

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

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To: Marcelia Nicholson, Chairwoman, Milwaukee County Board of Supervisors

From: Dr. Maria Perez, Chairwoman  
Milwaukee County Mental Health Board (MHB)

Subject: MHB Activities Update

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**REQUEST**

To provide an informational update to the Health, Equity, Human Needs and Strategic Planning Committee about the current activities and plans of the Mental Health Board

**BACKGROUND**

The Milwaukee County Mental Health Board oversees the mental health functions, programs, and services administered by the Behavioral Health Division of the Milwaukee County Department of Health and Human Services (DHHS). The Mental Health Board is fully committed to enacting the 2020 Milwaukee County Strategic Plan vision: *By achieving racial equity, Milwaukee will be the healthiest county in Wisconsin.*

*MHB Mission*

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

*MHB Vision*

The Milwaukee County Behavioral Health Division, 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.

The Mental Health Board consists of 13 members who represent mental health care professionals, consumers, and advocates. Seats on the board are representative of the following constituencies/organizations:

- Community Mental Health Provider
- Community Stakeholder/Consumer
- Finance/Administration
- Family Member/Consumer Representing Providers
- Legal Expertise
- Medical College of Wisconsin
- Mental Health Nurse
- Milwaukee County Combined Community Services
- Milwaukee Mental Health Task Force
- Psychiatrist/Psychologist – Children
- Psychiatrist/Psychologist – Adult
- Substance Abuse Specialist
- University of Wisconsin - Madison

## **DISCUSSION**

This informational report is intended to highlight current key Mental Health Board (MHB) activities. MHB is responsible for oversight of programs and services administered by the Behavioral Health Division (BHD) including:

- Psychiatric Crisis / ER Observation
- Adult & Child Acute Inpatient Services
- Community Services
- Child & Youth Services
- Awareness & Prevention
- Management & Support Services

Since its inception in 2014, the Mental Health Board has taken significant steps to create a new vision for mental health services for Milwaukee County residents – one that enhances the quality of life for all residents by addressing health disparities. The foundation for transformation from an institution-based model of care to integrated, community-based services has been established through new major partnerships. The breadth of programs and services is as follows.

### **Acute Services**

#### ***Psychiatric Crisis Services/Admission Center (PCS)***

The Psychiatric Crisis Service (PCS) is a specialized psychiatric crisis emergency department open 24 hours a day 7 days a week. PCS is the state appointed emergency detention facility and provides psychiatric emergency services including face to face assessment, crisis intervention and medication for individuals who may be in psychiatric crisis and who present to the center. A team of qualified staff including board certified and eligible psychiatrists, psychiatry residents, registered nurses, behavioral health emergency clinicians, psychologists, psychiatric technicians, and certified nursing assistants are available on site 24/7 to provide assessments, interventions, referrals, and services as appropriate. All PCS patients who are not admitted to an inpatient unit or placed on an observation status are provided a written discharge plan to include written prescriptions, discharge teaching related to medications, self-care, health care and other learning needs, referrals, appointments, community resource materials and contacts with outside providers.

#### ***Observation Unit (OBS)***

If the PCS psychiatrist determines that there is a need for brief treatment and/or a more extended period of observation to evaluate the physical and mental status of an individual, the

patient may be treated on Observation status and/or on the Observation Unit (OBS) up to 48 hours. This unit has the capacity for 18 beds available 24 hours a day and 7 days a week. The patient will be evaluated and may be discharged to another community setting, transferred to another facility for continuation of care, or considered for admission to a psychiatric hospital either at BHD or a private community hospital. A team of qualified staff including board certified and eligible psychiatrists, psychiatry residents, registered nurses, behavioral health emergency clinicians, psychologists, psychiatric technicians, and certified nursing assistants are available on site to provide assessments, interventions, and discharge orders and referrals.

### ***Inpatient Services: Acute Adult and Child and Adolescent Inpatient Services***

The Milwaukee County Behavioral Health Division's Hospital Inpatient Services are provided in four-licensed psychiatric hospital units with three specialized programs for adults and one specialized unit for children and adolescents. All units provide inpatient care to individuals who require safe, secure, short-term, or occasionally extended hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service, and rehabilitation therapy provide assessment and treatment designed to stabilize an acute psychiatric need and assist the return of the patient to his or her own community.

The Child and Adolescent (CAIS) unit provides inpatient care to individuals ages 7- 17 experienced a census maximum of 10 due to nursing staff availability during the pandemic. The CAIS treatment unit also provides emergency detention services for Milwaukee County as well as inpatient screening for Children's Court including the provision of an adjacent educational school program operated by the Wauwatosa School District.

Patients on all the psychiatric units can expect: Assessment – Diagnosis – Individualized Recovery Plans – Pharmacotherapy- A Safe, Healing Environment -- A Caring, Welcoming Team- Structured Programming- Patient Education- Peer Support- Family and Support Participation- Consultative Services- Spirituality Services- Music and Occupational Therapy- Comprehensive Discharge Planning- Ultimately a respectful, positive patient experience.

Single occupancy of all inpatient units began in April 2020 with the Intensive Treatment Unit, being used for individuals with or suspected of having Covid-19 infections. This has resulted in a maximum census for inpatient adults of 37. A universal masking policy for patients and staff was implemented in March 2020 when Governor Tony Evers declared a State of Emergency due to the Covid19 pandemic. In addition, visitation was placed on hold and all individuals entering the building were required to check in and receive temperature checks and symptom monitoring before beginning work onsite.

### ***Granite Hills Behavioral Health Hospital***

On September 16, 2021, a ribbon-cutting ceremony was held to celebrate the opening of Granite Hills Behavioral Health Hospital at 1706 S. 68<sup>th</sup> Street in West Allis, WI. This milestone was achieved three years after the Mental Health Board had approved a contract with Universal Health Services (UHS) to become the provider of acute, inpatient mental health care for the service recipients of the Milwaukee County Behavioral Health Division. The new 120-bed facility will feature evidence-based treatment modalities and a multi-disciplinary team led by expert medical professionals. UHS built the facility to feature a state-of-the art care experience for adolescents, adults, children, and older adults. Sections of the hospital will be divided into five groups serving 24 individuals, each group having an enclosed outdoor space. The facility also includes a full-court gymnasium, internal and external courtyards, and hospital units designed

with maximum supervision for those in severe crises. At full capacity, the hospital expects to employ 250 staff members, including nurses, physicians, clinicians, mental health technicians and support staff.

Through this partnership with UHS, Milwaukee County will expand the availability of acute beds within the region and makes it possible for BHD to focus on increasing access and improving the quality oversight of behavioral healthcare available in our community. The MHB and BHD will continue to take steps to address access and quality oversight of behavioral healthcare available in our community. BHD will continue to serve patients at the Mental Health Complex until Granite Hills is fully operational.

Former BHD COO Jennifer Bergersen was selected to serve as CEO of Granite Hills. It is anticipated that the hospital will have its State certification visit on December 8<sup>th</sup> 2021 with first patients admitted as soon as approved. The next step will be to operate a small unit for up to 6 months while awaiting Joint Commission Accreditation. Once they are accredited, Granite Hills will expand its operations and BHD will start transferring patients thereby reducing inpatient capacity. BHD leadership anticipates the Mental Health Complex being fully closed by June 2022. Refer to link for updates: <https://granitehillshospital.com>

In October 2021, the Mental Health Board voted to appoint BHD Administrator Michael Lappen and BHD Chief Medical Officer John Schneider to the Granite Hills Governing Board (as advisory members).

### BHD Crisis Services

#### ***Crisis Line***

Crisis telephone services are often the first point of contact with the mental health system for an individual in crisis or a member of his or her support system. The Milwaukee County Behavioral Health Division's Crisis Line is a 24-hour a day, seven day a week telephone service that provides callers with screening and assessment, support, counseling, crisis intervention, emergency service coordination, information, and referrals. Objectives of the Crisis Line service include relief of immediate distress in pre-crisis situation, thereby reducing the risk of an escalation of the crisis; arranging for necessary emergency onsite responses when necessary to protect individuals in mental health crises and emergencies; and providing callers with referrals to appropriate services when additional intervention is required. The Crisis Line may also provide stabilization, linkage and follow-up services when clinically indicated. The Crisis Line is the main access point for Mobile Crisis Team services.

At the October 2021 MHB meeting, the crisis telephone services partnership with Impact was evaluated and board members provided feedback to Impact leadership to improve services including improving public and law enforcement awareness of the correct number to call. As of September 31, 2021, 27,111 calls were received to the Milwaukee County Crisis line. The MHB Quality Committee will continue to monitor and evaluate results.

#### ***Access Clinics and Mental Health Outpatient Services***

An Access Clinic – a walk-in center for outpatient psychiatric services – is part of the stabilization component of crisis services. The clinic provides walk-in services on both an unscheduled (clinical assessment and referral for services) and scheduled (medical evaluation with prescriber) basis to individuals voluntarily seeking crisis intervention, a face-to-face mental health assessment, treatment, and/or referral. Services provided may include clinical

assessment, referral for individual and/or group psychotherapy and supportive counseling, evaluation for medication and ongoing psychiatric care, and referrals to outpatient psychiatric and other social services as needed. Access Clinics are the initial access point for uninsured Milwaukee County residents in need of outpatient mental health services. Hours are Monday-Friday, 8:30am-4:30pm.

Access Clinic East is located at 210 W. Capitol Drive. Access Clinic South has been successfully moved and co-located with the Sixteenth Street Community Health Center at 1635 W. National Avenue.

### ***Community Consultation Team***

The Community Consultation Team (CCT) is comprised of staff who have expertise in serving individuals who are dually diagnosed with intellectual developmental disabilities (IDD) and mental health issues. The goal of the Community Consultation Team (CCT) is to provide individuals with IDD and mental health with services in the community to support their community placements and thereby reduce the need for admission to higher levels of care such as emergency room visits and hospitalizations. The CCT provides ongoing crisis intervention, consultation, and education services to individuals who reside in the community.

### ***Crisis Mobile Team***

The Crisis Mobile Team provides crisis services on an outreach basis 24 hours/7 days per week. The team composed of either Registered Nurses, Behavioral Health Emergency Service Clinicians, and/or Psychologists responds to the individual and provides services in the setting in which the mental health emergency or crisis is occurring, virtually anywhere in the community where it is deemed safe and appropriate to meet the person. The team works with the individual and his/her significant supports, as well as referring agencies, for as long as necessary to intervene successfully in the crisis, initiating necessary treatment, resolving problems, providing high levels of support until the crisis is stabilized, and planning for ongoing services. Objectives of the mobile services include relief of immediate distress in crisis and emergency situations; reducing the level of risk in the situation; assisting law enforcement officers who may be involved in the situation by offering services such as evaluations for Emergency Detention under Chapter 51, and describing other available services and intervention options; and providing follow-up contacts to determine whether the response plans developed during the emergency are being carried out. The Mobile Team also includes a Geriatric Psychiatric Registered Nurse experienced in providing assessment for mental health issues complicated by a variety of medical and social problems of the aging person.

### ***Crisis Assessment Response Team***

The Crisis Services has joined with the area law enforcement agencies (Milwaukee Police Department (MPD) and West Allis Police Department (WAPD)) to create an expansion program of the Crisis Mobile Team. This expansion – the Crisis Assessment Response Team (CART) – consists of a mobile team clinician and a police officer partnered together as a mobile team in the community. Their primary objective is to respond to Emergency Detention calls to provide service and attempt to stabilize the individual with their own natural supports/resources or assist them in obtaining voluntary treatment. The goal of the team is to decrease Emergency Detentions by identifying and utilizing voluntary alternatives and make a positive impact for individuals experiencing a crisis.

In 2020, the West Allis CART Team expanded services to include children and adolescents. Expanding services to youth and families ensures that CART is available to assist West Allis police and community members with youth experiencing a mental health emergency to intervene, provide assistance, and facilitate linkage to the appropriate community-based services. In 2020, the West Allis CART team served 84 individuals 17yrs old and under.

In September of 2020, the Mental Health Board approved \$500,000 from reserve funding to further expand the CART program in collaboration with the Milwaukee County Sheriff's Office (MCSO). This funding creates 3 additional co-responder teams for the new Milwaukee County CART program that is expected to begin providing services in early 2021. Collaboration with MCSO provides the opportunity to integrate CART with other emergency services (EMS, Fire, Dispatch) within the community for comprehensive crisis response and appropriate behavioral health follow-up.

### ***Team Connect***

Team Connect provides co-occurring crisis and supportive services to individuals with substance use and mental health needs. The team consists of master's level licensed clinicians and a certified peer specialist (CPS) who will attempt to connect by phone or in person with individuals released within 24 hours, or the next business day, following their discharge from PCS, OBS or BHD acute care inpatient units. The purpose of this is to reduce the risk of harm to individuals post-discharge, help improve continuity of care, provide connections to community resources to promote overall wellness and reduce the incidence of hospital readmission and visits to PCS. Services provided will include but are not limited to assessing current needs, assisting individuals with managing aftercare mental health/substance use/physical care appointments, identifying community resources, creating, and revising a crisis plan, and a warm handoff to outpatient service providers. Team Connect links individuals to the following community resources for additional assistance as deemed appropriate, including, but not limited to the following: involving the person's identified informal/ natural supports, mental health services, medical and health care services, Peer Support Services, substance use treatment, shelter/housing, medication, legal support, financial, and vocational services.

### ***Crisis Stabilization Houses***

The Crisis Stabilization Houses (CSH) are an alternative to psychiatric inpatient hospitalization. The CSHs provide a less restrictive environment in which to treat and support people experiencing psychological crises. Services include assessment, medication and medical evaluations, and counseling. There are three 8-bed CSHs in Milwaukee County which are operated by contracted agencies and their respective staff, with additional daily clinical face to face services 7 days a week from the BHD Crisis Mobile Team.

### ***Crisis Resource Centers***

The services at the Crisis Resource Centers (CRC) are provided via an agency that contracts with BHD. The CRCs offer a safe, recovery-oriented environment that provides short-term crisis intervention to individuals. They provide a multitude of services which includes crisis stabilization, peer support, and linkage to ongoing support and services. The CRCs also promote opportunities for increased collaboration among community services and providers for the benefit of consumers and improved community health through consumers' increased quality of life. There is one CRC located on the Southside of Milwaukee and one on the Northside that provides walk-in crisis services along with short-term stabilization services for up to twenty-

seven individuals at a time.

### ***Community Linkages and Stabilization Program***

The Community Linkages and Stabilization Program (CLASP) is an extended support and treatment program designed to support consumers' recovery, increase consumers ability to live independently in the community, and reduce incidents of emergency room contacts and re-hospitalizations utilizing person-centered and trauma-informed focus by Certified Peer Specialists. The goals of the program are to: improve the quality of life for consumers; promote recovery in the community; increase the ability consumers to cope with issues and avoid crisis; increase consumers' ability to manage stressors without hospitalization; connect consumers to beneficial supports and resources; and empower consumers to direct their recovery process. The services of this program are provided by a contracted provider.

### ***Mental Health Emergency Center***

The Mental Health Emergency Center (MHEC) will be located at 1525 N. 12th Street, in the City of Milwaukee, and serve patients residing in Milwaukee County. This location is served by public transportation and is adjacent to the freeway, ensuring ready access for those in need of care, as well as for county-wide law enforcement personnel assisting with a crisis response. The Milwaukee County Behavioral Health Division served 6,421 people at the Mental Health Complex facility in 2020. Approximately 93% of the patients came from Milwaukee and more than 70% came from the 10 ZIP codes adjacent to the new MHEC facility.

The center is a joint venture between Milwaukee County and the county's four health systems: Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, and Froedtert Health. Joint Venture and management service agreements have been finalized. The Mental Health Board reviewed and provided input into the final agreements.

Once open, the MHEC will employ about 70 full-time equivalent staff and will serve as a training center for the Medical College of Wisconsin for psychiatric medical residents, as well as offer other professional educational opportunities. The facility is designed to help those needing short-term mental health care and serve as a connection point to more long-term support. It will be available to all county residents, regardless of their ability to pay.

A beam-signing ceremony was held in August 2021 to celebrate the progress of the construction of the center. Civic leaders including Congresswoman Gwen Moore, Governor Evers, County Executive Crowley, and Milwaukee Mayor Tom Barrett attended along with Mental Health Board representatives. Construction of the facility is moving forward at a rapid pace with an anticipated opening date in Spring 2022. Emergency services at the BHD Psychiatric Crisis Service (PCS) will continue until the new mental health emergency center is operational with continued efforts in the development of community services.

Advocate Aurora will operate the new center. In October, Kevin Kluesner was selected as Site Administrator of the facility. Mr. Kluesner had previously served as Chief Administrative Officer at Ascension SE Wisconsin Hospital - St. Joseph Campus on Milwaukee's north side.

Gov. Tony Evers, together with the Wisconsin Department of Health Services (DHS) announced \$5.7 million in funding for the new center, \$4.5 million of which will come from Wisconsin's Coronavirus State and Local Fiscal Recovery Funds allocated under the federal American Rescue Plan Act (ARPA). Additional funding will come from carryover funding from the federal

mental health block grant through the Substance Abuse and Mental Health Services Administration. The four health systems of the Joint Venture will provide the other half of the required funding.

The Mental Health Board plans to create a Community Advisory Board to provide input for the MHEC and the new acute care hospital, Granite Hills. The MHB Community Engagement Committee will work to develop the form and structure of this advisory board.

### Community Services

#### ***Community Access to Recovery Services (CARS)***

Community Access to Recovery Services (CARS) is the community-based mental health and substance abuse system for adults in Milwaukee County. CARS provides and oversees a variety of services to help adults with behavioral health issues achieve the greatest possible independence and quality of life by assessing individual needs and facilitating access to appropriate community services and supports. CARS is committed to fostering independence, choice, and hope for individuals by creating an array of services that are person-centered, recovery oriented, trauma informed, and culturally intelligent.

#### ***CARS – Mental Health***

CARS is the central access point for Milwaukee County residents with severe and persistent mental illness who require long-term support. CARS provides – either directly or through contracts with community-based providers – the following mental health services:

##### *Outpatient*

CARS provides an outpatient level of care to individuals who are indigent and uninsured. Outpatient services primarily include psychiatric evaluation, diagnosis, and medication management. There are also limited individual therapy services offered by the outpatient clinics. CARS currently has contractual relationships with two outpatient providers – the Medical College of Wisconsin CCAPS Clinic and Outreach Community Health Center. Referrals for this level of care come exclusively from the Access Clinics and the BHD inpatient hospital. As individuals obtain insurance, they are moved off the contract, but most often have the option to still be served by the same provider.

In June of 2020, CARS was awarded funding from SAMHSA to implement an Assisted Outpatient Treatment (AOT) program using the Assertive Community Treatment (ACT) model for individuals with severe mental illness, high utilization rates of acute adult inpatient services, and under involuntary commitment for treatment. Project goals are to enhance crisis treatment services for individuals unable to adhere to treatment and who cycle repeatedly from tenuous stability to psychiatric crisis; provide more effective and comprehensive evidence-based practices (EBP) services for individuals with complex clinical and social needs; and sustain the AOT program through ongoing EBP training for the ACT Team and third-party revenue. The initial implementation of the CARS Assisted Outpatient Treatment (AOT) began in September 2020 with the hiring of the Assertive Community Treatment (ACT) Team Lead and the AOT Project Director in October. The first AOT consumer was enrolled into the program on December 10, 2020. The projected number of unique consumers to be served through the AOT program are 120 consumers throughout the lifetime of the project. This award was in the amount of \$3,996,143 over four years (2020-2024).

### *Care Coordination Team*

A multi-team member Care Coordination Team provides various supportive services to individuals identified through current BHD access points or by referral based upon need. This team also provides crisis case management and supportive services to individuals awaiting TCM or CSP. Lastly, this team provides crisis stabilization services through an outreach model.

### *Targeted Case Management (Medicaid-reimbursable)*

Targeted Case Management (TCM) is a service to support individuals with serious and persistent mental illness to live as independently as possible in the community. TCM must include assessment, case planning, obtaining and referral to services, ongoing monitoring and services coordination, and assurance of consumer satisfaction. A case manager can also assist a consumer in obtaining and maintaining the following: housing; legal assistance; medication management; employment and training; money management; benefit advocacy; medical assistance; Activities of Daily Living (or ADL) assistance; social network development; AODA services and support; and peer supports. Each TCM consumer is assigned a primary case manager and develops a case plan according to the individual's needs. In addition to the traditional TCM just described, there is also an Intensive TCM with a clinic model, a Recovery TCM, and an AODA TCM.

