review of the Administrator position. The DHHS 2025 annual review process takes place in Q1 (attachment). There is no formal process or template to solicit external feedback as a matter of practice. Employees are often asked to share two references with their manager (per BHS Human Resource Business Partner).

Key Considerations/Next Steps

1. Governance Committee will consider proper level of evaluation for the MHB to undertake as governing body.
2. Determine the appropriate evaluation framework based upon statutory objectives reconciled with current BHS reporting practices. (For example, do current reporting practices provide the right kind of data and analysis for the board to make an accurate assessment? Should the administrator provide additional information or a self-evaluation report?)
3. Examine the potential to participate in the existing evaluation process in collaboration with the Executive Director of DHHS. For example, the board might provide commentary to an existing review format – see attachment.

References/Sources

Board Survey Action Items Memo
 Governance Committee Meeting Minutes
 Mental Health Board Meeting Minutes
 Wisconsin Legislative Reference Bureau
 Wis. Stat. § [51.41 \(9\) \(c\) 2013 Wis. Act 203](#),
 § [35. 2017 Wis. Act 205](#), § [1k](#)

DHHS Job Evaluation Questionnaire
 DHHS 2025 Annual Review Process
 Timeline
 DHHS Employee Performance Evaluation
 Form

Prepared by

Kate Flynn Post, MPA -- Research Analyst

cc: Mental Health Board Members
 Shakita LaGrant-McClain, DHHS Executive
 Director
 Michael Lappen, BHS Administrator

Karen Tidwall, Deputy Corporation Counsel
 Quemasha Madison, Administrative
 Manager/Board Liaison
 Jessica Iggen, Committee Coordinator



MILWAUKEE COUNTY
JOB EVALUATION QUESTIONNAIRE

This form is designed to assist you in describing your departmental job. You are asked to fill this form out to outline the essential duties and responsibilities; and identify the knowledge, skills and abilities required to successfully perform the job. This form is used to request new job classifications, review current classifications, reclassification, reallocations, and general updates to the job description. **Note:** It is the job that is being evaluated, not the position/incumbent. Thank you for your cooperation.

GENERAL INSTRUCTIONS:

- 1 Before beginning, please look over the entire questionnaire. Each question should be answered completely and accurately. If a question does not apply to this job, please indicate "N/A" (Not Applicable).
- 2 To complete the questionnaire, please type and/or select your responses.
- 3 If you wish to make additional comments, please use the space available in the "Additional Comments" section on page 6 of this questionnaire.

A. JOB IDENTIFICATION INFORMATION:

Department (High Org):	6300	Division (Low Org):	6312		
Contact for this Study	Name: Shakita LaGrant	Email: Shakita.lagrانت@milwaukeecountywi.gov			
	Title: Director DHHS	Phone: 289-6311			
Current Job Title:	Behavioral Health Division Administrator				
Job Reports To:	Title: Shakita LaGrant				
Request Type:	<input type="checkbox"/> Establish New <input checked="" type="checkbox"/> Review <input type="checkbox"/> Reclassification <input type="checkbox"/> Reallocation <input type="checkbox"/> Update Description <input type="checkbox"/> Other, Specify				

B. JUSTIFICATION STATEMENT:

1. Attach an organizational chart.
2. Explain the events or changes that made this request necessary.
Job Evaluation and Analysis project. Effective June 2022, BHD will no longer operate a psychiatric facility and the scope of work for the Administrator will change.

C. ABOUT THE JOB:

Job Status:	<input checked="" type="checkbox"/> Regular Full-Time	<input type="checkbox"/> Regular Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Contract
Shift:	<input checked="" type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night	<input type="checkbox"/> Other:
Hours Per Week:	<input checked="" type="checkbox"/> >40 Hours	<input type="checkbox"/> 32-40 Hours	<input type="checkbox"/> 20-32 Hours	<input type="checkbox"/> <20 Hours
Travel:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, % Travel 5%			
Will This Job Supervise/Manage?	<input type="checkbox"/> Supervise <input checked="" type="checkbox"/> Manage <input type="checkbox"/> N/A # of Direct Reports: 5			

D. JOB SUMMARY:

Briefly state, in several sentences, the principle purpose or function of the job. Respond by describing What the job is, What is its major objective, and Why does it exist.
Manages the behavioral health Community Access to Recovery Services (CARS) division, including all community based AODA & MH services.