### *Comprehensive Community Services (Medicaid-reimbursable)*

Comprehensive Community Services (CCS) is a recovery-focused, integrated behavioral health program for adults with severe mental illness and/or substance use disorders and children with severe emotional disturbance. CCS is unique for its inclusion of both children and adults and its focus on other physical illness and impact on multiple system use. CCS provides a coordinated and comprehensive array of recovery services, treatment, and psychosocial rehabilitation services that assist individuals to utilize professional, community, and natural supports to address their needs. CCS is a community-based program in which most services are provided in clients' homes and communities. The program is person-centered and uses client-directed service plans to describe the individualized services that will support the client to achieve their recovery goals. Services are provided by teams of professionals, peer specialists, and natural supports, all coordinated by a CCS service facilitator. CCS reimburses services including:

- Assessment
- Recovery Planning
- Service Facilitation
- Communication and Interpersonal Skills
- Training
- Community Skills Development and Enhancement
- Diagnostic Evaluations and Assessments
- Employment-Related Skill Training
- Medication Management
- Physical Health and Monitoring
- Psychoeducation
- Psychotherapy
- Recovery Education and Illness Management
- Substance Abuse Treatment
- Non-Traditional or Other Approved Services
- Psychosocial Rehabilitative Residential Supports
- Peer Supports
- Functional AODA and Mental Health Screener

Comprehensive Community Services (CCS) continues to expand in Milwaukee County. As of the end of 2020, 1488 individual adult clients were enrolled and served in CCS throughout 2020, and therefore, CCS is now the largest level of care in the continuum of behavioral health services for adults in Milwaukee County. BHD also continues to expand the network of credentialed providers for the CCS ancillary network, including agencies providing care coordination and service facilitation.

***Community Support Program (Medicaid-reimbursable)***

A Community Support Program (CSP) is an integrated community service model for persons who have the most severe and persistent mental illnesses and significant functional limitations. CSPs provide over 50% of contacts in the community in a non-office, non-facility setting. All CSPs in Milwaukee County are certified under DHS 63 and provide psychiatry, budgeting, payeeship, crisis intervention, nursing, housing, vocational, medication management, symptom management, and social skill training. CARS serves clients in CSPs through Purchase of Service contracts with community agencies. All seven CSP agencies are in the process of implementing the evidence-based practices of Assertive Community Treatment (ACT).

***Community-Based Residential Facilities (Medicaid-reimbursable)***

CARS works collaboratively with the Milwaukee County Housing Division to offer a wide range of supportive residential programs to individuals in our system. The highest level of supportive environments on this continuum are Community-Based Residential Facilities (CBRF). CBRFs are licensed facilities that offer 24-hour on-site supervision with a variety of rehabilitative services offered. CARS has Fee for Service agreements with multiple agencies. CARS tracks several major recovery outcomes for clients with severe and persistent mental illness, including improvements in:

- Living arrangement/homelessness
- Employment (any)
- Employment (competitive)
- Criminal justice involvement
- Arrests/incarceration
- Health/dental/vision care received
- Daily activity
- Risk of suicide
- Psychiatric bed days
- PCS crisis episodes
- Consumer satisfaction

In June of 2020, CARS was awarded Covid-19 Mental Health Block Grant funding from the Wisconsin Department of Health Services (DHS) to address expanding strategies and services for people with serious mental illness (SMI) in residential treatment programs. The population to be served are patients that cannot safely be treated in a less intensive level of care, and the mental health group home facility/community based residential facility (CBRF) has the capacity to isolate the patient in a single occupancy room for 14-days. Expected outcomes include mitigation of the spread of COVID-19; protection of the health of residents and staff in residential treatment facilities; maintaining treatment services in a therapeutic environment; and increasing capacity across the healthcare continuum by providing PPE supplies to treatment providers. This award was in the amount of \$292,487 from 05/01/2020 to 09/30/2020.

***CARS – Substance Abuse***

CARS provides substance use disorder services to Milwaukee County residents aged 18-59 and pregnant women of all ages. Eligible individuals can receive a comprehensive screen at

one of four community-based Access Points. Access Points provide a comprehensive screen of individuals seeking to recover from substance abuse to determine the appropriate level of clinical care and the individual's care coordination and recovery support service needs. The Access Points refer eligible clients to the appropriate services offered by providers in a fee-for-service network operated by CARS. Substance use disorder services include:

### *Outpatient*

Outpatient is a non-residential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis, and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group and family therapy and referral to non-substance abuse services that may occur over an extended period. The provider must be certified as a DHS 75.13 outpatient provider. There are 33 providers of Outpatient services in the CARS network.

Outpatient Plus is a new level of care as of 2020 that is a clinical stepdown from AODA residential treatment services or an increase in clinical services from a lower level of care based upon the recovery needs of the individual. The program consists of structured, safe, and sober housing partnered with outpatient or day treatment services, provided by the same provider to ensure strong communication and treatment planning that is less costly than AODA residential treatment. CARS worked collaboratively with Wisconsin Community Services (WCS) to create this new level of care to expand the continuum of care and services for individuals recovering from substance use disorders.

### *Recovery Support Services*

Recovery Support Services are offered to meet a client's non-clinical needs in a manner that supports his or her recovery. Services are community based, available from faith-based providers, and may include such services as childcare, anger management, transportation, educational or employment assistance, and housing support. There are 33 providers of Recovery Support Services in the CARS network.

### *Recovery Support Coordination*

Recovery Support Coordination uses a strength-based approach to develop, in partnership with the client, his or her service providers, and other persons the client wants involved, an individualized single coordinated care plan that will support the client's recovery goals. There are three providers of Recovery Support Coordination in the CARS network.

### *Day Treatment*

Day Treatment is a medically monitored, and non-residential substance abuse treatment service which consists of regularly scheduled sessions of various modalities, such as individual and group counseling and case management, provided under the supervision of a physician. Services are provided in a scheduled number of sessions per day and week, with each patient receiving a minimum of 12 hours of counseling per week. The provider must be certified as a DHS 75.12 day treatment service provider. There are 15 providers of Day Treatment services in the CARS network.

### *Medication Assisted Treatment*

Medication Assisted Treatment (MAT) in Milwaukee County has expanded in terms of providers, types of clients served, and additional services provided to the population. Vivitrol providers for both the insured and uninsured populations in the CARS network have expanded while trying to also expand and contract for other MAT services, including methadone. All clients presenting to an Access Points are now assessed to determine if they meet MAT criteria and are given information about the different choices. There are three providers of MAT in the CARS network.

### *Residential*

Transitional Residential is a clinically supervised, peer-supported therapeutic environment with clinical involvement. The service provides 3 to 11 hours of counseling per patient per week, immediate access to peer support through the environment, and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping, and financial planning. Medically Monitored Residential operates as a 24-hour, community-based service providing observation, monitoring, and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient. Co-Occurring Bio-medically Monitored Residential operates as a 24-hour, community-based service providing observation, monitoring, and treatment by a multidisciplinary team under supervision of a physician and staffed 24 hours a day by nursing personnel.

### *Oxford House*

Oxford House is a concept in recovery from drug and alcohol addiction. Oxford House describes a democratically run, self-supporting and drug free home. Oxford House has been in operation in Milwaukee County just over one year now. There are five Oxford Houses in Milwaukee County, four houses for men, providing capacity for 37 residents and 1 house for women, with capacity for 9 residents. Plans are underway for expansion of this program.

### *Detoxification*

Detoxification is a set of interventions to manage acute intoxication and withdrawal to minimize the physical harm caused by the abuse of substances. Supervised detoxification can prevent potentially life-threatening complications that may arise in the absence of treatment.

Detoxification is also a form of palliative care for persons who want to become abstinent from substance use. A critical component of detoxification service is preparing the individual for engagement with appropriate substance abuse treatment commensurate with his or her ongoing needs. CARS contracts with a single provider for medically monitored residential detoxification service (DHS 75.07), ambulatory detoxification service (DHS 75.08), and residential intoxication monitoring service (DHS 75.09).

CARS tracks several major recovery outcomes for clients receiving AODA services, including:

- Retention in treatment
- Completion of treatment
- Abstinence from alcohol
- Abstinence from drugs
- Living arrangement/homelessness
- Employment or school/job training
- Arrests/incarceration
- Social connectedness (family and recovery groups)
- Consumer satisfaction

## Children & Youth Services

### ***Children's Community Services & Wraparound Milwaukee***

Wraparound Milwaukee is the Behavioral Health Division entity that manages the public-sector, community-based mental health system for Medicaid eligible children, adolescents, and young adults (ages 5-23) in Milwaukee County who have serious mental health, behavioral, or emotional needs. Serving as the umbrella body for several programs, all programs rely on care coordination, offer a range of support services, promotes parental and youth choice, family independence, and provides trauma informed care for children and youth in the context of their family and community.

The program is a National Best Practice Leader in the Wraparound Philosophy and Approach focusing on strength-based, individualized care. It is centered upon children and families' ability to meet life's challenges and to foster resiliency and hope for a better future. A portion of Wraparound Milwaukee is a specialized HMO created to serve the children and families of Milwaukee County with complex needs who meet the designated enrollment criteria.

Children's Community Services & Wraparound Milwaukee has worked progressively over the years to transform their delivery of service and to continuously improve and expand all supports for children and their families. This occurs through consistent engagement with system partners, such as schools, child protective services, and delinquency services, as well as partnerships with the greater community.

#### *Wraparound*

Referrals are received from the Delinquency and Court Services Division and the Division of Milwaukee Child Protective Services for those youth who are either placed out of home and outside of their community or are at risk of being placed. It provides cost-effective, community-based alternatives to residential treatment placements, juvenile correctional placements, and psychiatric hospitalization.

#### *Reaching, Engaging and Assisting Children & Families (REACH)*

Referrals come directly from families, schools, service providers and the Children's Mobile Crisis (CMC) Team. Youth generally are not involved in the Juvenile Justice system or the Division of Milwaukee Child Protective Services program. Under the same practice model, youth and families receive the same type of supports and services as those in Wraparound program, with the exception of placement services.

#### *Comprehensive Community Services (CCS)*

An option for families in Milwaukee County which provides support and services to youth and young adults who are coping with either a mental health and/ or substance abuse diagnosis. As a voluntary community-based program, CCS addresses needs throughout a person's lifespan, with a coordinated and comprehensive array of recovery, treatment, and psychosocial rehabilitation services.

#### *Older Youth and Emerging Adult Heroes (O'YEAH)*

O'YEAH supports older youth and young adults (age 16-23) who are experiencing emotional

and behavioral challenges to successfully transition to adulthood. In addition to mental health services, there is a focus on life skills, housing, and employment/training.

*Coordinated Opportunities for Recovery and Empowerment (CORE)*

CORE serves 10-23 year olds who are experiencing their first episode with psychosis. Services included: Care Coordination, Individual Therapy, Employment and Education Support, Peer Support and Medication Management.

*Professional Foster Parent (PFP) Program*

PFP provides a transitional home environment for youth with a history of runaway behavior. Foster parents are licensed/certified as treatment foster parents working in partnership with the Care Coordinator assigned to work with the youth placed in their home. Serving one girl in a home at a time, the ultimate goal is to help the youth achieve permanency with their respective family.

*Children's Mobile Crisis (CMC)*

CMC program provides 24/7 crisis intervention services to any family in Milwaukee County with a child who is experiencing a mental health emergency in which the behavior of the child threatens his/or her removal from home, a community placement, and/or school placement. The team can also provide short-term case management and can link the child and family to crisis stabilization and community resources.

*Trauma Response Team (TRT)*

In collaboration with the Milwaukee Police Department, Children's Mobile Crisis (CMC) provides support services to children & their families when they have witnessed or have been exposed to potentially traumatic events such as serious accidents, sudden death, shootings, violence, or domestic violence.

**Awareness & Prevention**

***Suicide Prevention***

In late 2020, CARES Act funding provided BHD the resources to increase suicide prevention efforts and support initiatives aimed at saving lives in Milwaukee County. BHD purchased 30,000-gun locks, 10,000 Deterra envelopes and 1000 Medication lock boxes in September to be distributed to community members throughout the county. BHD also funded training for two new Question, Persuade, Refer trainers in October and two new Mental Health First Aid trainers in November. BHD partnered with 2- Story Creative to implement the #BeThe1To PSA marketing campaign which ran on Milwaukee County Transit System buses and social media platforms from 11/23/20 thru 12/30/20. BHD also partnered with Mental Health America to provide weekly Giving Voice to Depression pod casts 10/1/20 thru 12/30/20.

BHD partnered with Prevent Suicide Greater Milwaukee to train two coalition members in Alternatives to Suicide in November 2021 and another member was trained in When

Conversations turn to Suicide in December 2021. Additionally, BHD partnered with Miracle to provide four podcasts of Black Men Don't Jump in December and a video recording of the Pieces Production which streamed live on 12/21/20. BHD partnered with SheRay's TTJ & Associates to implement the BAM Milwaukee suicide prevention campaign. This initiative was live 11/23/20 thru 12/30/20 and provided three town halls, two virtual QPR trainings, and a social media campaign. BHD partnered with Safe & Sound to distribute suicide prevention resources and host a webinar on 12/17/20. Likewise, BHD partnered with AMRI Counseling Services to implement the UR It suicide prevention campaign which was implemented with four interactive webinars and book giveaways from 11/29/20 thru 12/27/20.

September is Suicide Prevention Awareness Month. BHD collaborated and promoted the following events to raise awareness in September 2021:

- September 17 at 6:30 p.m.: Veterans Health Coalition's [Veterans Journey Home Screening and Dinner](#)
- September 19 at 8 a.m.: UWM Military and Veterans Resource Center's [Project 22 MKE](#)
- September 22 at 10 a.m.: American Association of Suicidology's [Firearms, Means Safety, and Suicide Prevention: A Clinical Workshop](#)
- September 22 at 5:30 p.m.: National Alliance on Mental Illness of Southeast Wisconsin's [Question, Persuade, Refer](#)
- September 23 at 9 a.m.: [Signs of suicide, asking about suicide, validating feelings, encouraging help, and expediting treatment training](#)
- September 29 at 2 p.m.: [Question, Persuade, Refer](#) by CARS Milwaukee County

### ***Overdose Prevention***

In October 2021, the Mental Health Board voted unanimously to affirm the Milwaukee County Mental Health Board's Position in Support of the Milwaukee Mental Health Task Force's Effort to Decriminalize the Use of Fentanyl Test Strips. Board Secretary Neubauer provided background information about State Senate Bill 600 which would decriminalize the use of Fentanyl test strips.

When able to test their drugs before use, people who discovered the presence of fentanyl were 10 times more likely to reduce their doses and 25 percent less likely to overdose. (Insite, 2017)

Eighty-four percent of respondents were concerned about the drugs they use having fentanyl in them. Of the 256 respondents who thought they consumed fentanyl, 85% said they wished they had known beforehand. Contradicting the idea that people who use drugs are actively looking for fentanyl, only 26% stated a preference for drugs with fentanyl. (FORECAST Study, 2018)

Seventy percent of all respondents reported that knowing that their drugs contained fentanyl would lead them to modify their behavior. This could include not using the drugs, using drugs more slowly, using with others who have naloxone, changing purchasing behaviors. (FORECAST Study, 2018)

***MHB Community Engagement Efforts***

The Mental Health Board has established a Community Engagement Committee to strengthen its community engagement efforts on an ongoing basis. The Committee is currently developing a plan for 2022 to foster awareness of MHB activities and BHD resources in alignment with the County's Strategic Plan. The Committee is working with Kane Communications to develop a social media presence. MHB would like to see greater public awareness of the transition to Granite Hills and the establishment of the Mental Health Emergency Center as those projects move forward. It is also a priority to solicit increased community member participation at public hearings.

***Children's Wellness Clinic Project***

Given the anticipated closure of the hospital, BHD is reimagining its service delivery model for the Wellness Wrap program. BHD will move forward with the children's clinic and continues to take feedback from the community to expand access to child psychiatry and therapy. In addition, it is anticipated to also add substance use services in this new facility. It will be centrally located in the community of the people being served (zip code 53205). Further information and recommendations will be brought forward for MHB consideration and approval.

Management & Support Services

***Centers for Medicare Medicaid Services (CMS) Systems Improvement Agreement***

A two-year Systems Improvement Agreement (SIA) between the Centers for Medicare and Medicaid Services (CMS) and BHD has been successfully completed as of November 23, 2021. A GAP analysis was completed by Critical Management Solutions with a subsequent Corrective Active Plan (CAP) developed by BHD, Critical Management Solutions as the Expert Consultant and Greeley and Associates serving as the Compliance Consultant. Major components of the CAP include ligature risk reduction/elimination, Quality Program development, Treatment Planning and Active Treatment Conditions of Participation compliance.

***Financial Outlook***

MHB Finance Committee reviews BHD financials quarterly. Please refer to the attached BHD 3<sup>rd</sup> Quarter Dashboard tables. Highlights from the September 9, 2021 meeting are as follows. *DHHS Director's Update re: Financial Vulnerabilities, Risks, and Progress on Initiatives Related to the 2021 Budget*

An ongoing risk for the Behavioral Health Division (BHD) is the general financial health of Milwaukee County as it struggles with structural budget issues. BHD has a statutory tax levy floor of \$53 million. In recent years, close to \$55 million has been needed to sustain certain operations. However, there has been an expenditure reduction in the form of a \$2 million structural deficit item in BHD's 2021 and 2022 Budgets. To cover the difference, new revenues will be needed, or expenses must be reduced.

Vulnerabilities and Opportunities:

- Capital and consulting costs related to the execution of the Systems Improvement Agreement
- Inpatient revenue loss stemming from staffing challenges
- Unexpected delays in three major transitions of the inpatient psychiatric hospital, Psychiatric Crisis Services (PCS) emergency room, administrative offices
- Increased DHS rates for Crisis Intervention Services coupled with due decreased demand for services during the pandemic
- Staffing shortages and restricted wage increases for BHD hospital and network
- Opportunities for additional American Rescue Plan Act (ARPA) funding related to the pandemic and opioid epidemic
- Overhead costs are capped at 10% for state and federal grants which presents a challenge as reliance upon grant-funded programs for direct services expands – The plan is to negotiate an indirect cost rate agreement with the Federal government. This will enable BHD to offset some existing administrative costs with current grants.

### ***Quality Initiatives***

The MHB Quality Committee assesses and measures quality of care and implementation of any necessary changes to maintain or improve the quality of care rendered by BHD and its contractors. A major effort of the Committee is to monitor population health outcomes (including racial disparities) and the committee reviews performance metrics including community utilization rates, racial/gender/socioeconomic demographics, cost of care, etc. on a quarterly basis. Please see the attached CARS Quarterly Report (Q2 2021); BHD KPI Report (Q2 2021).

A full annual summary report is expected at the Committee's next meeting. There is a plan in place to develop a Community Dashboard to include data related to both CARS and Crisis Services.

### ***Board Governance***

In September 2021, County Executive David Crowley. appointed Dennise Lavrenz, RN, MBA, CENP, to the Milwaukee County Mental Health Board for a 4-year term that will end on September 1, 2025. This appointment fills the representative of Combined Community Services Board vacancy due to Duncan Shroul's retirement. Ms. Lavrenz is the Chief Clinical Officer/Senior VP Client Services for Milwaukee Center for Independence. She will serve on the MHB's Finance and Quality Committees.

The Mental Health Board's Substance Abuse representative seat is presently vacant and under review by the County Executive's office.

MHB has adopted a new policy regarding external board appointments to ensure that appropriate representation and effective reciprocal communication mechanisms will be in place to support its work with partners.

MHB Governance Committee is currently reviewing a Board Self-Assessment results to identify any topics for ongoing board member training and to update onboarding materials.

### **ALIGNMENT TO STRATEGIC PLAN**

The Mental Health Board and BHD play a critical role in enacting the vision of Milwaukee as the healthiest county in Wisconsin through the achievement of racial equity. The Board is working to strengthen health and equity measures throughout all of its services and policies. This approach is dedicated to addressing root causes of racial inequities, stemming from organizational policies, practices and systems. The work of both the Quality Committee and Community Engagement Committee are central to the Board's efforts.

#### ***CCS Network Development Plan***

Along with the full Board which oversees BHD operations, the Quality Committee is working to further examine and strengthen efforts to promote racial equity, diversity and inclusion for BHD consumers and families. A data-driven pilot program is underway to examine racial disparities pertaining to consumer service needs and the racial demographics of crisis services network providers (CCS program). Refer to the attached 2021 Recommended Comprehensive Community Services Network Development Plan.

#### ***Reform of the Request for Proposals and Contracting Process***

A presentation was made at the October 2021 MHB meeting by David Muhammad, Deputy Director, Department of Health and Human Services (DHHS) and Dr. Deborah C. Blanks, Kairo Communications, LLP. Mr. Muhammad discussed the four goals identified in the report, which include infusing a norm of racial equity into all aspects of DHHS and Behavioral Health Division contracting, management of a high functioning equitable contracting team, maintenance of racial equity in community engagement and outreach, and collaborations with communities and partnerships to address social determinants of health.

#### ***No Wrong Door***

In conclusion, the Mental Health Board and BHD are working to align efforts with the DHHS "No Wrong Door" approach to service delivery. DHHS Administration Relocation Project and the Department of Administrative Services-Facilities Management Division (DAS-FMD) have been working together for over two years to strategize and plan a relocation of DHHS administrative staff from the Behavioral Health Division (BHD) Mental Health Complex, to the Marcia P. Coggs Human Services Center (Coggs) and the Vel Phillips Youth and Family Justice Center in support of the DHHS "No Wrong Door" approach to customer service. This approach promotes the co-location of DHHS employees to a visitor-friendly facility to best serve the needs of consumers.

The planned transfer of in-patient services to the new Universal Health Services hospital in West Allis and subsequent closure of the Mental Health Complex also require relocation of DHHS staff from the Mental Health Complex. The anticipated timing of the move to the Coggs Center is Summer 2021.

### **FISCAL EFFECT**

The report is informational only and has no fiscal impact.

**TERMS**

As there are no contracts associated with this report, there are no contract terms to report.

**PREPARED BY:**

Kate Flynn Post, Research Analyst, Milwaukee County Mental Health Board

**APPROVED BY:**

Dr. Maria Perez, Chairwoman, Milwaukee County Mental Health Board

**ATTACHMENTS:**

- (1) **A** Behavioral Health Division (BHD) Q3 Financial Dashboard
- (2) **B** BHD Q2 CARS
- (3) **C** Wraparound Quarterly Reports
- (3) **D** 2021 Recommended CCS Network Development Plan

cc: County Executive David Crowley  
Sup. Felesia Martin, Chair, Health Equity, Human Needs, & Strategic Planning Committee  
Mary Jo Meyers, Chief of Staff, County Executive's Office  
Kelly Bablitch, Chief of Staff, Milwaukee County Board of Supervisors  
Janelle M. Jensen, Legislative Services Division Manager, County Clerk  
Steve Cady, Research Director, Comptroller's Office  
Pam Matthews, Fiscal & Management Analyst, DAS  
Lottie Maxwell-Mitchell, Research & Policy Analyst, Comptroller's Office

# Attachment A

BEHAVIORAL HEALTH DIVISION

DASHBOARD REPORT

3rd Quarter 2021

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# BHD COMBINED DASHBOARD

3rd Quarter 2021

	2021 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	124,350,720	180,833,897	191,006,143	(10,172,246)
<b>Expense</b>				
Personnel	47,262,410	68,246,162	70,546,269	2,300,107
Commodities/Services	12,243,623	18,927,774	16,728,716	(2,199,058)
Depreciation/Inventory	2,630	3,506	-	(3,506)
Other Charges	95,887,653	145,762,178	152,117,304	6,355,126
Capital	1,908,245	3,358,663	3,358,663	-
Intra County Services	5,149,027	7,438,743	4,777,918	(2,660,825)
<b>Total Expense</b>	162,453,588	243,737,026	247,528,870	3,791,844
Tax Levy	38,102,867	62,903,129	56,522,727	(6,380,402)

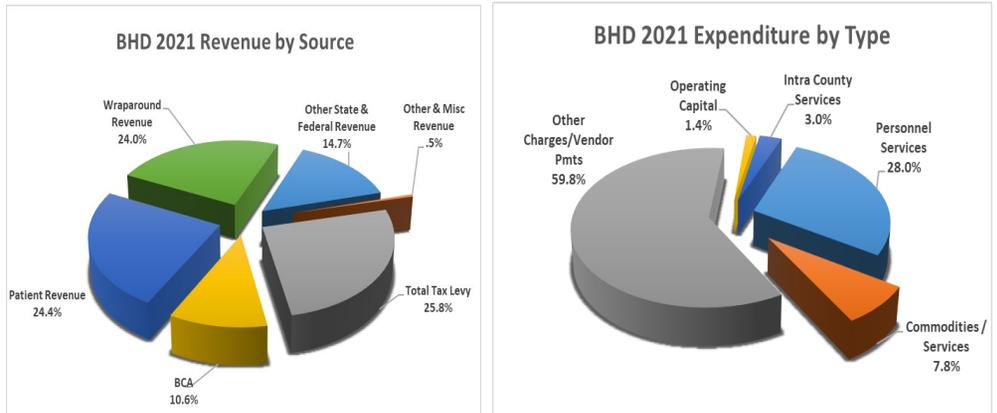
**Estimated favorable variance:**

The County is projecting a fringe surplus for BHD

2,000,000

(4,380,402)

## 2021 Projected Annual Revenues & Expenses by Percentage



Note: "Other Charges" in Expenditures include all Provider Payments - Fee For Service, Purchase of Service and other contracted services.

## Financial Highlights & Major Variances

- Inpatient & PCS revenue deficit from low census (\$6.3m)
- Personnel services abatement (\$2.0m)
- State Institutions (\$2.6m) deficit
- Capital spending from reserves (\$3.4m)
- WIMCR settlement \$3.1 for community Medicaid programs
- One-time Community Aids Funding Increase \$3.5m

## 2021 Budget Initiatives

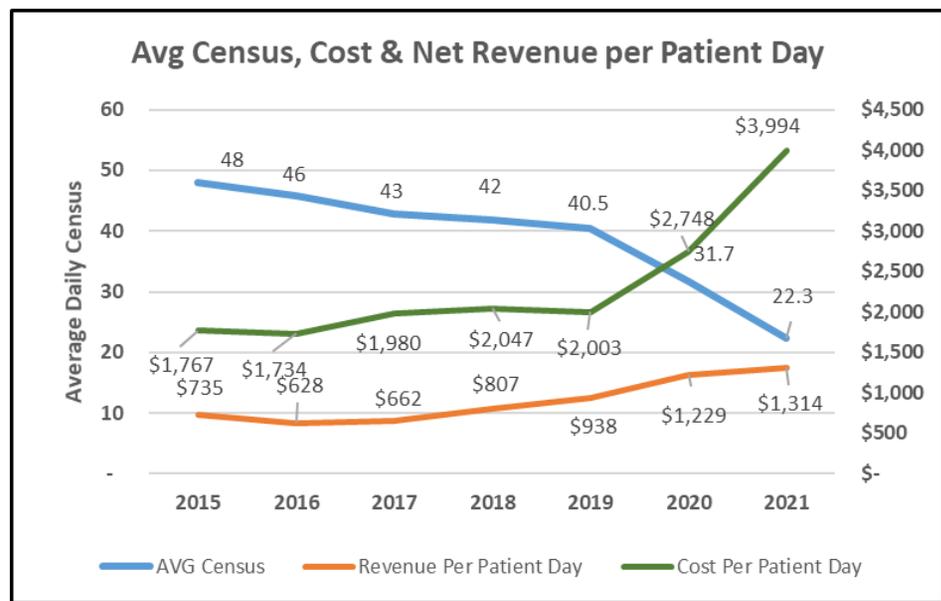
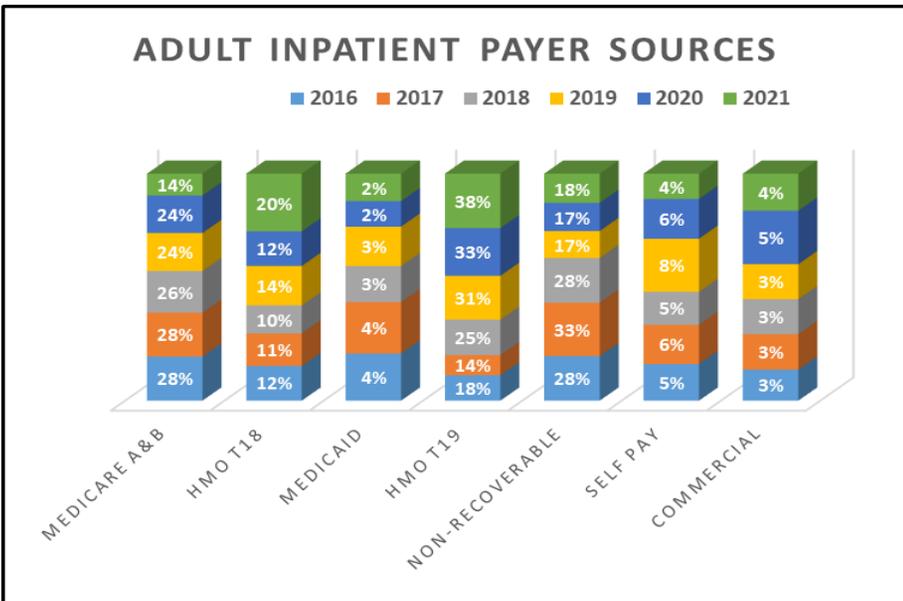
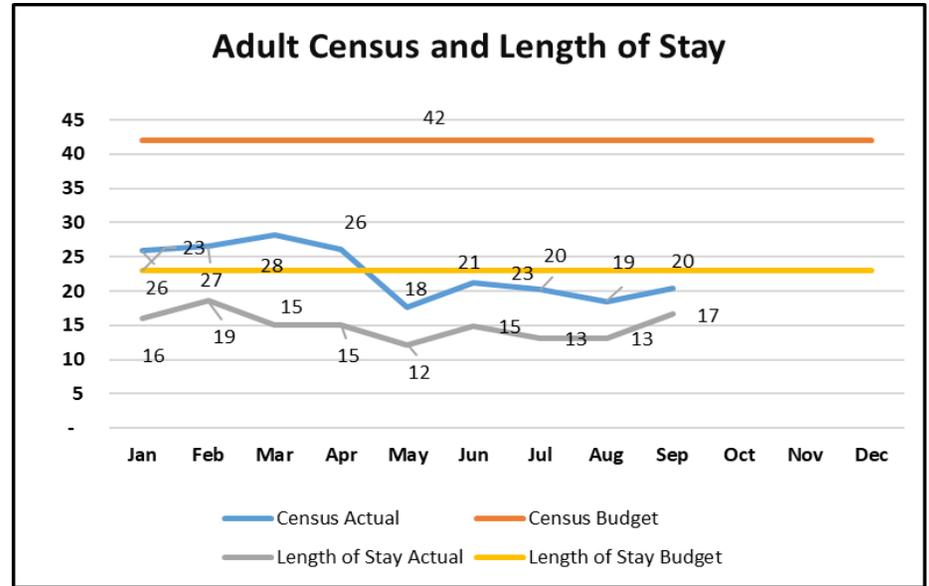
Initiative	Status
FQHC Partnerships	➡ In progress
CSP AOT Team	⬆ Received Certification
Crisis Stabilization Redesign	➡ In progress
State Institutes over budget	⬇ Positive trend turned negative in Q4

Complete	⬆	Not Done	⬇	Progressing	➡
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# ACUTE ADULT INPATIENT DASHBOARD

3rd Quarter 2021

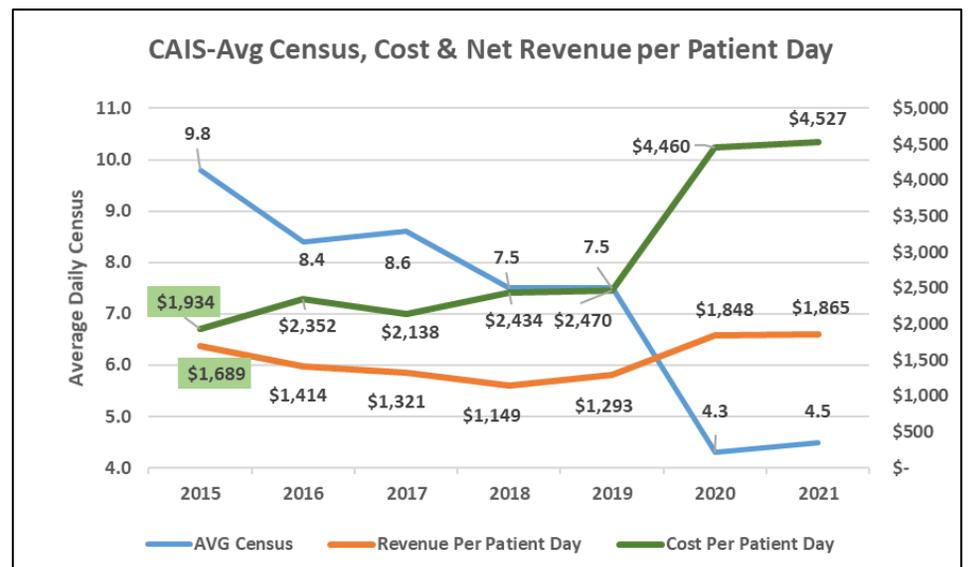
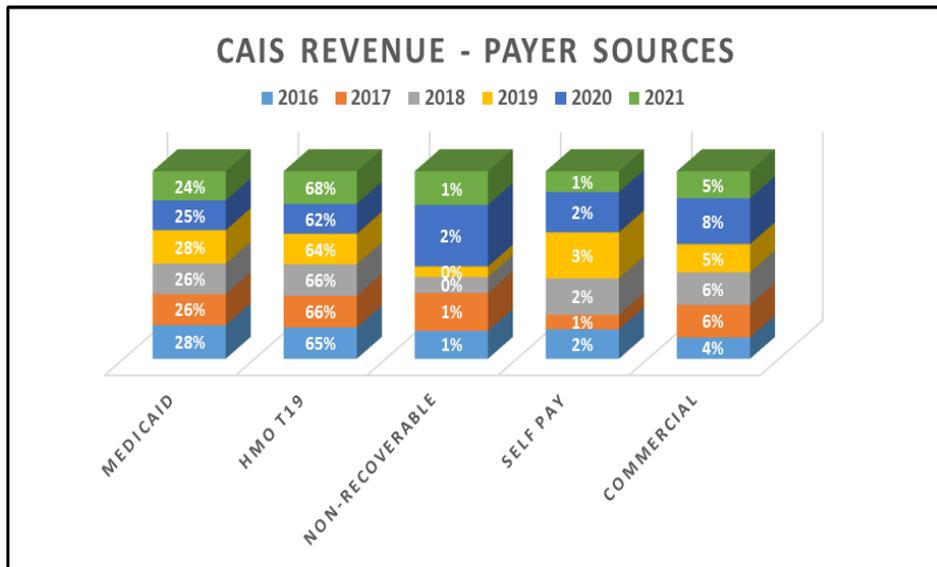
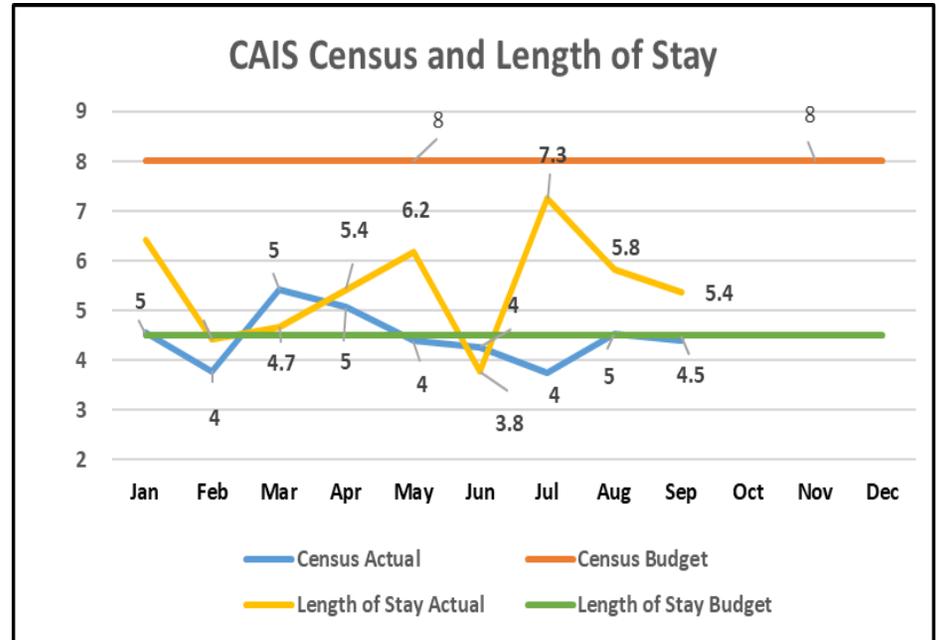
	2021 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	7,583,492	10,816,484	15,604,053	(4,787,569)
<b>Expense</b>				
Personnel	9,857,727	14,127,939	15,560,649	1,432,710
Commodities/Service	2,442,608	4,279,840	2,846,076	(1,433,764)
Depreciation/Invento	347	463	-	(463)
Other Charges	3,995,099	5,991,202	3,349,001	(2,642,201)
Capital	-	-	-	-
Intra County Services	6,357,498	8,476,663	8,347,711	(128,952)
<b>Total Expense</b>	22,653,279	32,876,108	30,103,437	(2,772,671)
Tax Levy	15,069,787	22,059,624	14,499,384	(7,560,240)



# CAIS (Child & Adolescent Inpatient) DASHBOARD

3rd Quarter 2021

	Actual YTD	2021 Annual Projection		
		Projection	Budget	Variance
<b>Revenue</b>	2,396,163	3,194,884	4,648,372	(1,453,488)
<b>Expense</b>				
Personnel	3,200,528	4,325,470	4,426,108	100,638
Commodities/Service	112,107	172,556	248,813	76,257
Depreciation/Invento	-	-	-	-
Other Charges	-	-	-	-
Capital	-	-	-	-
Intra County Services	2,235,599	2,980,798	2,780,208	(200,590)
<b>Total Expense</b>	5,548,234	7,478,824	7,455,129	(23,695)
Tax Levy	3,152,071	4,283,940	2,806,757	(1,477,183)



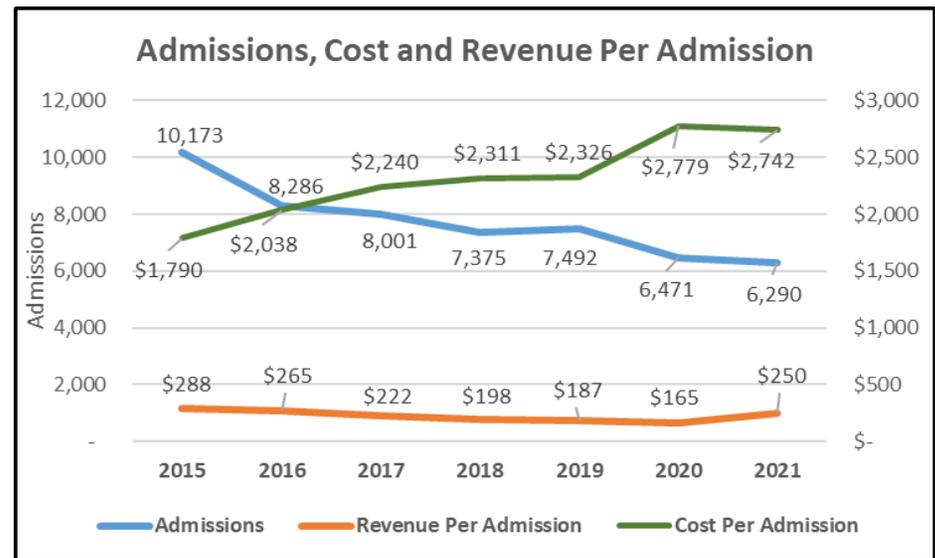
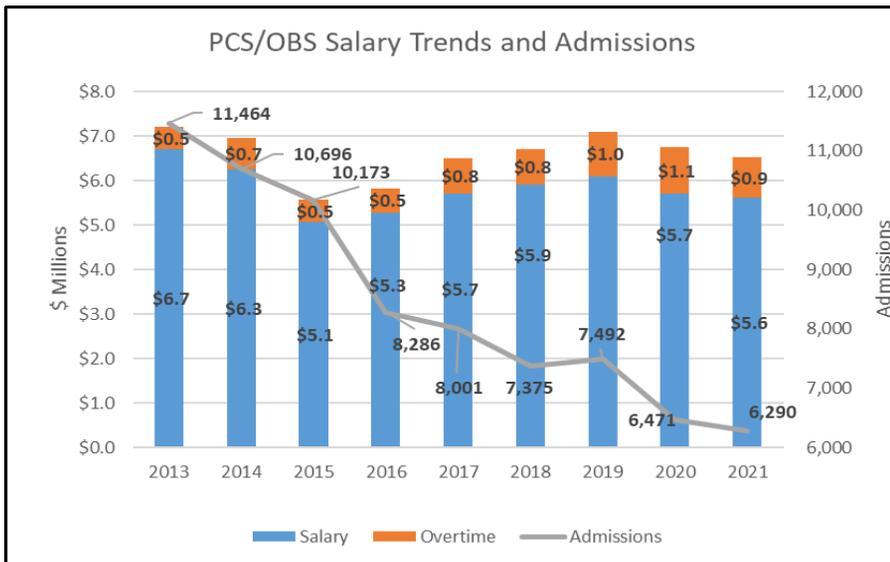
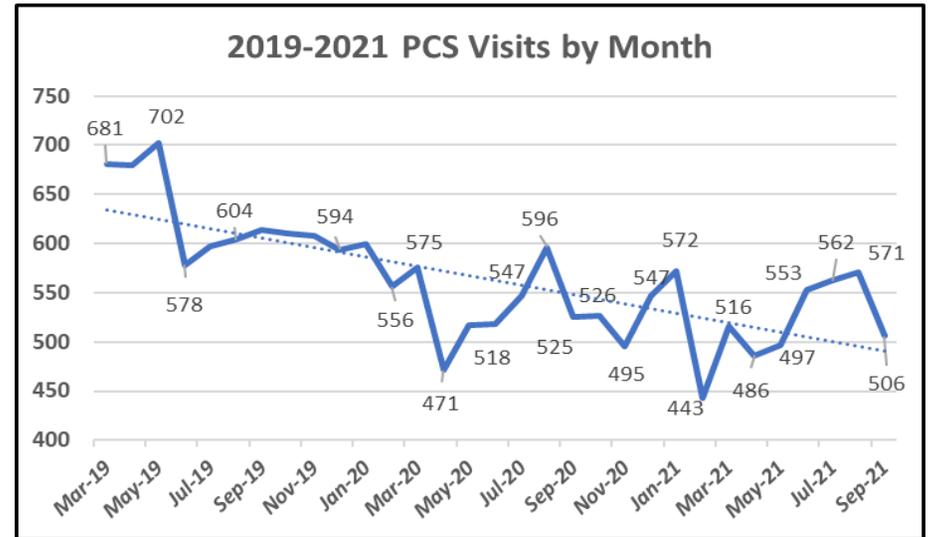
# PCS - ER and Observation DASHBOARD

3rd Quarter 2021

	2021 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue*</b>	11,407,658	9,270,811	9,211,833	58,978
<b>Expense</b>				
Personnel	8,219,692	11,423,693	11,412,474	(11,219)
Commodities/Services	314,968	487,651	636,126	148,475
Depreciation/Inventor	554	739	-	(739)
Other Charges	-	-	-	-
Capital	-	-	-	-
Intra County Services	4,000,971	5,334,627	5,625,488	290,861
<b>Total Expense</b>	12,536,185	17,246,710	17,674,088	427,378
Tax Levy	1,128,527	7,975,899	8,462,255	486,356

\* The majority of "Revenue" \$7,700,026 is BCA (Basic County Allocation), a source of taxpayer revenue. The State Plan Amendment cost settlement was split between Inpatient and PCS giving PCS \$585,829 in additional revenue this year.