E. ESSENTIAL DUTIES/RESPONSIBILITIES:

JOB RESPONSIBILITY LIST: Please describe the major elements of the job. List only the major functions, separately, in order of importance. Provide a one or two line description for each duty so that it can be understood by someone not familiar with this kind of work. Weight the approximate percentage of allocated work time for each functional work activity (Round to the nearest 5%). We do not need to know HOW the function is to be performed, but rather, WHAT it is to be performed. **Percentages should add up to 100%**

1.	Original <input checked="" type="checkbox"/> New	Job Duty: Planning	% of Time: 20
	<i>Descriptive:</i> Direct & coordinate the planning, organization, and development of a comprehensive & responsive system of crisis, and community behavioral health services. Leads Strategic Plan activities of BHD community bases services to promote partnerships that align with the Department's Mission & Vision		
2.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Leadership	% of Time: 19
	<i>Descriptive:</i> Lead staff using vision, goals, objectives, performance measures, personal accountability for all BHD community-based services, while continuously considering operational improvements. Mentor the leadership staff to assure coordination, consistency, and collaboration in service delivery.		
3.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Oversight	% of Time: 8
	<i>Descriptive:</i> Develop a continuum of care which supports clients who may be served in the community by development of business intelligence tool and analytics to apply evidence-based practices ultimately monitoring the effectiveness of services.		
4.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Community Support	% of Time: 18
	<i>Descriptive:</i> Act as liaison and maintain positive relations with other department units, community and state groups, and agencies.		
5.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Compliance	% of Time: 12
	<i>Descriptive:</i> Ensure awareness of and assure compliance with federal, state, and county laws and regulations, local requirements and policy, and any other regulations or requirements impacting the funding and service delivery within assigned programs.		
6.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Collaboration	% of Time: 12
	<i>Descriptive:</i> Maintain contracted provider relationships to; continually improve BHD's service delivery, monitoring accountability and cost effectiveness performance.		
7.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Financial Monitoring	% of Time: 8
	<i>Descriptive:</i> Monitor BHD budget, financial performance and maintain fiscal integrity.		
8.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Funding Maintenance	% of Time: 3
	<i>Descriptive:</i> Continuously pursue new funding initiatives and grant applications in line with the division's strategic goals and objectives.		
9.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		
10.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		

F. EQUIPMENT, TOOLS & MATERIALS

Please list all equipment, tools or materials	Frequency	Type of Equipment
---	-----------	-------------------

required to perform the job along with the frequency.	Daily	Weekly	Monthly	
1. Machinery: (i.e. Vehicles, Motorized Equipment, Heavy Machinery, etc)		3X/wk		Vehicle
2. Hand Tools/Instruments: (i.e. Power Tools, PC's, office or laboratory equipment, weapons, etc.)	x			PC & office Equipment
3. Driving required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

G. JOB COMPETENCIES

Internal Contacts: Please select all that apply.	
<input checked="" type="checkbox"/>	Contact with employees or others primarily at a routine level involving basic information exchange.
<input checked="" type="checkbox"/>	Contact with peers and others involving explanation of information (these contacts may be within or outside department or division), and the gathering of factual information. May include the communication of sensitive or confidential information.
<input checked="" type="checkbox"/>	Contact across departments or divisions with employees involving persuasion of others, absent formal authority, to conform to a policy interpretation or recommended course of action.
<input checked="" type="checkbox"/>	Contact that requires a high degree of authority in securing understanding and cooperation of multiple departments or interests.

External Contacts: Please select all that apply.	
<input type="checkbox"/>	No contact with people outside the organization.
<input type="checkbox"/>	Limited external contact to: gather information, answer queries, or ask assistance.
<input checked="" type="checkbox"/>	Frequent external contact to: gather information, answer queries, or ask assistance.
<input checked="" type="checkbox"/>	External contact involving a requirement to maintain a continuing external working relationship with individuals, or organizations.
<input checked="" type="checkbox"/>	External contact involving the initiation and maintenance of relationships that can have a significant effect on the success of the organization.