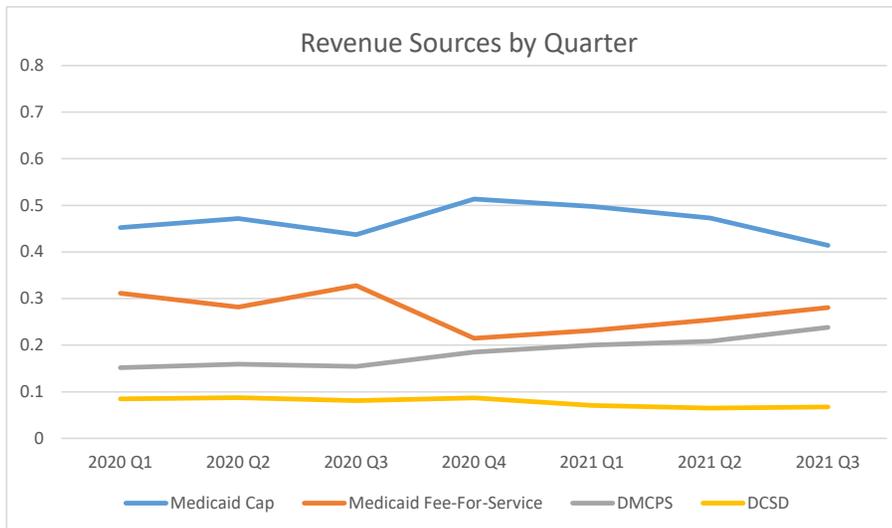
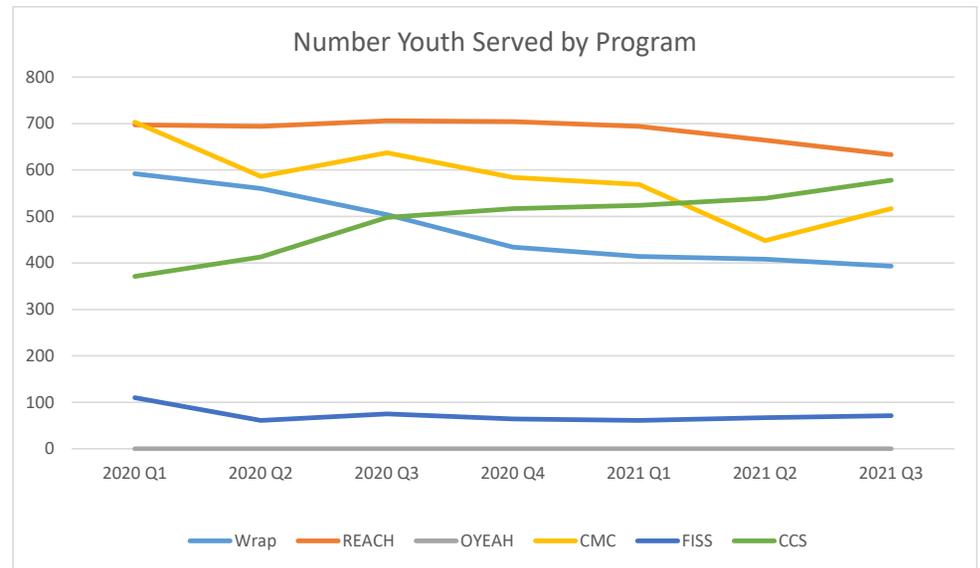
Number of PCS visits plateaued/decreased for the 10 months from June 2019 through March 2020 prior to the Covid related drop in April 2020. There is continued variability by month with a downward trend:



## WRAPAROUND DASHBOARD

3rd Quarter 2021

	Actual YTD	2021 Annual Projection		
		Projection	Budget	Variance
<b>Revenue</b>	36,305,684	64,833,198	69,172,045	(4,338,847)
<b>Expense</b>				
Personnel	4,461,602	6,906,034	8,607,057	1,701,023
Commodities/Services	674,042	898,723	1,033,043	134,320
Depreciation/Inventory	708	943	-	(943)
Other Charges	34,647,518	56,352,688	60,083,311	3,730,623
Capital	-	-	-	-
Intra County Services	2,513,865	2,925,193	(53,380)	(2,978,573)
<b>Total Expense</b>	42,297,734	67,083,580	69,670,031	2,586,451
Tax Levy	5,992,050	2,250,382	497,986	(1,752,396)



<b>WRAP by Low Org</b>	Projected 2021			
	Wrap HMO	Wrap Grants	CCS	FISS
<b>REVENUE:</b>				
State and Federal Revenue	352,191	3,017,469	0	295,404
Other Direct Revenue	47,800,931	0	13,367,204	0
<b>Revenue Total</b>	<b>48,153,122</b>	<b>3,017,469</b>	<b>13,367,204</b>	<b>295,404</b>
<b>EXPENDITURE:</b>				
Personnel	5,332,141	1,436,366	0	137,528
Commodities/Services	433,322	451,667	13,733	0
Depreciation/Inventory	943	0	0	0
Other Charges	41,166,810	1,469,621	13,439,162	277,095
Capital	0	0	0	0
Intra County Services	2,115,706	241,385	514,896	53,206
<b>Expenditure Total</b>	<b>49,048,922</b>	<b>3,599,038</b>	<b>13,967,791</b>	<b>467,829</b>
<b>TAX LEVY</b>	<b>895,800</b>	<b>581,569</b>	<b>600,587</b>	<b>172,425</b>

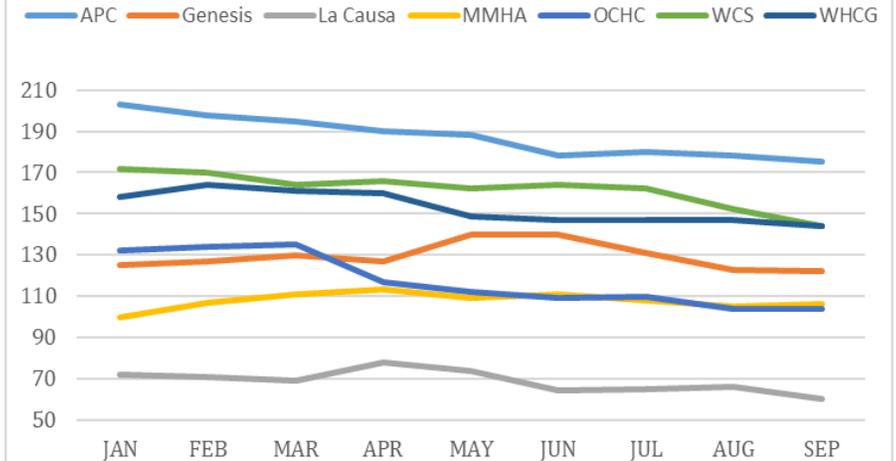
## TCM (Targeted Case Management) DASHBOARD

### 3rd Quarter 2021

	2021 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	5,829,596	8,324,915	4,010,899	4,314,016
<b>Expense</b>				
Personnel	216,921	285,966	282,899	(3,067)
Commodities/Services	364	486	-	(486)
Depreciation/Inventory	-	-	-	-
Other Charges	5,451,409	6,366,364	6,563,169	196,805
Capital	-	-	-	-
Intra County Services	395,653	527,537	553,723	26,186
<b>Total Expense</b>	6,064,347	7,180,353	7,399,791	219,438
Tax Levy	234,751	(1,144,562)	3,388,892	4,533,454

Average Enrollment                      944                      930                      1,250

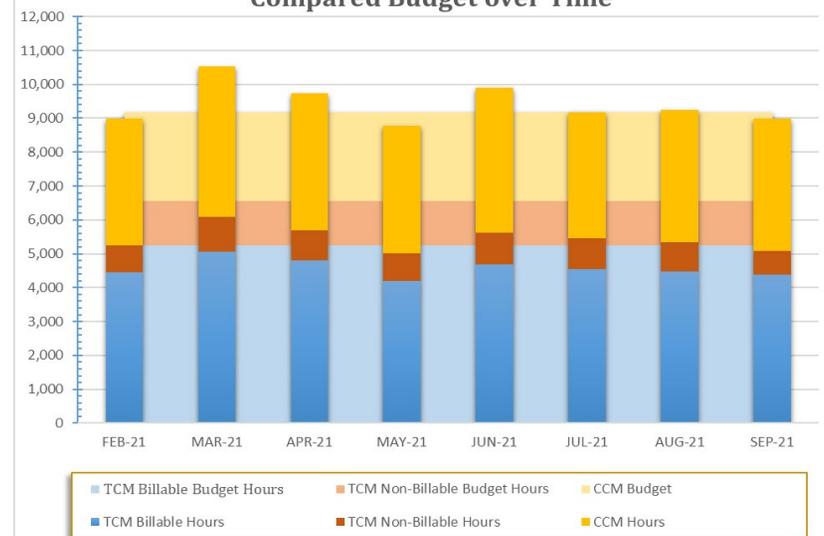
### TCM Distinct Clients by Provider



	2021 Q3			2021 YTD		
	Billable	Non-billable	% Non-billable	Billable	Non-billable	% Non-billable
APC	11,252	2,209	16%	34,310	7,636	18%
Horizon	8,518	2,161	20%	23,922	7,186	23%
La Causa	3,816	750	16%	11,182	1,990	15%
MMHA	6,374	1,806	22%	19,797	5,414	21%
OCHC	5,745	328	5%	17,330	977	5%
WCS	9,176	2,000	18%	28,250	6,196	18%
WHCG	8,683	674	7%	30,018	1,725	5%
<b>TOTAL</b>	<b>53,563</b>	<b>9,929</b>	<b>16%</b>	<b>164,807</b>	<b>31,125</b>	<b>16%</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) DASHBOARD

3rd Quarter 2021

	Actual YTD	2021 Annual Projection		
		Projection	Budget	Variance
<b>Revenue</b>	22,959,949	32,868,786	33,143,973	(275,187)
<b>Expense</b>				
Personnel	571,688	813,030	821,954	8,924
Commodities/Service	-	-	-	-
Depreciation/Invento	-	-	-	-
Other Charges	21,830,463	31,296,200	32,803,494	1,507,294
Capital	-	-	-	-
Intra County Services	2,005,985	2,674,646	2,806,338	131,692
<b>Total Expense</b>	24,408,136	34,783,876	36,431,786	1,647,910
Tax Levy	1,448,187	1,915,090	3,287,813	1,372,723

Average Enrollment	1,662	1,638	1,543
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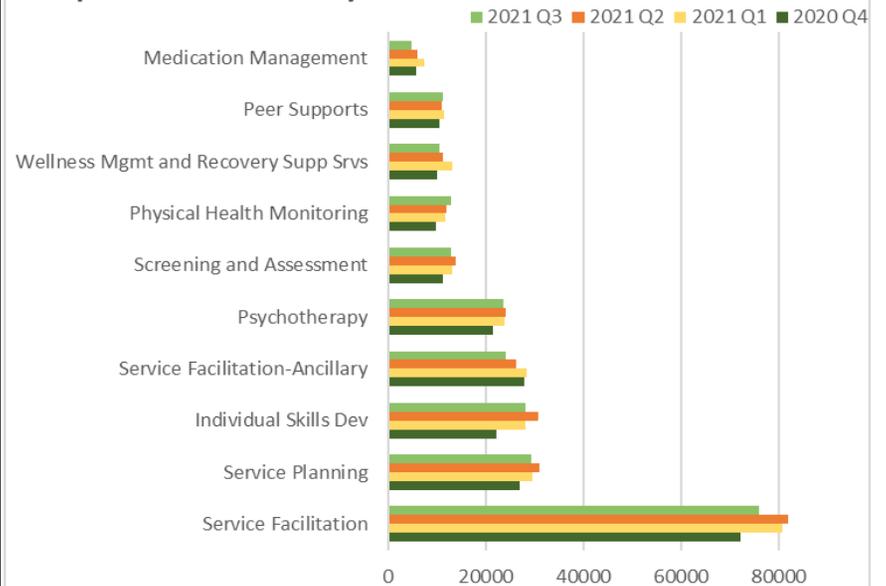
### Distinct Clients Served 2018 to 2021



### Number of Billable to Nonbillable Dollars - Top 10 Providers

	2021 Q3 Totals						2021 YTD Totals					
	Billable		Non-Billable		% Non-Billable		Billable		Non-Billable		% Non-Billable	
	Billable	Non-Billable	% Non-Billable	Billable	Non-Billable	% Non-Billable	Billable	Non-Billable	% Non-Billable	Billable	Non-Billable	% Non-Billable
Wisconsin Community Services	35,217	55	0.2%	106,706	263	0.2%						
Project Access	36,395	625	1.7%	98,592	1,673	1.7%						
Whole Health Clinical Group	26,180	-	0.0%	93,197	383	0.4%						
Alternatives in Psychological Con	24,441	200	0.8%	78,302	441	0.6%						
Guest House	14,612	216	1.5%	52,548	216	0.4%						
Summit Wellness	18,091		0.0%	50,430		0.0%						
Sirona Recovery	14,535	261	1.8%	45,117	683	1.5%						
Milwaukee Mental Health Associates	11,650	104	0.9%	34,759	361	1.0%						
Professional Services Group	11,309	182	1.6%	30,380	461	1.5%						
Outreach Community Health Center	8,506	131	1.5%	27,650	208	0.8%						

### Top 10 CCS Services by Units

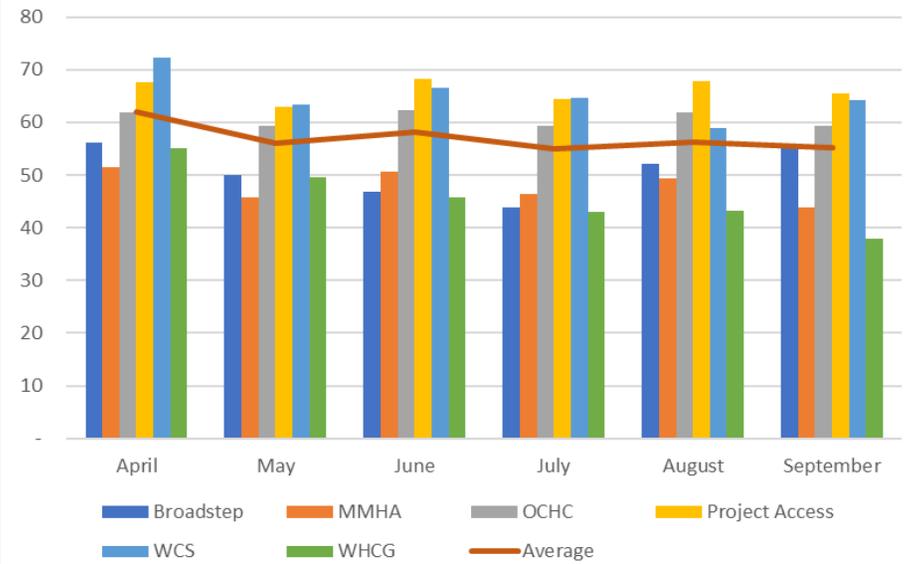


## CSP (Community Support Program) DASHBOARD 3rd Quarter 2021

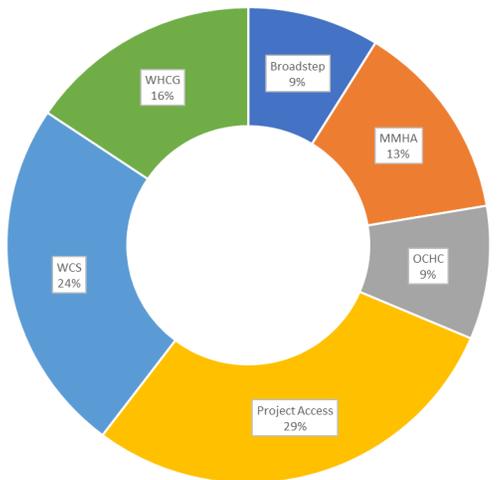
	2021 Annual Projection			
	Actual YTD	Projection	Budget	Variance
<b>Revenue</b>	11,375,289	14,630,514	10,702,800	3,927,714
<b>Expense</b>				
Personnel	628,443	945,096	941,424	(3,672)
Commodities/Services	169,420	225,893	357,895	132,002
Depreciation/Inventory	-	-	-	-
Other Charges	10,268,653	15,183,487	14,072,029	(1,111,458)
Capital	-	-	-	-
Intra County Services	921,506	1,228,674	1,291,720	63,046
<b>Total Expense</b>	11,988,021	17,583,151	16,663,068	(920,083)
Tax Levy	612,732	2,952,637	5,960,268	3,007,631

Average Enrollment	1,263	1,254	1,283
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### 2021 Q2 to Q3 Average Units Paid per Unique Client

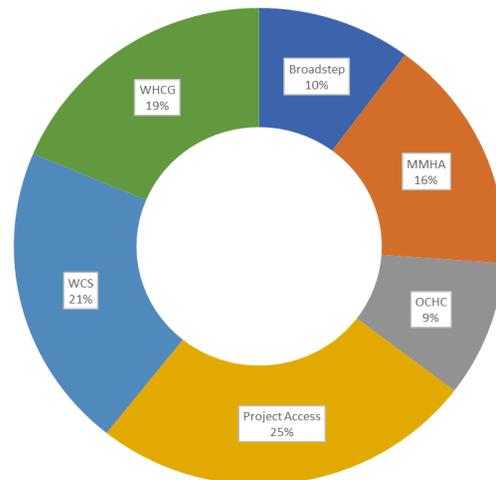


### 2021 to September % of Units Paid per Provider



Agency	Individual Units	
	September	YTD Total
Broadstep	7,123	57,590
MMHA	8,768	88,257
OCHC	7,187	59,131
Project Access	21,608	188,686
WCS	16,111	157,307
Whole Health	8,872	101,833
<b>Grand Total</b>	<b>69,669</b>	<b>652,804</b>

### 2021 to September % of Consumers per Provider



Agency	Ave Clients	
	September	YTD Ave per Month
Broadstep	128	128
MMHA	200	202
OCHC	121	116
Project Access	330	320
WCS	251	261
Whole Health	236	236
<b>Grand Total</b>	<b>1,266</b>	<b>1,263</b>

# ATTACHMENT B

Quarter 2 - 2021



# BHD

MILWAUKEE COUNTY  
Behavioral  
Health  
Division

# CARS Quarterly Report

## OUTCOMES BY ENROLLMENT

We have continued with the changes that were made to the CARS Quarterly Report in the first quarter of 2021. Once again, our population health outcomes are reported by enrollment duration over time. A new addition to this is the inclusion of a data point for clients who were enrolled before July 2018. As stated in the previous quarter's dashboard summary, the client "change over time" data only applies to clients who were enrolled in BHD after July of 2018 because several of the metrics used in these calculations were not added until July of 2018. Thus, clients enrolled prior to that timepoint do not have "initial" data for these metrics. By adding this new data point, we can account for all clients, enrolled both before and after July 2018. This is a current point-in-time status, listed as "follow-up".

## BENCHMARKING OUR DATA

We are also continuing our work to add benchmark data points to several of our metrics. This quarter, we have added a benchmark for the percent selecting "poor" or "fair" physical health. This benchmark is from the University of Wisconsin Population Health Institute's County Health Rankings website. Additional benchmarks from the Wisconsin Interactive Statistics on Health (WISH) database are now in use, and we have added a benchmark for average age at death. We were able to locate an overall benchmark, as well as benchmarks for white and Black individuals.

## SOME COMMENTS ON THE RESULTS

In contrast to last quarter's report, Black consumers had very similar ratings of quality of life to white consumers in the second quarter. While 32.55% of Black consumers indicated "good" or "very good" quality of life initially, 56.38% had "good" or "very good" quality of life at follow-up. This is compared to 33.23% of white consumers initially, and 56.13% at follow-up. Average age of death was added to this report, along with benchmarks, and it is notable that CARS clients tend to have much younger ages of death than the Milwaukee County benchmarks. We would like to point out an increase of about \$125 in the average cost per consumer per month by quarter. As with previous versions of the quarterly report, there is a gap between the per member per month spend between Black and white consumers of care, though this gap appears to be narrowing. For example, when we first began disaggregating our data by race in quarter 2 of 2020, the mean difference was approximately \$168.06. This figured jumped to \$223.85 dollars in quarter 3 of 2020. Since that time, however, this mean difference has dropped every quarter and currently stands at \$115.45.

For several of our metrics, there appeared to be a higher rate of change amongst our longer duration cohorts. This appeared to be due, in part, to the higher severity of need evidenced by these cohorts at their intake assessment.

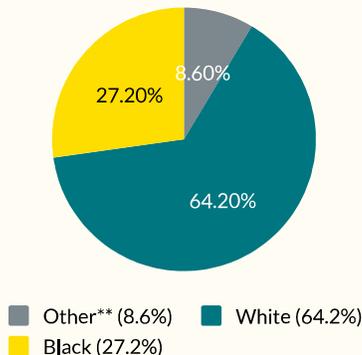
## NEXT STEPS

More work is being completed in terms of cost of care disparities between our clients. We plan to present a full summary of our findings at the MHB Quality Committee meeting in December of 2021. We hope to continue locating and adding additional benchmarks for other metrics in future iterations of the Quarterly Report. Lastly, in the future we would like to look further into our community impact. This will include the development of a Community Dashboard, which would include both CARS and Crisis Services.

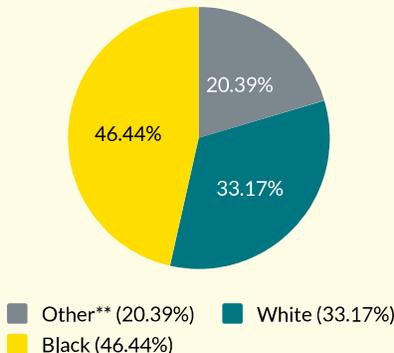
# Demographic Information of the Population We Serve

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

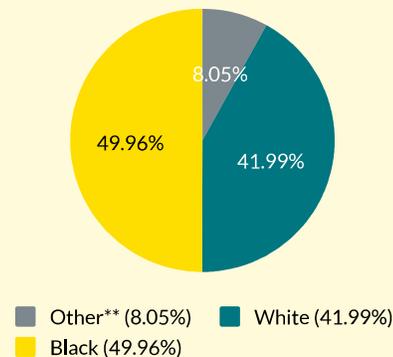
### Race (Milwaukee County)\*



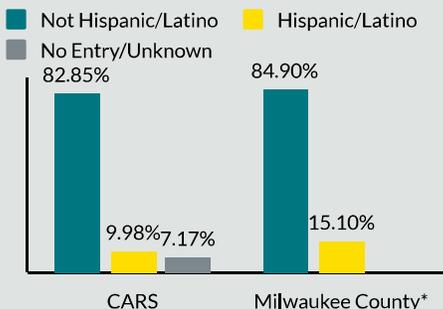
### Race of MKE County at or Below 100% Poverty Level



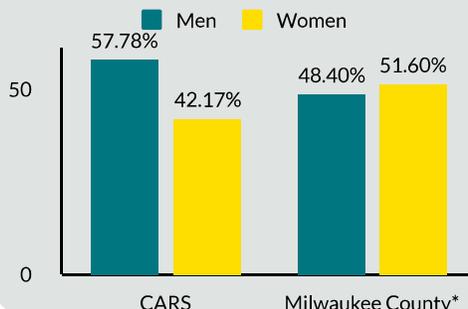
### Race (CARS)



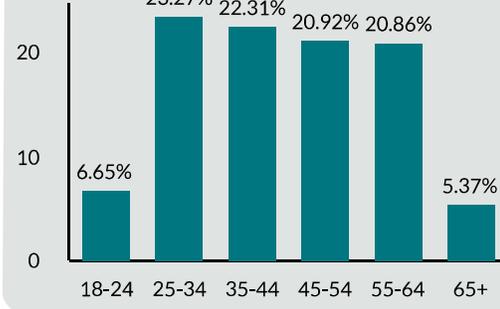
### Ethnicity



### Gender



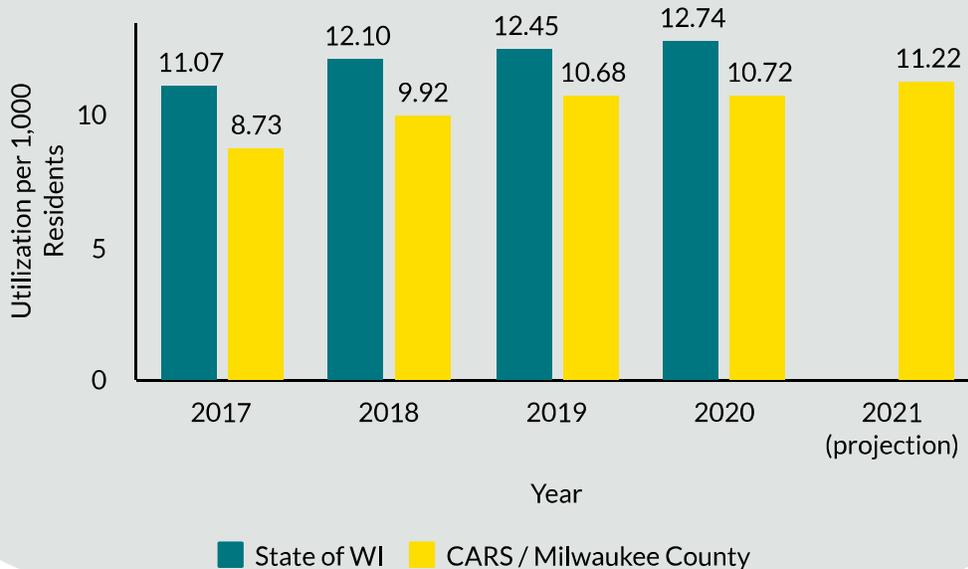
### Age



## Community Utilization per 1,000 Residents

The graph to the right depicts how many individuals are served in the state of Wisconsin vs. Milwaukee County (by CARS) per 1,000 residents. Milwaukee County data was calculated by looking at how many unique clients were served in CARS and the overall Milwaukee County population. State of Wisconsin data was obtained from the Uniform Reporting System (URS). As you can see, while the State of Wisconsin is serving more individuals per 1,000 than CARS serves in Milwaukee County, the rate served steadily increases each year. The gap between the state and Milwaukee County has also shrunk, meaning that Milwaukee County has been getting closer to serving the same amount of people per 1,000 as the state of Wisconsin.

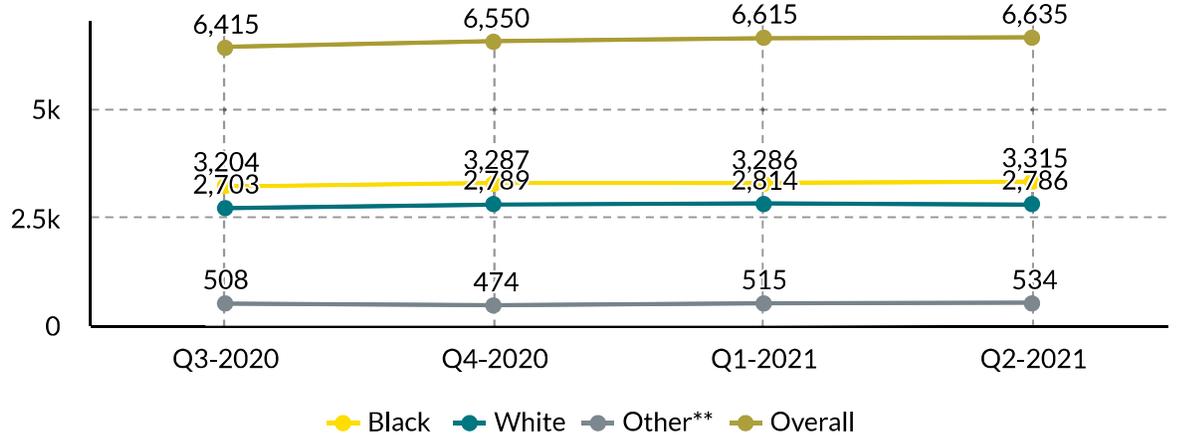
Please note: the CARS rates do not include Community Crisis Services, which may lead to an underestimation of total community utilization rates relative to the state rates.



\*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"

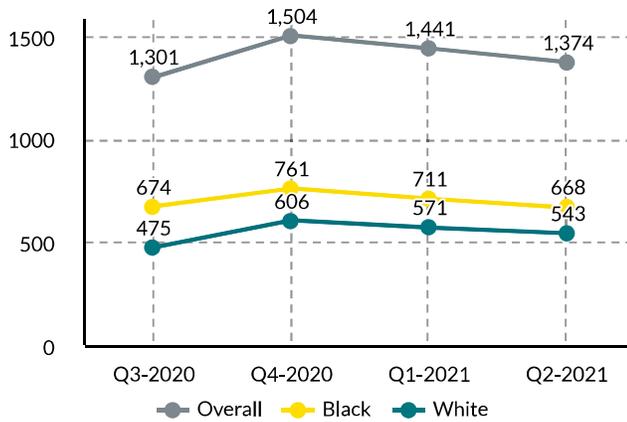
Volume Served

Volume Served by Race

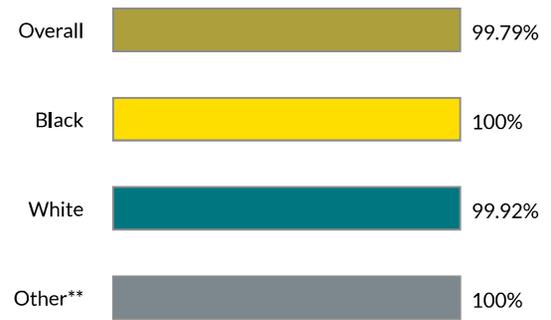


Referrals

Referrals



Percent Served within 7 days



Time to First Service

Average Consumer Satisfaction Score (Range from 1-5)

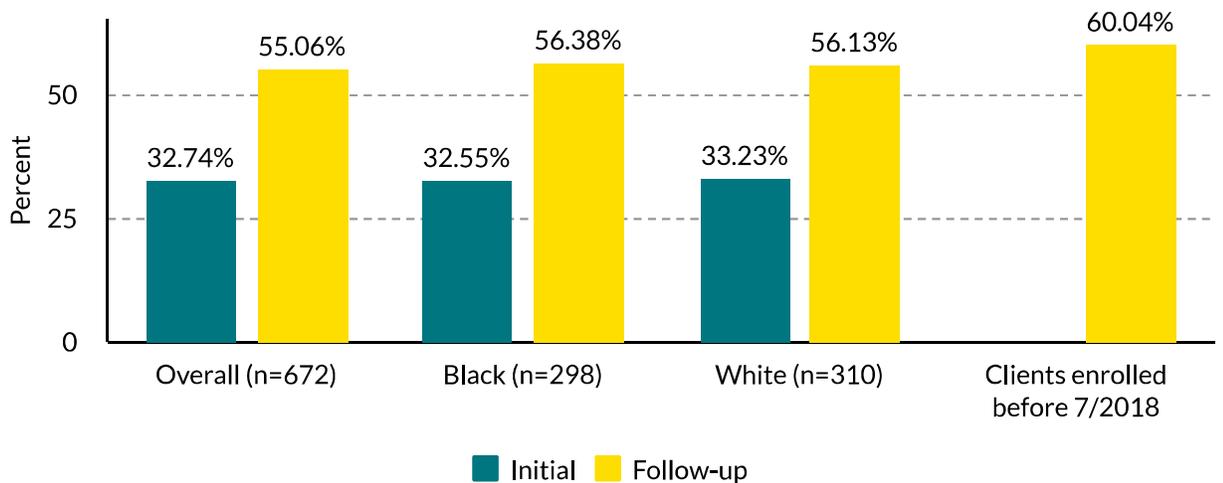


Population Health

Change Over Time - Client Enrollment

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

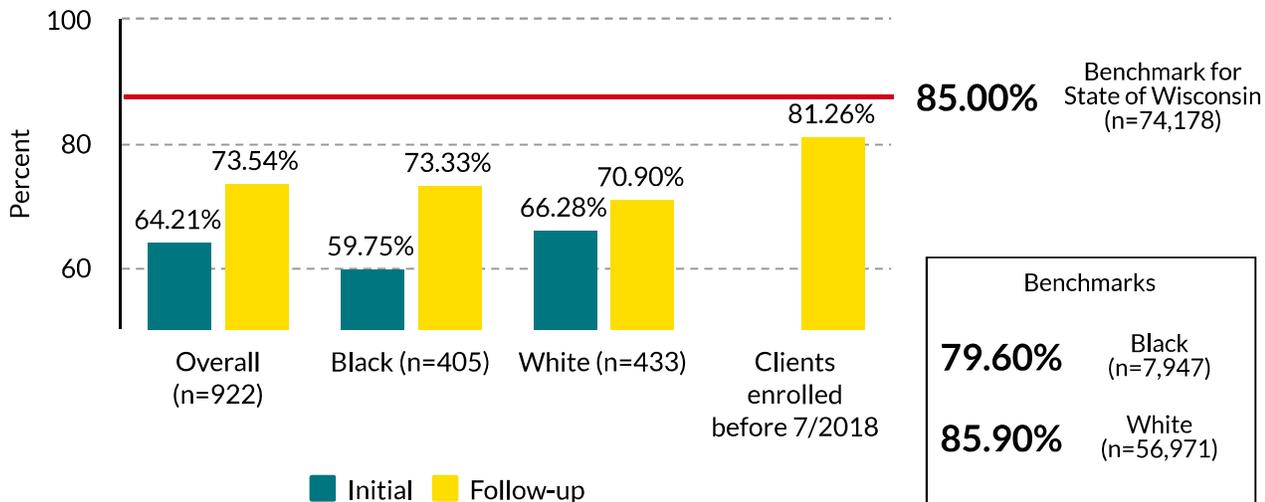
Average duration of enrollment: 424.75 days



# Domain: Population Health (cont.)

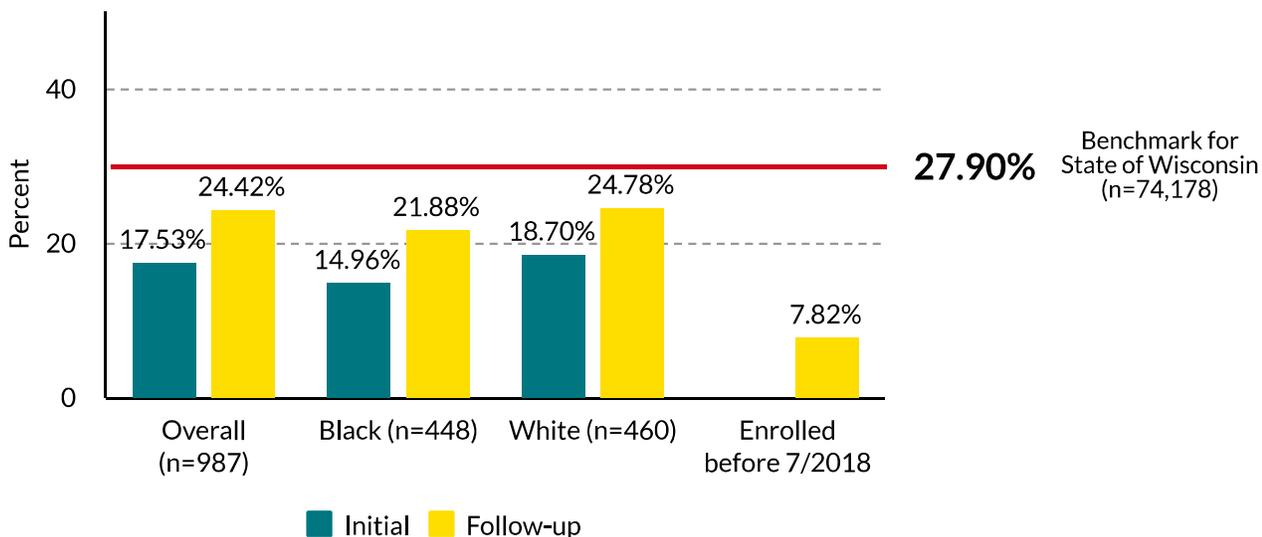
Percent with a Private Residence Overall and by Race

Average duration of enrollment: 406.87 days



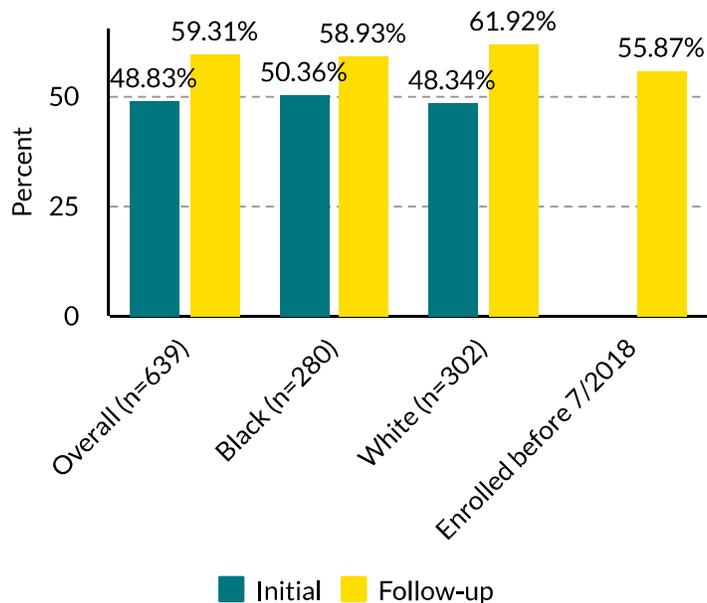
Percent Employed Overall and by Race

Average duration of enrollment: 384.46 days

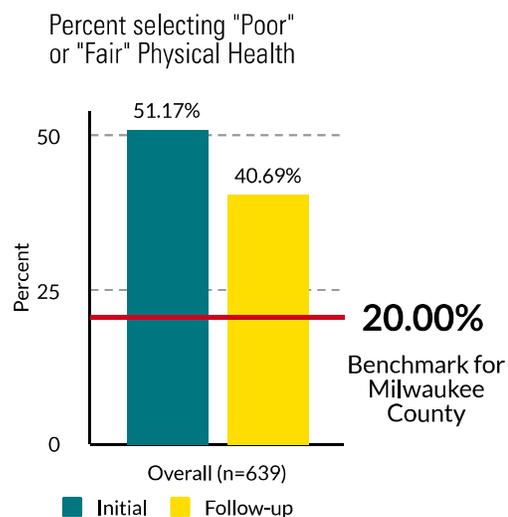


Percent selecting "Good", "Very Good" or "Excellent" Physical Health Overall and by Race

Average duration of enrollment: 426.03 days

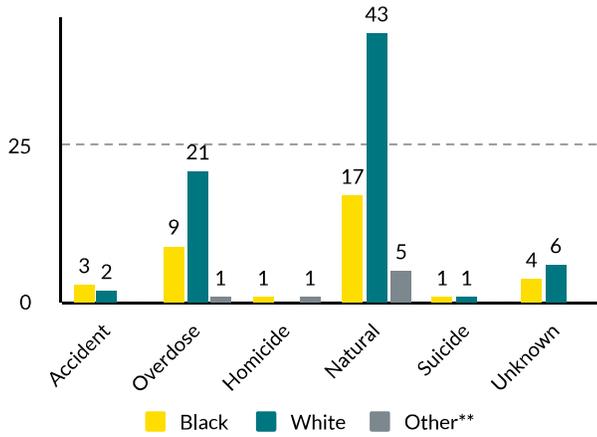


Percent selecting "Poor" or "Fair" Physical Health



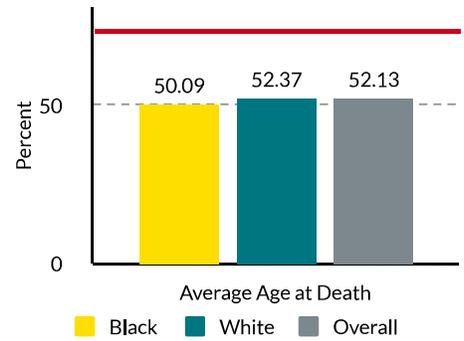
Cause of Death by Race

One quarter lag in reporting. For deaths between Q2-2020 and Q1-2021



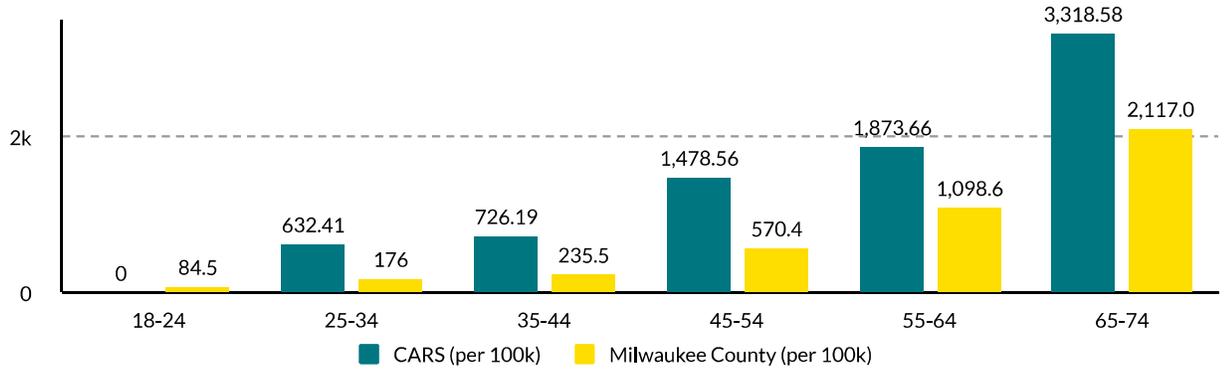
**Benchmarks**  
 White: 74.90  
 Overall: 71.50  
 Black: 62.40

Average Age at Death



Death Rate (per 100,000) by Age Range

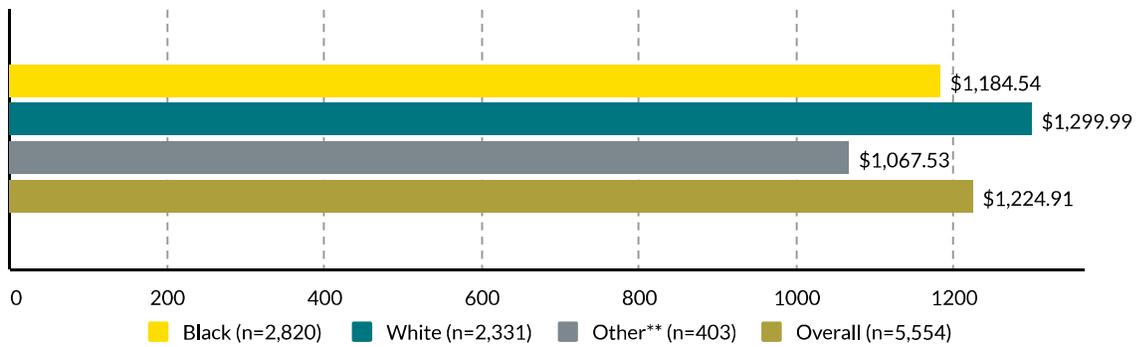
CARS number adjusted for comparison against Milwaukee County^



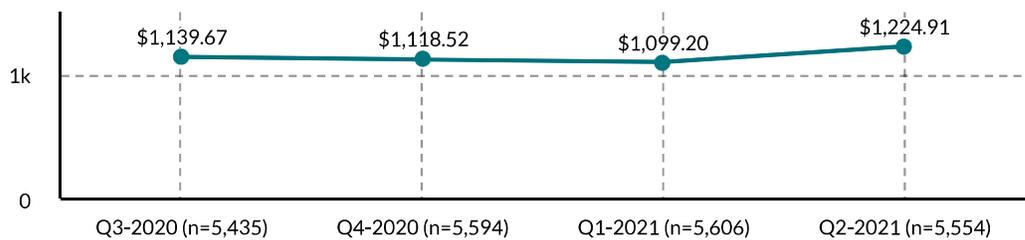
Domain: Cost of Care

Average Cost per Consumer per Month for Q2 by Race

"n" refers to an average of the number of unique consumers served per month for the quarter



Average Cost per Consumer per Month by Quarter



Domain: Staff Well-Being

Turnover

**6.07%**  
 CARS turnover rate

Staff Quality of Life

**20.00%**  
 Turnover rate for government employees (per year)^

The CARS Mentorship program has been established and will have a kick-off date after Labor Day. Several CARS staff have volunteered to be mentors to new employees.