Communication Skills: Select the level of language (ability to read, write and speak needed to successfully accomplish the essential duties of the job.) Please select all that apply.	
<input checked="" type="checkbox"/>	Read, write and comprehend simple instructions, short correspondence and memos.
<input checked="" type="checkbox"/>	Read and interpret safety rules, operating/maintenance instructions and procedure manuals.
<input checked="" type="checkbox"/>	Write routine reports, correspondence, and speak effectively before both internal and external groups.
<input checked="" type="checkbox"/>	Read, analyze, and interpret business manuals, technical procedures and/or government regulations.
<input checked="" type="checkbox"/>	Read, analyze, and interpret scientific and technical journals, financial reports and legal documents.
<input checked="" type="checkbox"/>	Prepare and/or present written communications that pertain to controversial and complex topics.

Decision-Making: Please select <u>only one</u> of the following:	
<input type="checkbox"/>	Requires minimal decision-making responsibility.
<input type="checkbox"/>	Regularly makes decisions involving how a project or operation will be conducted (i.e. sequence or method), and generally from an available set of alternatives or precedents.
<input type="checkbox"/>	Regularly makes decisions of responsibility, involving evaluation of information. Decisions may require development or application of alternatives or precedents.
<input type="checkbox"/>	Regularly makes significant decisions and final results, typically affecting the entire department. Available guides or precedents are limited. Has authority over the allocation of resources.
<input type="checkbox"/>	Significant responsibility for decisions and final results, affecting more than one department or a department with multiple units. Substantial analysis is required and many factors must be weighed before a decision can be reached.
<input type="checkbox"/>	Major responsibility for decisions and final recommendation, which may result in the formulation of strategic plans of action to achieve the broad objectives for the organization.
<input checked="" type="checkbox"/>	Primary work responsibility involves the long-range future including the scope, direction and goals of the organization.

Complexity, Judgment and Problem Solving: Please select all that apply.	
<input type="checkbox"/>	Work of a relatively routine nature. Requires the ability to understand and follow instructions.
<input type="checkbox"/>	Structured work, following a limited variety of standard practices.

<input type="checkbox"/>	Generally structured work, but involving a choice of action within limits of standard policy and procedures.
<input type="checkbox"/>	Generally diversified and moderately difficult work. Requires judgment in the adaptation and interpretation of established practices and procedures to meet problems and situations to which the application is not clearly defined.
<input checked="" type="checkbox"/>	Typically difficult or complex work. Generally governed by broad instructions and objectives usually involving frequently changing conditions and problems.
<input checked="" type="checkbox"/>	Work requires the ability to plan and perform work in light of new or constantly changing problems, work from broad instruction, and deal with complex factors not easily evaluated. Decisions require considerable judgment, initiative, and ingenuity in areas there is little precedent.
<input checked="" type="checkbox"/>	Work requires the ability to act independently in the formulation and administration of policies and programs for major departments or functions.

Supervisory/Managerial: If applicable, select the appropriate level of responsibility.

<input type="checkbox"/>	Level 1 General instructing, scheduling, and reviewing the work of others performing the same or directly related work. Acts as "lead worker". Functional supervision only.
<input type="checkbox"/>	Level 2 Recommends personnel actions (hiring, termination, pay changes). Involves scheduling, supervision, and evaluation of work of employees who perform similar work assignments.
<input type="checkbox"/>	Level 3 Scheduling, supervision, and evaluation of work as a "manager" of the first line supervisors; or perform supervision of workers who perform distinct and separate blocks of work.
<input type="checkbox"/>	Level 4 Scheduling, supervision, and evaluation of work as a superior of "managers". Administers through subordinate managers, departmental multi-function programs or operations.
<input checked="" type="checkbox"/>	Level 5 Scheduling, supervision, and evaluation of work as a superior of those in level 4.

List the names of the Department(s)/Division(s) supervised/managed by this job:

<ul style="list-style-type: none"> Community Access to Recovery Services which includes Wraparound Milwaukee Community Based services

Are there subordinate supervisors/managers reporting to this job?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? 4
---	---	----------------------------

Fiscal Responsibility:

Responsible for annual operating budget for department(s)/division(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide total amount? \$233m
--	---	--

- Go To Next Page -

What are the physical, mental and environment demands for this job? Functions identified must coincide with the description of essential duties and responsibilities for this job. The functions should focus on what is to be done and the processes traditionally used to achieve end results. For each of the following functional requirements, indicate the frequency in which it occurs in this job.