The CARS Staff Quality of Life committee put together an executive summary on hybrid work environments. The committee spent several months discussing the topic, looking at research and articles, and putting together the summary for the director to review prior to making decisions about back-to-work policies.

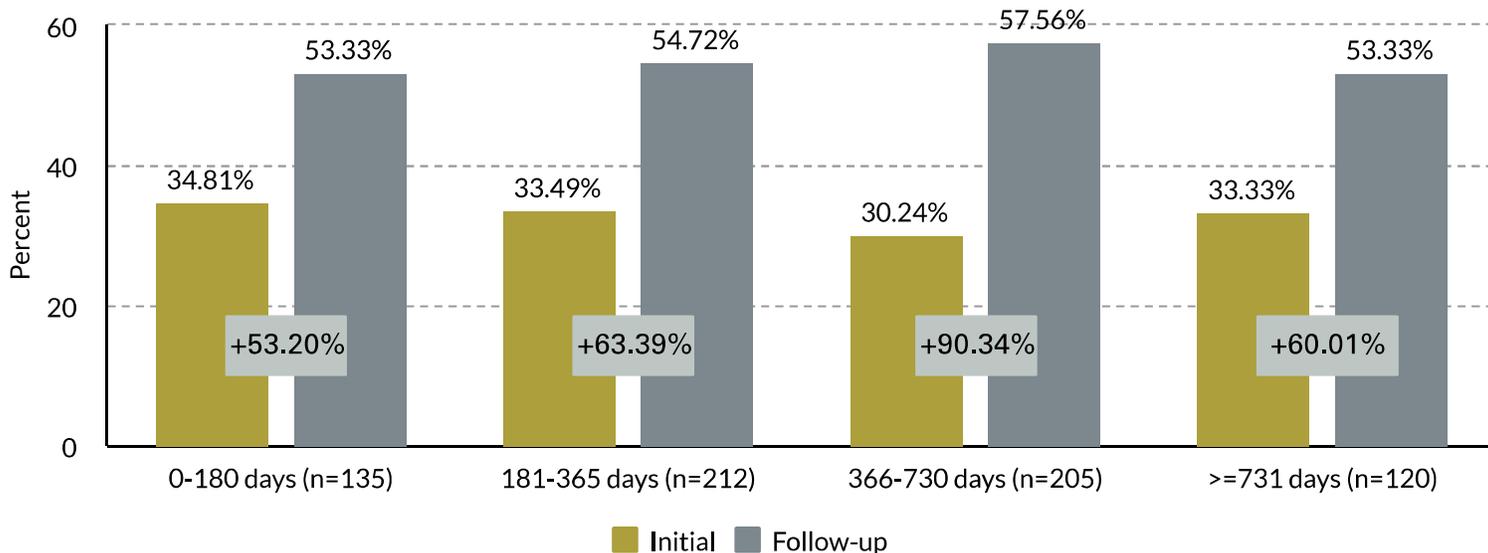
## Metric Definitions

Average Age at Death	<p>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.</p> <p>Benchmarks from 2019 Milwaukee County Mortality Data - Wisconsin Interactive Statistics on Health (WISH)</p>
Cause of Death	<p>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.</p>
Change Over Time	<p>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.</p> <p>Benchmark data from the SAMHSA Uniform Reporting System - Mental Health Community Services Block Grant 2019 State Summary Report</p>
Client Experience	<p>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).</p>
Cost of Care	<p>The average cost per consumer per month within each quarter for CARS services received by CARS consumers (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.</p>
Death Rate	<p>The CARS death rate has been adjusted to a rate per 100,000 to compare with Milwaukee County death data.</p> <p>^Comparison death data from Wisconsin Interactive Statistics on Health (WISH) data query system, 2018 mortality data</p>
Employment	<p>Percent of current employment status of unique clients reported as "full or part time employment" or "supported competitive employment"</p>
Percent Served Within 7 days	<p>Percentage of clients per quarter who received a service within 7 days of their Comprehensive Assessment.</p>
Private Residence	<p>Percent of clients who reported their current living situation as a private residence.</p>
Quality of Life	<p>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".</p>
Referrals	<p>Total number of referrals at community-based and internal Access Points per quarter.</p>
Self-Rated Health	<p>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".</p> <p>Benchmark from County Health Rankings</p>
Turnover	<p>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</p> <p>^^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>)</p>
Volume Served	<p>Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.</p>

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

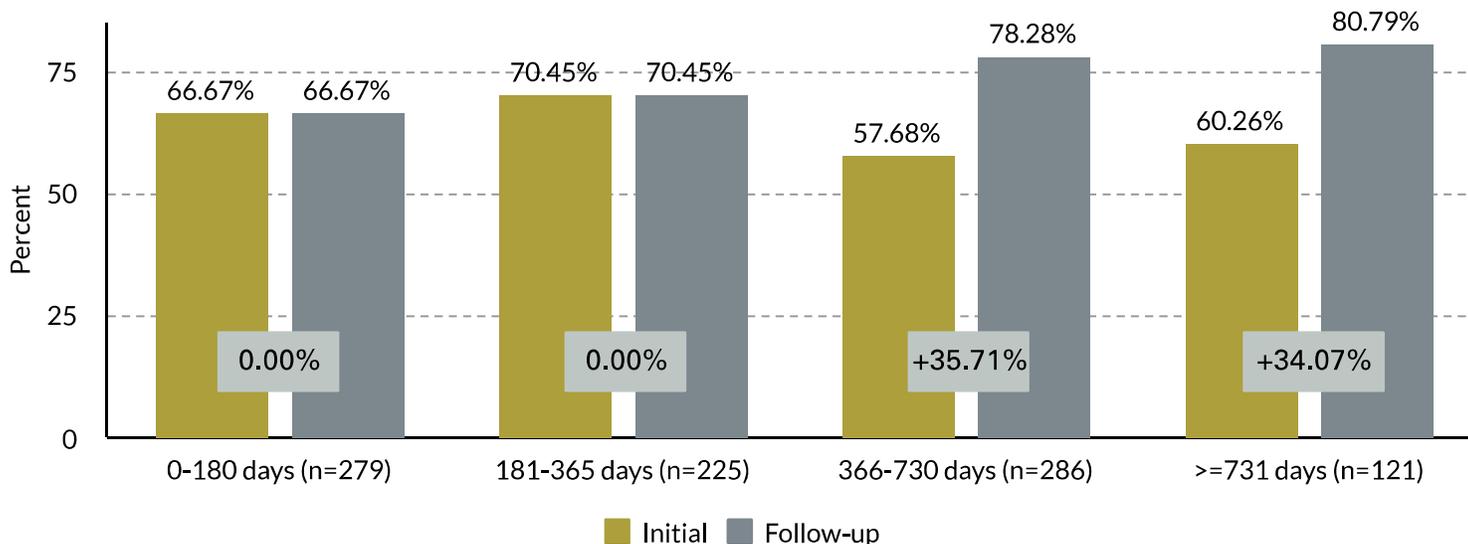
## Percent of Clients selecting "Good" or "Very Good" Quality of Life by Length of Enrollment

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 coming in with a poorer quality of life.



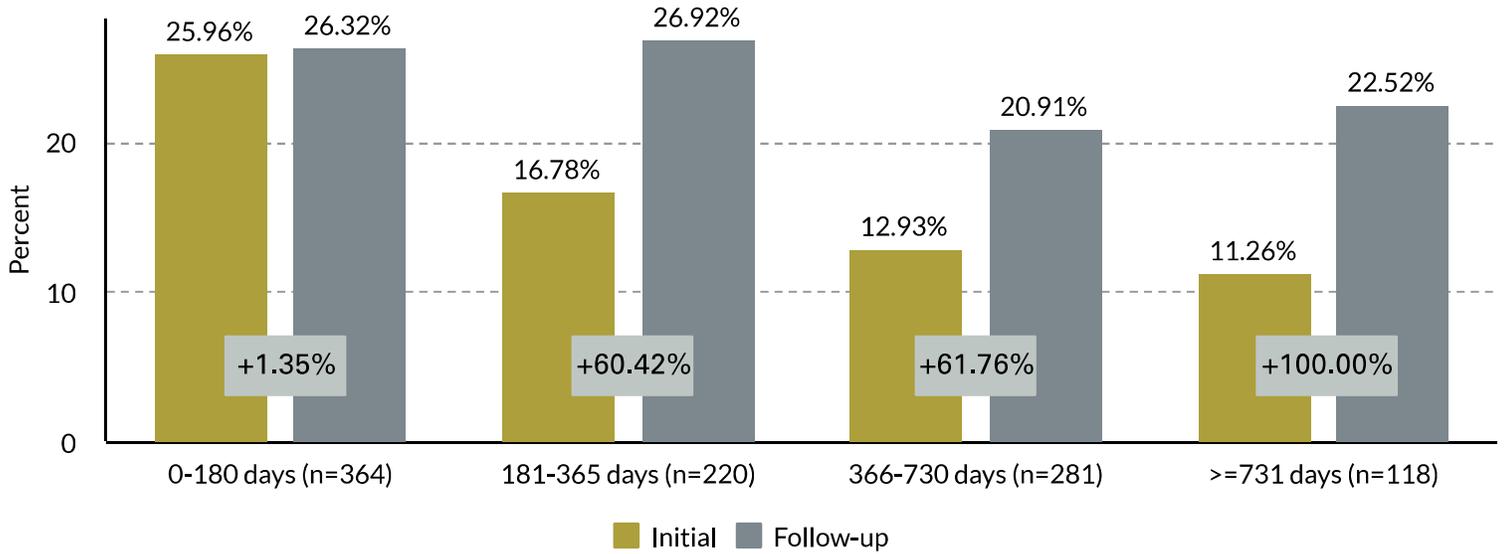
## Percent of Clients with a Private Residence

Clients enrolled longer appear to have higher rates of private residence than clients enrolled for shorter lengths of time.



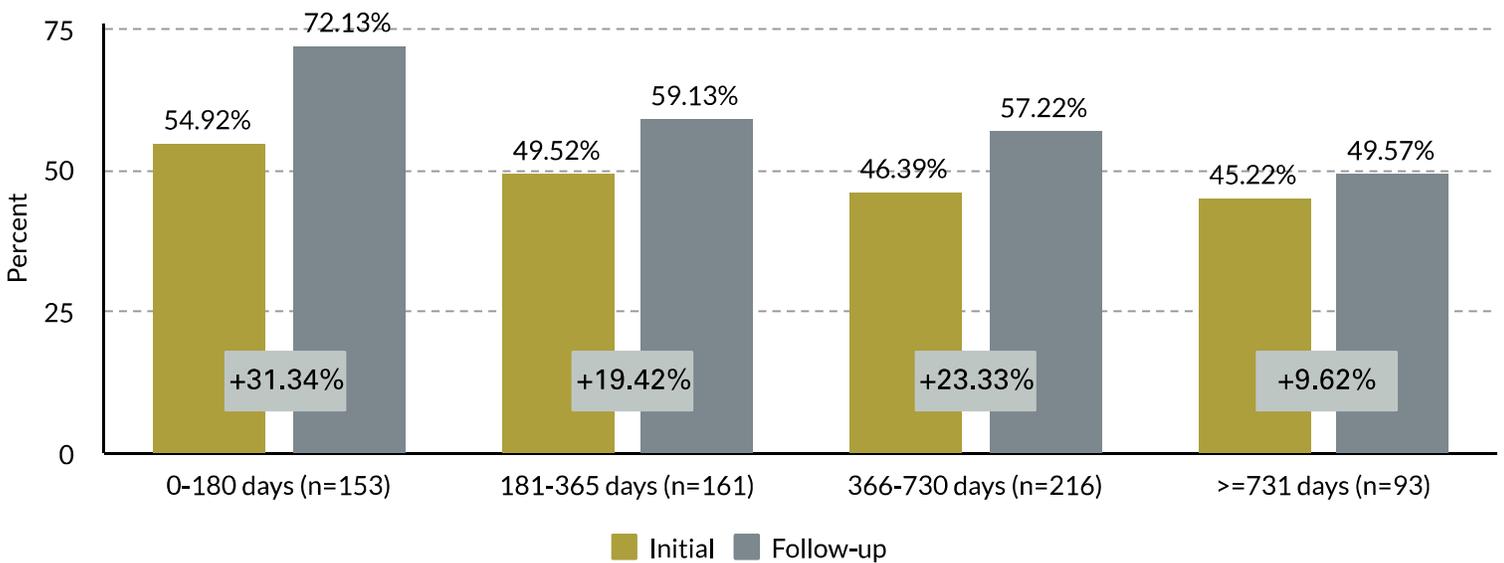
### Percent of Clients Employed

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 coming in with lower rates of employment.



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

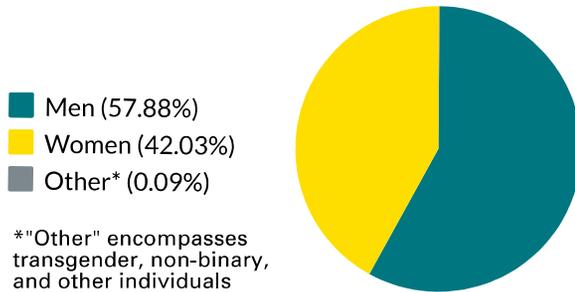
This graph shows no clear trend in terms of rate of change between cohorts. Cohorts with longer enrollments did start with lower ratings of physical health, likely influencing their higher rates of change.



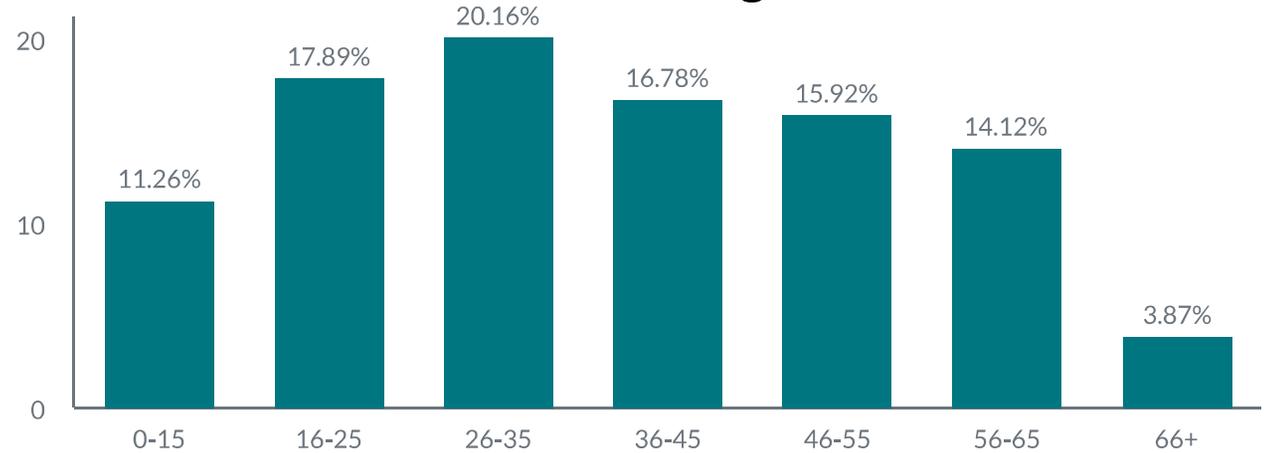
Includes all served in BHD Adult Services and Wraparound

Volume Served  
**10,089**

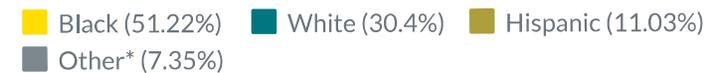
### Gender



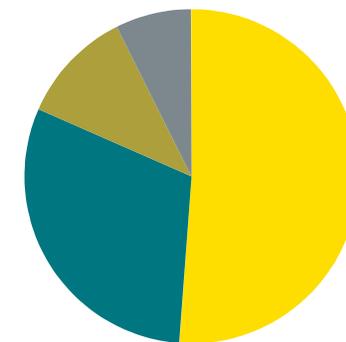
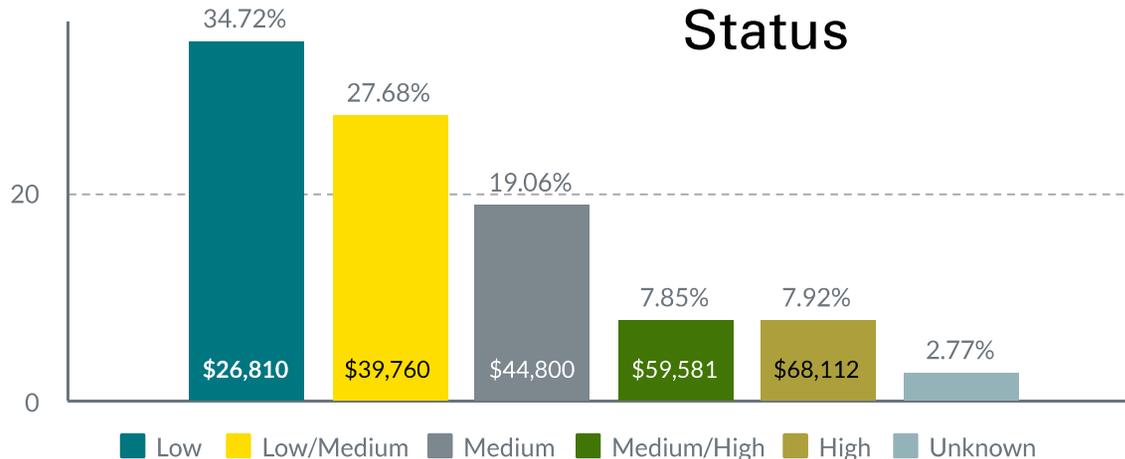
### Age



### Race/Ethnicity



### Socioeconomic Status



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

SES is determined based on income and education levels, and calculated based on zip code. Median income is listed for each group.

ATTACHMENT C

# BHD KPI Report Q2 2021

Children's Community Mental Health  
Services and Wraparound Milwaukee

# Report Overview



## Unique Families Served

1,962

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.