<u>PHYSICAL DEMANDS</u>		N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
Standing		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking/Running		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reaching		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending/Kneeling		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Talking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Visual		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Typing		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Dexterity		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Dexterity		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Extremity Repetitive Motion		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/Carrying	lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling	lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>NON-PHYSICAL DEMANDS</u>		N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
Analysis/Reasoning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Communication/Interpretation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Math/Mental Computation		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sustained Mental Activity (i.e. auditing, problem solving, grant writing, composing reports)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Writing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>ENVIRONMENTAL DEMANDS</u>		N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
Work Alone		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Task Changes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tedious/Exacting Work		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Volume Public Contact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Extremes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud Noises		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Danger		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic Substances (i.e. solvents, pesticides, etc.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK SCHEDULE: Please select all that apply.						
<input checked="" type="checkbox"/>	Routine shift hours. Infrequent overtime, weekend, or shift rotation.					
<input type="checkbox"/>	Considerable irregularity of hours due to frequent overtime, weekend or shift rotation.					
<input checked="" type="checkbox"/>	Regular and/or frequent on-call availability.					
<input checked="" type="checkbox"/>	Nature of work frequently requires irregular, unpredictable or particularly long hours. (I.e. covering double shifts, etc.)					

DEMANDS/DEADLINES: Please select all that apply.	
<input type="checkbox"/>	Little or no stress created by work, employees, or public.
<input checked="" type="checkbox"/>	Occasional stress due to deadlines or workload because of intermittent or cyclical work pressures, or occasional exposure to distressed individuals within the immediate work environment.
<input checked="" type="checkbox"/>	High volume and variable work demands and deadlines impose strain on routine basis or considerable stress intermittently; OR regular direct contacts with distressed individuals within the immediate work environment; and/or exposure to demands and pressures from persons other than immediate supervisor.
<input checked="" type="checkbox"/>	Work requires frequent, substantive contacts with people in highly stressful situations; delicacy and unpredictability of contacts routinely creates considerable strain or heavy stress regularly.

I. EDUCATION, EXPERIENCE AND LICENSE

EDUCATION	
Please indicate the MINIMUM educational level required:	
<input type="checkbox"/> HS Diploma/GED	
<input type="checkbox"/> Associate's Degree	Area of specialization/major:
<input type="checkbox"/> Bachelor's Degree	Area of specialization/major:
<input checked="" type="checkbox"/> Graduate Degree	Area of specialization/major: Bus Admin, Social, Psychology
<input type="checkbox"/> Post Graduate Degree (PhD)	Area of specialization/major:
<input type="checkbox"/> Professional Degree (Law, Medicine, etc.)	Area of specialization/major:
<input type="checkbox"/> Other:	Please indicate:

WORK EXPERIENCE	
Please indicate the MINIMUM number of years of practical experience required.	
<input type="checkbox"/> No experience	
<input type="checkbox"/> Less than one year	Area(s) of experience:
<input type="checkbox"/> One to three years	Area(s) of experience:
<input type="checkbox"/> Three to five years	Area(s) of experience:
<input checked="" type="checkbox"/> Five or more years	Area(s) of experience: Health Care

SUPERVISORY/MANAGEMENT EXPERIENCE	
Please indicate the MINIMUM number of years of supervisory/management experience required.	
<input type="checkbox"/> No experience	
<input type="checkbox"/> Less than one year	Area(s) of experience:
<input type="checkbox"/> One to three years	Area(s) of experience:
<input type="checkbox"/> Three to five years	Area(s) of experience:
<input checked="" type="checkbox"/> Five or more years	Area(s) of experience: Hospital/Inpatient

LICENSE/CERTIFICATION:
What license(s), certification/certificate(s), registration(s), or other regulatory requirements/training:

J. ADDITIONAL COMMENTS

Please list additional items not covered in this questionnaire that you feel would be helpful in understanding the job.
<ul style="list-style-type: none"> Executive leader of a department with 200 employees

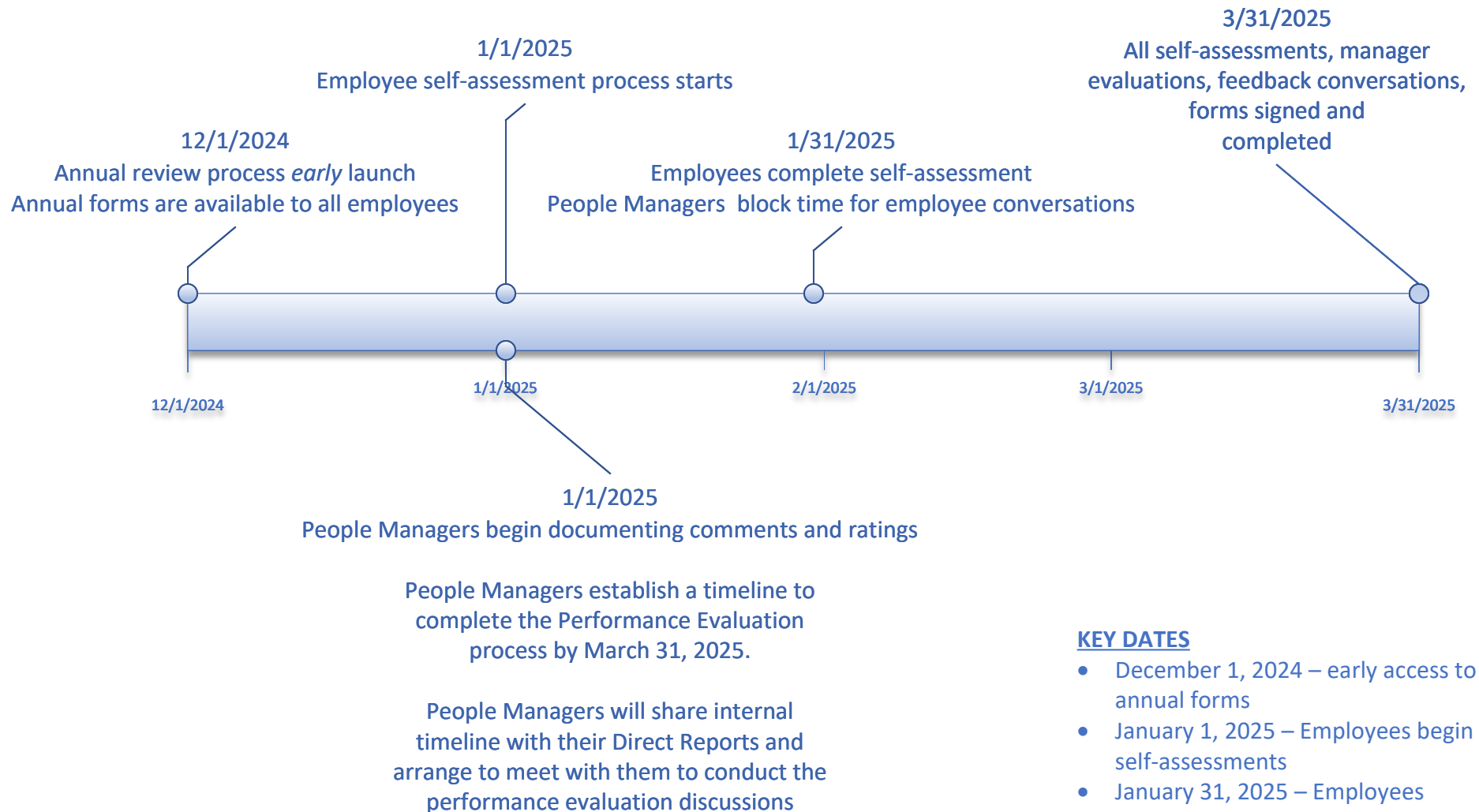
K. SIGNATURES:

SUPERVISOR'S/MANAGER'S CONFIRMATION:	
I have completed and/or reviewed the contents of this job evaluation questionnaire and consent to its accuracy.	
Supervisor/Manager Signature:	Date:
Department/Division Head Signature:	Date:

Email the completed form to: HRCompensation@milwcnty.com. Please ensure the subject line includes the request type and Department (High Org.) number. (I.e. 2013 STUDY 1140)

Received by Human Resources - Compensation Department	Initials:	Date:
Analyzed by Human Resources - Compensation Department	Initials:	Date:

2025 ANNUAL REVIEW PROCESS TIMELINE



Note: All employee reviews are due by March 31, 2025



Employee Performance Evaluation

For backup use only. Use in consultation with your HRBP

Employee Name:				Manager Name:			
Employee Clock #:				Manager Clock #:			
Job Title:				Department:			
Review Period:		to		Date Signed:	Final Performance Rating:		

All employees have a written review of their performance on an annual basis. Employees are evaluated on job competencies and goal achievement. The content of this form is reviewed by the leader with the employee in person.