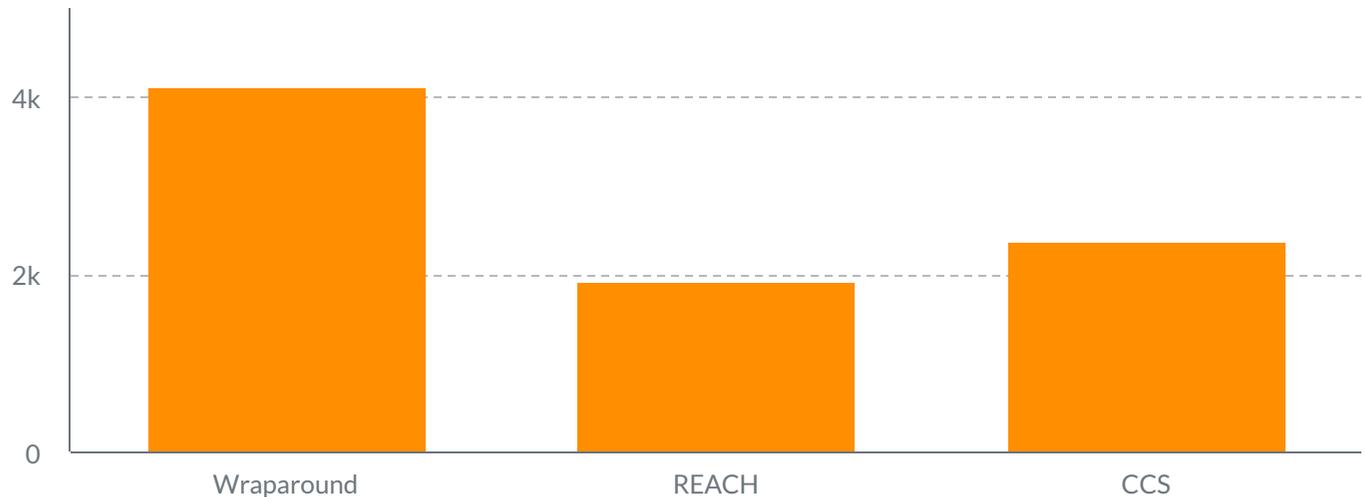
This report seeks to present information about quality care, costs, and outcomes framed by Wraparound values and DHHS values.

**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 satisfactions, permanency at discharge, natural supports, and how well youth/caregiver is doing at discharge

# Average Cost Per Family



Wraparound  
**\$4,115**

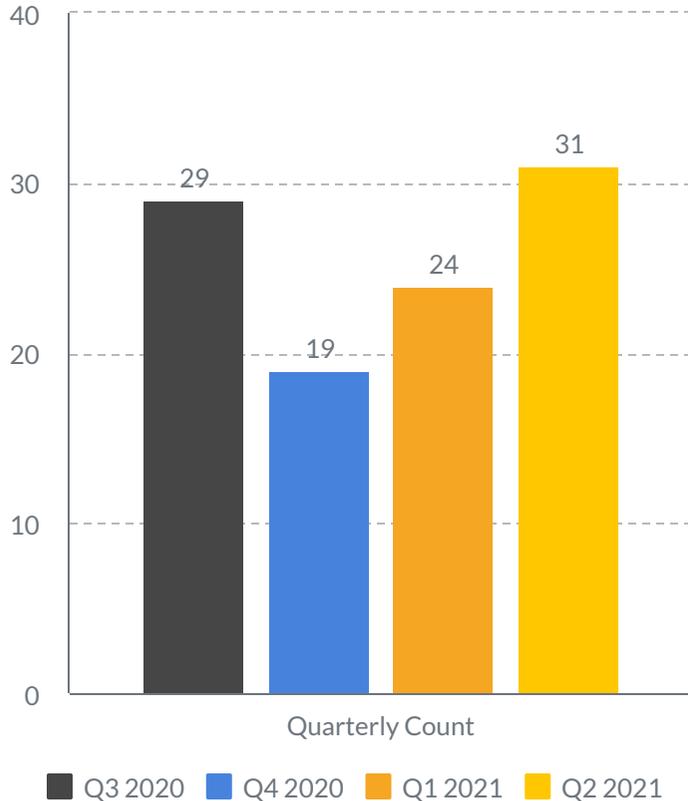
REACH  
**\$1,925**

CCS  
**\$2,381**

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

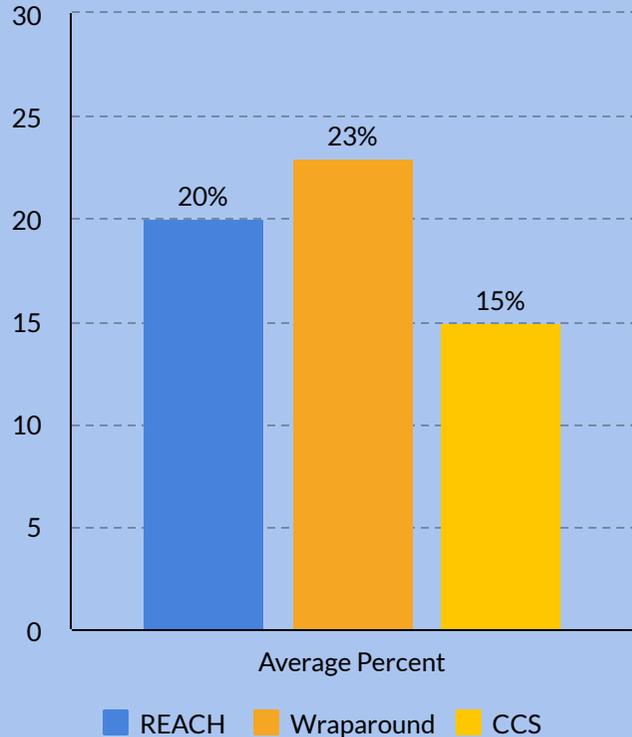
# Population Health

## Out of Home Recidivism Rate



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.

## Percent of Natural Supports



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

# Outcomes



Permanency at Discharge

## 87.32%

Percent of discharged youth placed in a home-type setting. Includes Wraparound, REACH, and CCS in the past quarter.

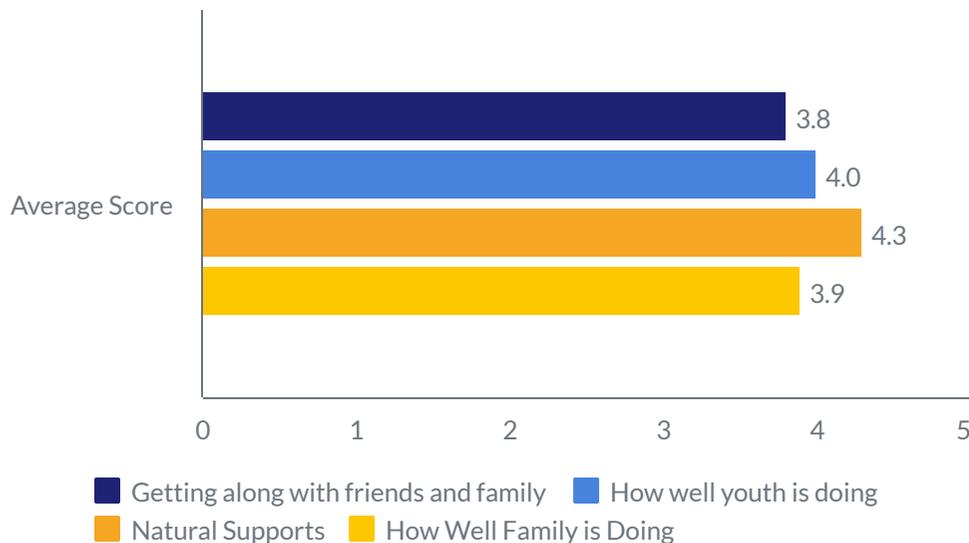


Family Satisfaction  
Overall Average  
Score

## 4.8

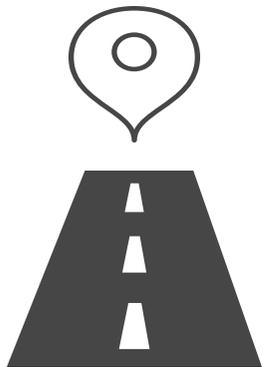
For Wraparound and REACH families in the past quarter

## Youth and Caregiver Perceptions

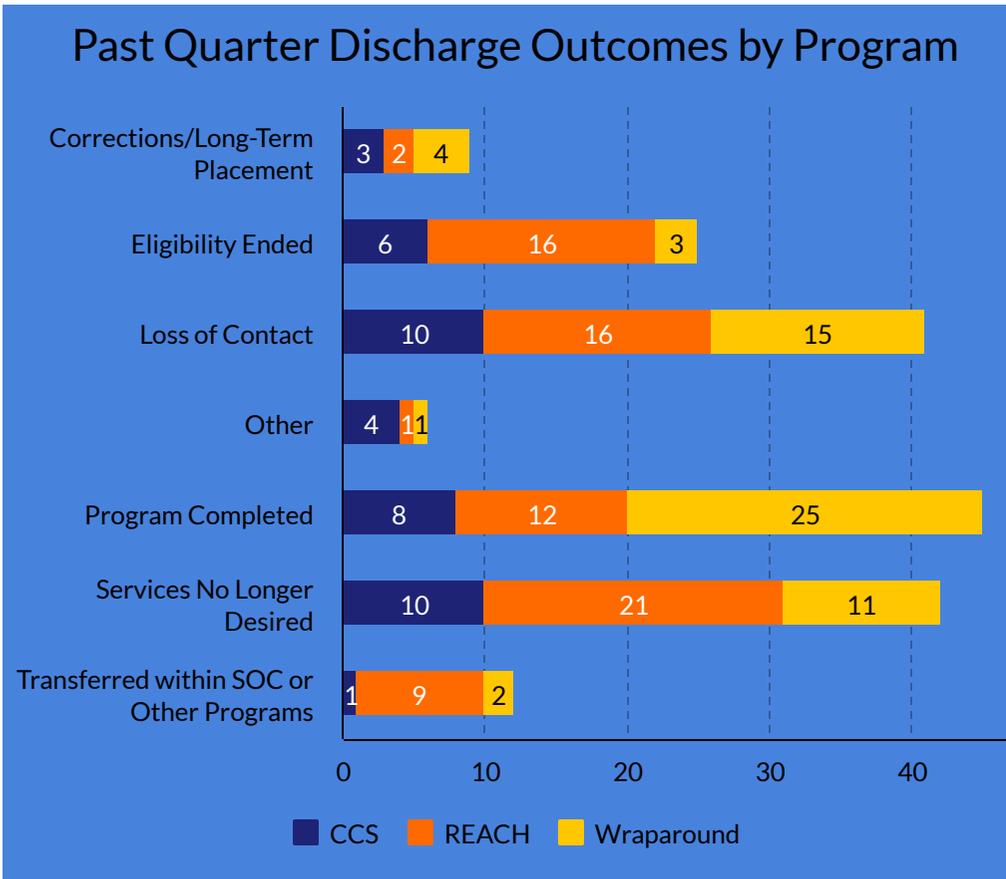


\*Scores are from voluntary dis-enrollment surveys given to caregivers and youth in Wraparound and REACH programs in the past quarter.

# Discharge Outcomes



Program	Discharges
Wraparound	61
REACH	76
CCS	42



# ATTACHMENT D

# 2021 RECOMMENDED CCS NETWORK DEVELOPMENT PLAN

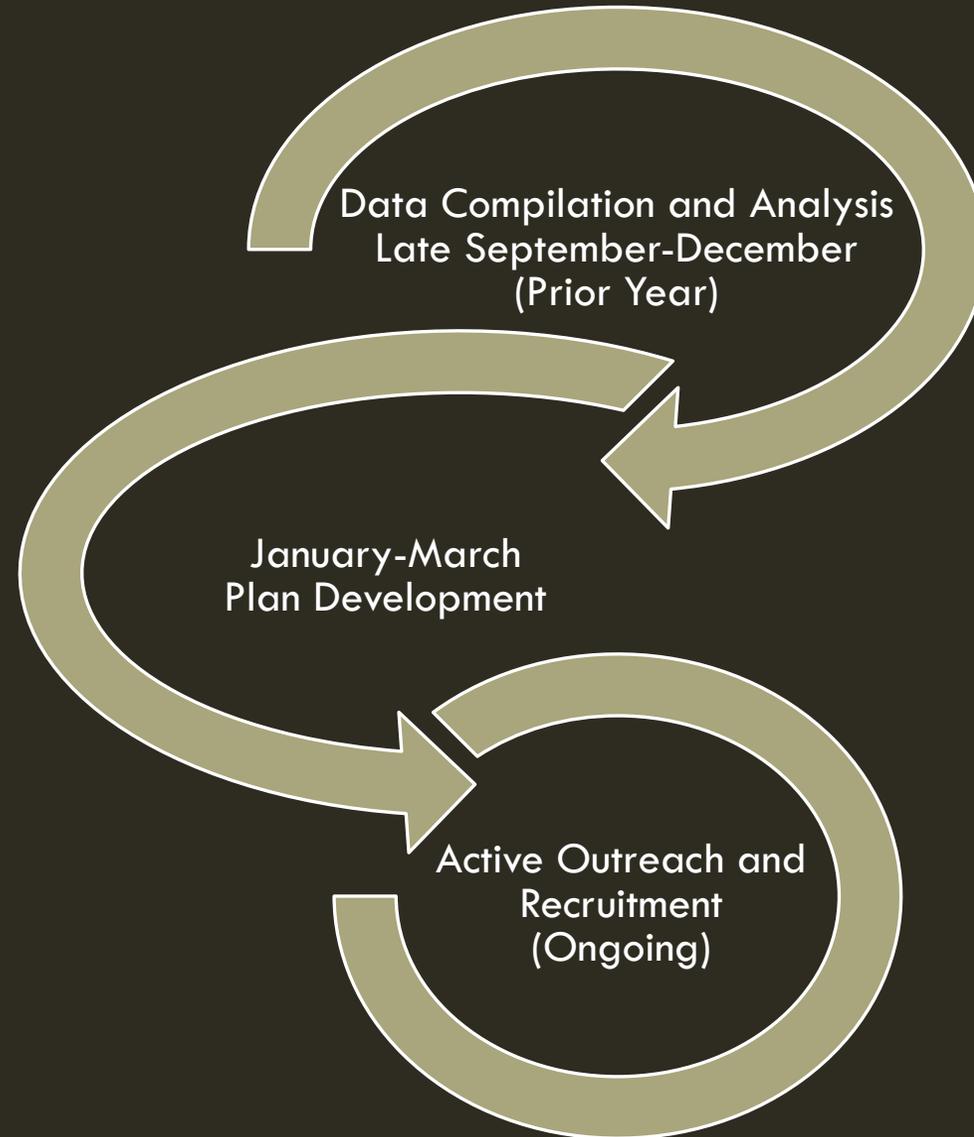
BHD Contract  
Management Strategic  
Project- Network  
Development Subgroup



**BHD**

MILWAUKEE COUNTY  
Behavioral  
Health  
Division

# FUTURE STATE NETWORK DEVELOPMENT PLANNING PROCESS



# DATA USED TO DEVELOP PLAN

- Projected Service Needs by Zip Code (CARS Research and Evaluation Team)
- ER and Hospitalization Utilization Data [Health Compass Milwaukee](#) and CARS Research and Evaluation Team (2017-2019)
- Service Needs Survey (administered to existing provider network)
- Current State Network Analysis (capacity, service detail, location, provider demographics)

# PROJECTED BEHAVIORAL HEALTH SERVICE NEEDS

Top Ten Projected High Need Zip Codes (See Presentation Attachment)

# DEMONSTRATED BEHAVIORAL HEALTH SERVICE NEEDS

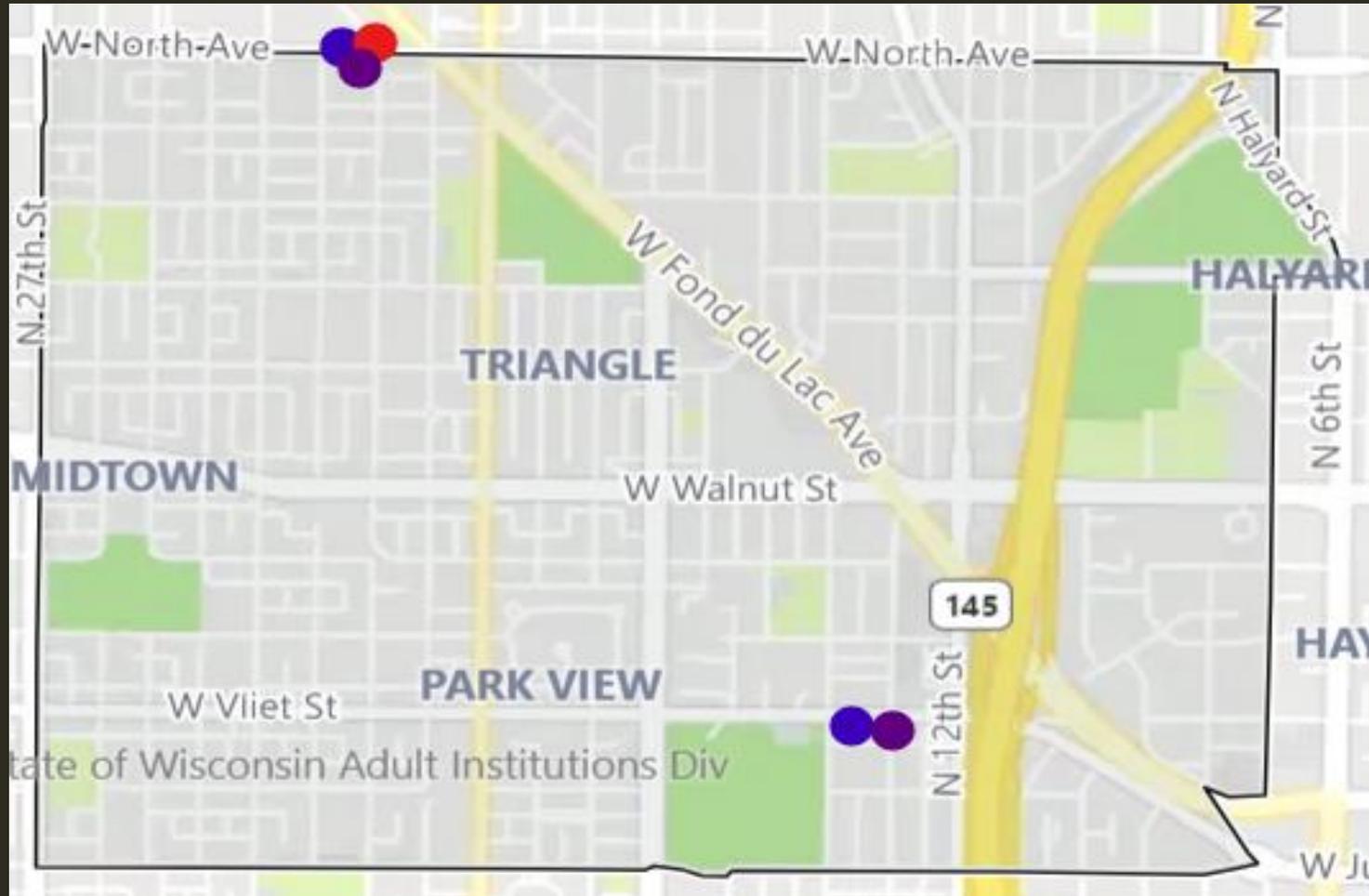
## Health Compass Milwaukee

### Areas Analyzed (All Milwaukee County Zip Codes)

- Hospitalization and ER Rates due to Pediatric and Adult Mental Health Conditions
- Hospitalization and ER Rates due to Suicide and Intentional Self-Inflicted Injury
- Hospitalization and ER Rates due to Alcohol Use, Opioid Use and general Substance Use (Adult)
- 2020 Medical Examiner “Drug Deaths” Report (Zip Code of Occurrence)

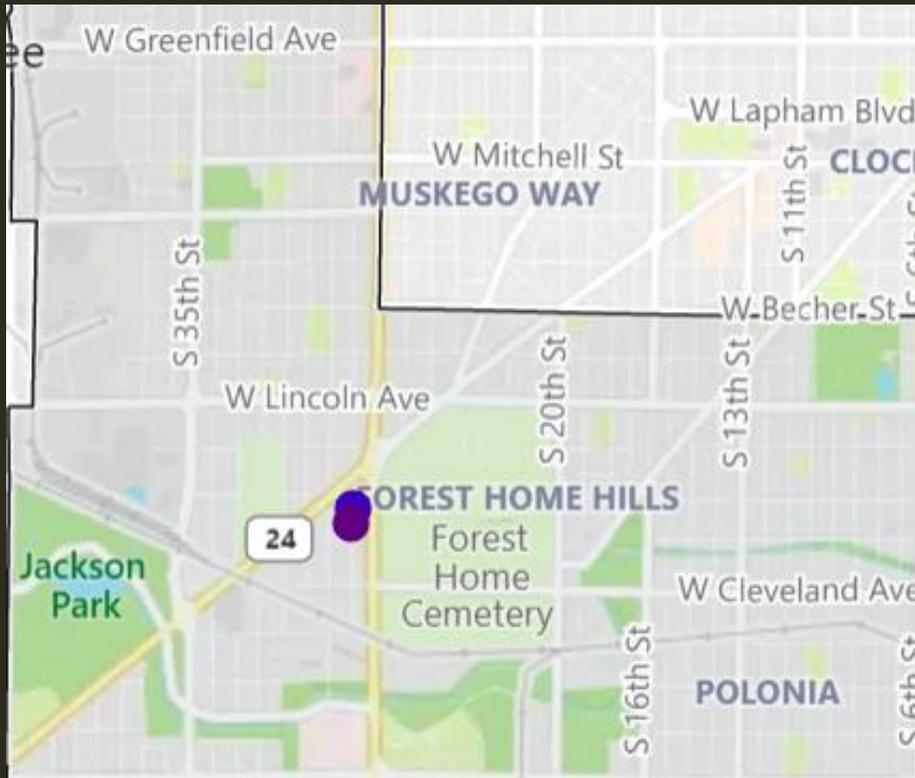
# HIGHEST NEED ZIP CODE IN MILWAUKEE COUNTY

53205

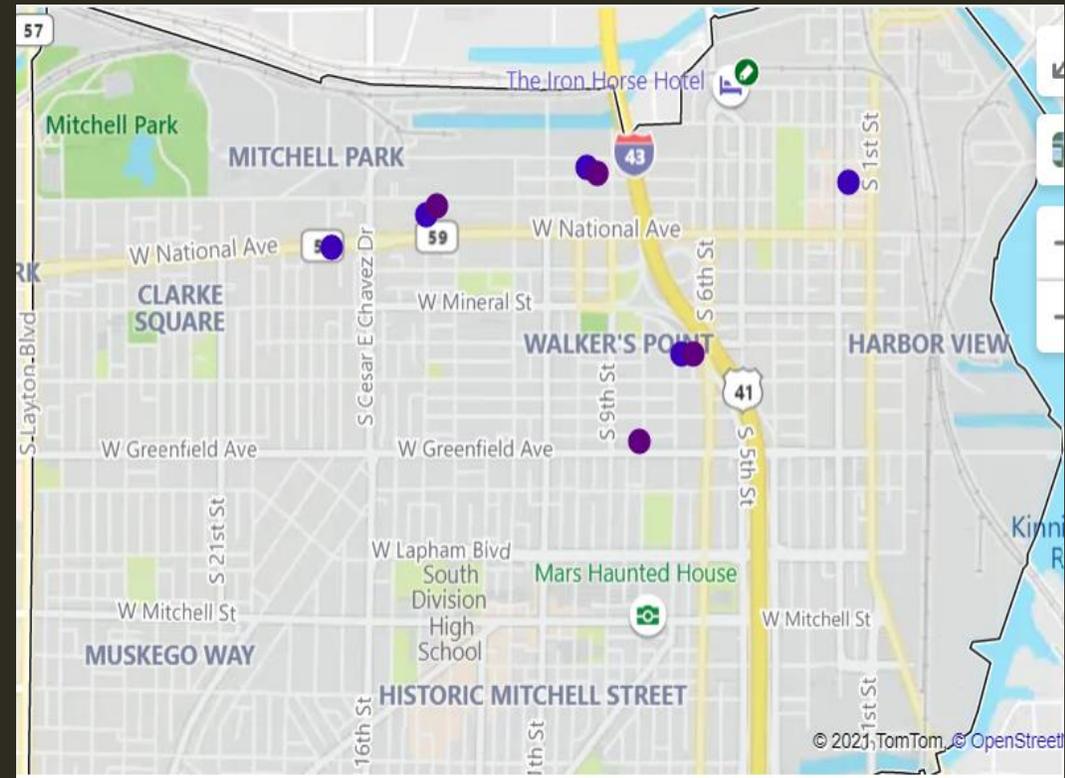


# HIGH NEED SOUTHSIDE ZIP CODES

53215

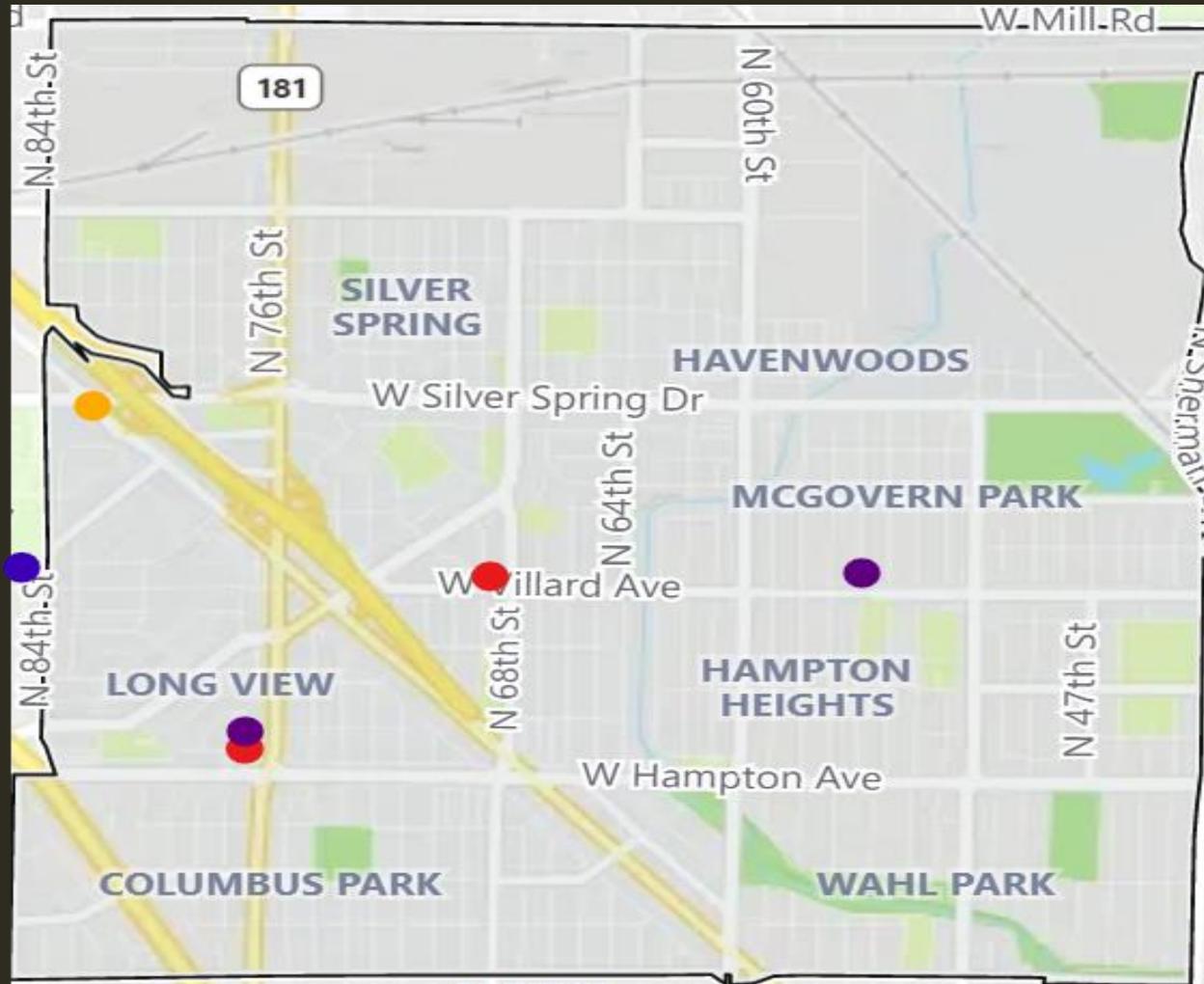


53204



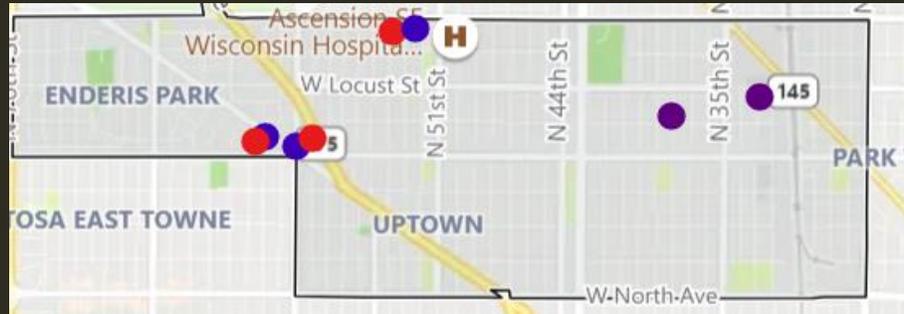
# HIGH NEED NORTHWEST ZIP CODE

53218



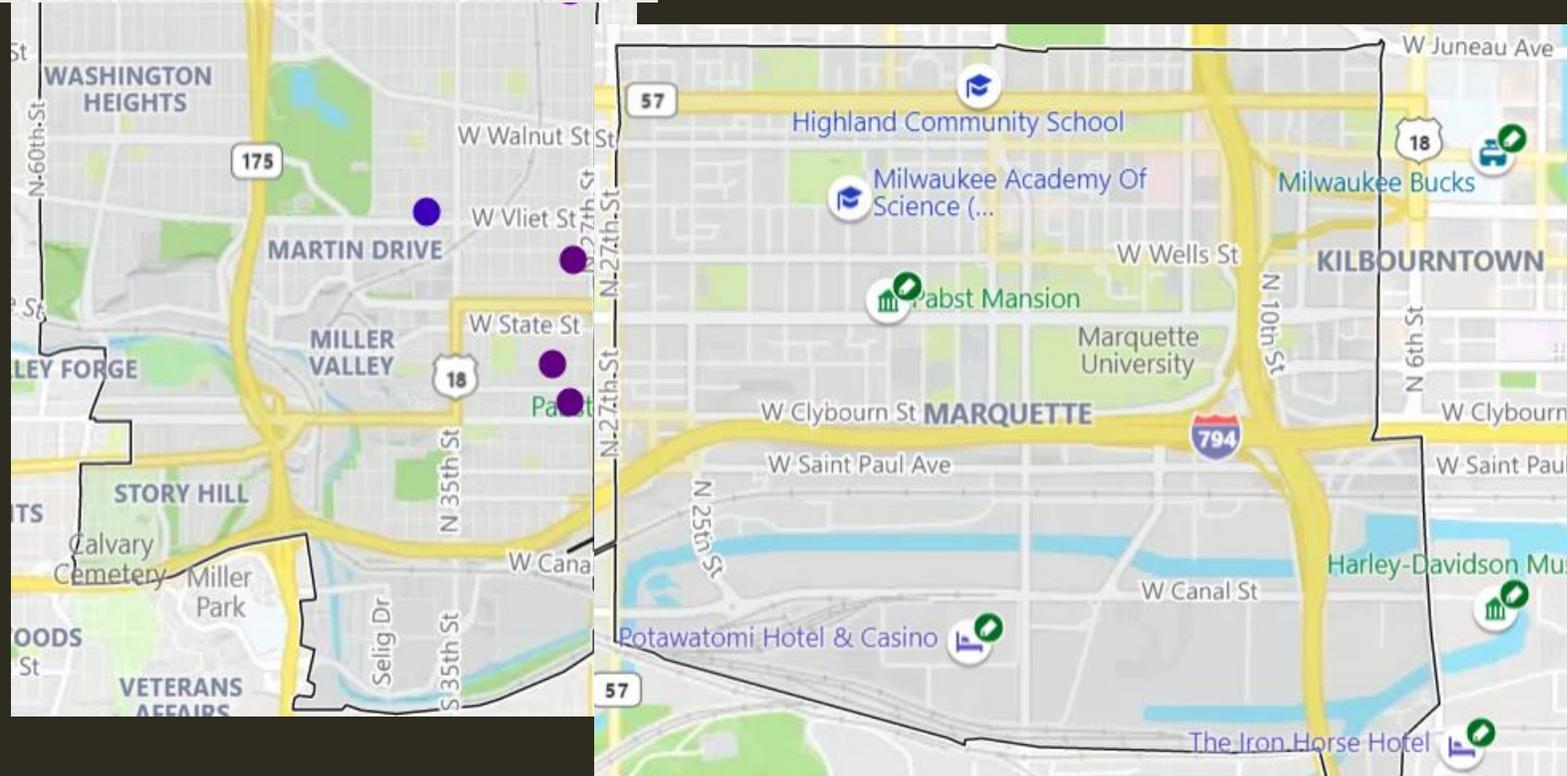
# HIGH NEED ZIP CODES- CENTRAL CITY

53210



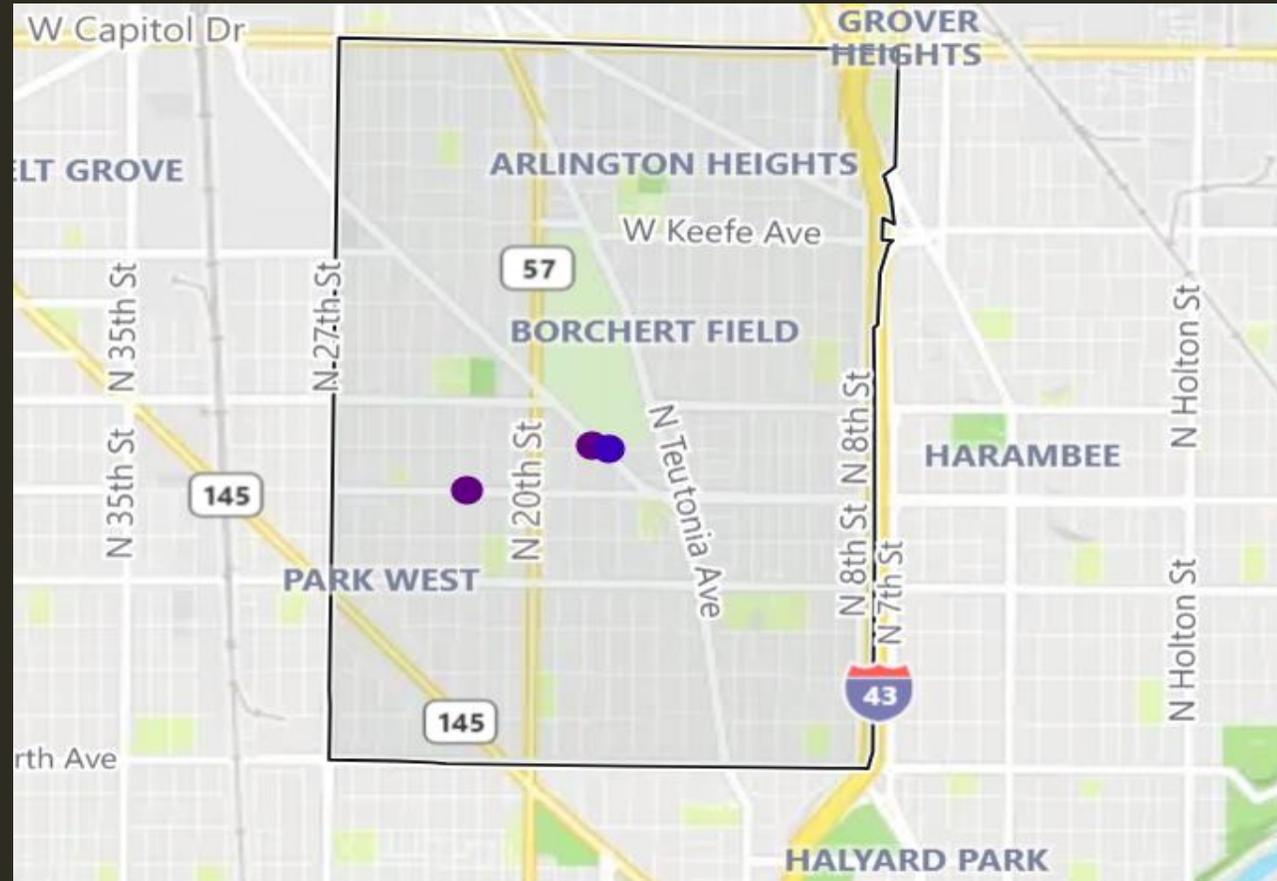
53233

53208



# HIGH NEED NORTHEAST ZIP CODE

53206



# RECOMMENDED TARGET ZIP CODES

## 1) NETWORK DEVELOPMENT, OUTREACH AND ENGAGEMENT:

**South** 53215 (Adult and Youth), 53204 (Youth, Adult- Increase outreach)

**Northwest Milwaukee** 53218 (Adult and Youth)

**Northeast Milwaukee** 53206 (Adult and Youth)

**Central** 53205, 53210, 53208, 53233 (Adult and Youth)

**West Allis:** 53214 (Increased Outreach Youth and Adult)

## 2) SUICIDE PREVENTION

**ADULT:**53205, 53206, 53233, 53208, 53210

**YOUTH:** 53172 (South Milwaukee)-53110 (Cudahy), 53214 (West Allis)

## 3) ALLOCATION OF TECHNOLOGY RESOURCES TO SUPPORT TELEHEALTH EXPANSION:

**Community-based hot spots, Smartphone, Tablets, Laptops, technology training, etc.)-** 53204, 53206, 53208

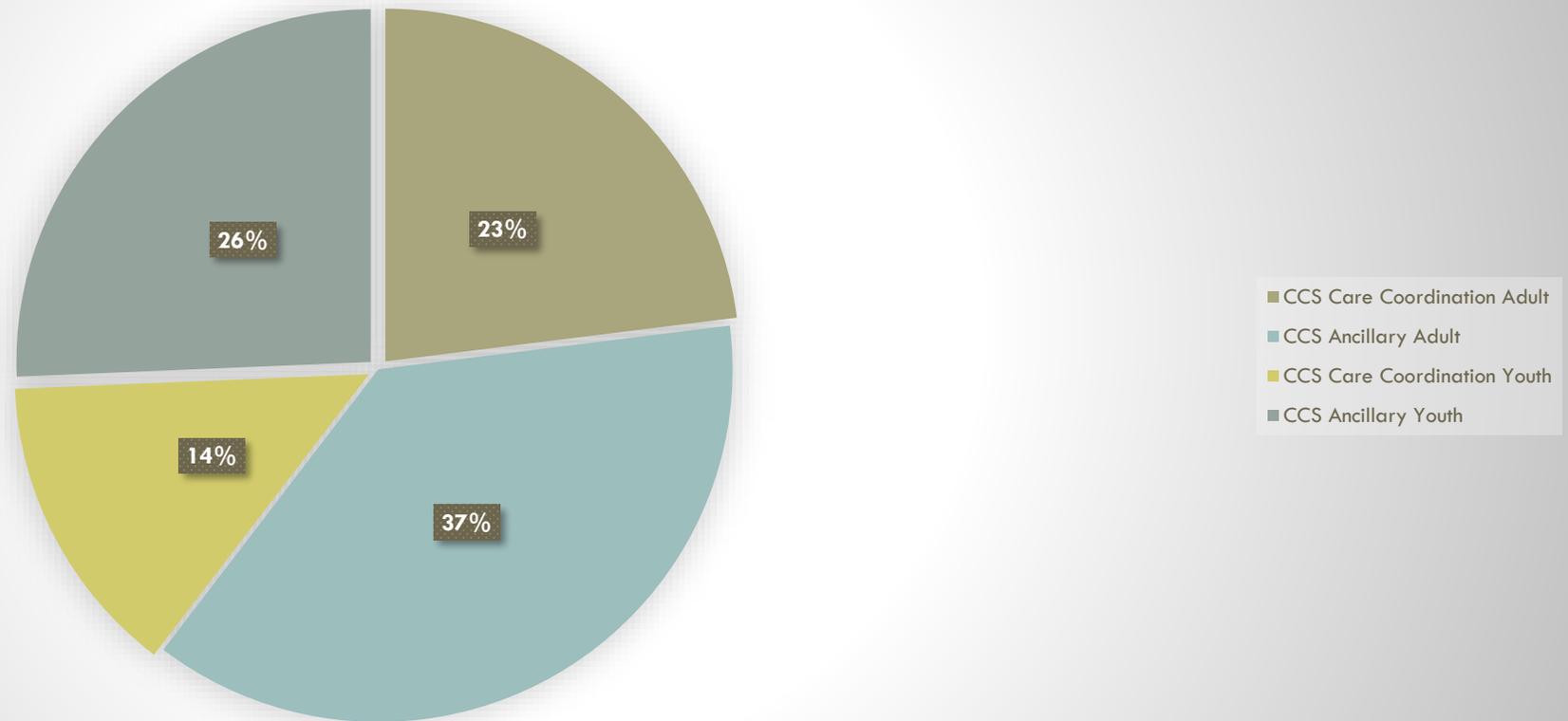
# RECOMMENDED TARGET ZIP CODES (CONTD)

## 3) SUBSTANCE ABUSE SERVICES DEVELOPMENT-

- 53215 (Highest Overdose Rate 2020); 53204 (2<sup>nd</sup> Highest Overdose Rate)- offering alternative healing methods and opioid specific programming
- Service expansion into Central City Zip Codes (especially 53205, 53233)
- Expanding Bridge Housing to include additional options (majority in 53208)
- AODA Residential Expansion
- Targeted outreach and offering of opioid specific programming 53214 (West Allis), 53219 (Southwest Milwaukee), 53110 (Cudahy)

# 2021 IDENTIFIED SERVICES NEEDS FOR CCS NETWORK

Survey Respondents (265)



# OVERARCHING SURVEY THEMES

- Network needs more diversity (Gender, Race, Age, Language Capacities)
  - More Black males, Spanish Speaking providers and providers with cultural/language capacity to serve refugee and immigrant populations, Deaf and Hard of Hearing, etc.
- Access to additional service hours (evenings and weekends)
- More service specialists and less service generalists
- Younger providers in the Youth network to promote stronger rapport building
- Interpreter services needed

# IDENTIFIED SOCIAL DETERMINANT NEEDS

- Lack of Housing (more transitional housing desired to support recovery)
- Transportation Issues
- Childcare assistance for those seeking employment
- Lack of access to technology (computers, tablets, Smartphone and Internet) to support telehealth service delivery