Performance Evaluation resources for staff and leaders are available on CountyConnect. Please go to Human Resources → Performance Management → (scroll down to) Performance Management Forms. Please consult the FAQ for detailed information and guidance.

Rating Scale Definitions

Exceptional Performance: 5	Performance levels and accomplishments far exceed normal expectations. This category is reserved for the employee who truly stands out and clearly and consistently demonstrates quality and quantity of work that is easily recognized as truly exceptional by others.	<div>1 – Unsatisfactory Performance</div> <div>2 Needs Improvement</div> <div>3 – Meets Expectations</div> <div>4 – Exceeds Expectations</div> <div>5 – Exceptional Performance</div>
Exceeds Expectations: 4	Performance frequently exceeds job requirements. Accomplishments are regularly above expected levels. Performance is sustained and uniformly high with thorough and on-time results.	
Meets Expectations: 3	Performance clearly and fully meets all the requirements of the position in terms of quality and quantity of work. It is described as good, solid performance. The overall level of performance meets all position requirements	
Needs Improvement: 2	Performance is noticeably less than expected. The employee generally meets most job requirements, but struggles to fully meet them all. The need for further development and improvement is clearly recognized.	
Unsatisfactory Performance: 1	Performance must improve substantially within a reasonable period of time if the individual is to remain in this position. The employee is not meeting the job requirements.	

Competencies

- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Communicates Effectively – <i>Communicates effectively and professionally with staff and customers. Uses tact and interpersonal skills to develop rapport.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Employee Performance Evaluation



	1	2	3	4	5
<p>2. Accountability/Initiative/Drives Results – Holds self and others accountable for measurable high-quality, accurate, timely completion and cost effective results. Possesses the skills, knowledge, and proficiency to perform job competently. Self-motivated and seeks additional tasks when assigned work is completed. Reliably meets the work schedule. Willingly and regularly does more than the minimum. Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Integrity, Inspires Trust and Confidence - Gains the confidence and trust of others through honesty, integrity, and authenticity. Follows through on commitments and is seen as direct and truthful. Keeps confidences. Behaves in the way they encourage others to behave. Shows consistency between words and actions. Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Customer Focus – Fulfills the needs of internal and external customers by anticipating needs and delivering high quality service, accurately and on time. Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Adaptability / Decision Making – Demonstrates ability to adjust to changes in job, stress, deadlines, assignments, methods, personnel, or surroundings with little difficulty. Adept at analyzing facts, problem-solving, decision-making, and exercising good judgment. Demonstrates the ability to effectively influence others to consider a new approach. Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Performance Evaluation



6. **Values Differences** – Recognizes the value that different perspectives and cultures bring to an organization. Seeks to understand different perspectives and cultures while contributing to a work climate where differences are valued and supported. Applies others' diverse experiences, styles, backgrounds, and perspectives to get results and is sensitive to cultural norms, expectations, and ways of communicating.
- Comments:**

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goals – If the leader created SMART Goals for the employee (Specific, Measurable, Attainable, Relevant, Timebound), insert and rate each goal created for performance year being evaluated. If not, leave this section blank and do not score in remaining boxes.

7. **Goal 1**
- Description:**
- Comments:**

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. **Goal 2**
- Description:**
- Comments:**

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Performance Evaluation



9. Goal 3

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

Description:

Comments:

10. Goal 4

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

Description:

Comments:

Employee Performance Evaluation



Leader Comments:

--

Employee Comments:

--

Final Performance Rating

Final Performance Rating:	
Add Total Score of Competencies and Goals and enter here.....	
Divide by the total number of competencies and SMART goals scored (round decimal to one tenth). Enter here and on top of page one in the final performance rating box. For example, if the employee had two (2) SMART goals, divide the total score by eight (8) since all employees are scored on six (6) competencies.	

This performance review will become part of your personnel file. Please sign below to acknowledge that you have received this document. If the employee is unable or refuses to sign, please indicate this below. Both the employee and supervisor should sign the review on the date the review is presented.

Employee's Signature:

Date:

Supervisor's Signature:

Date:

Department Head's Signature:

Date: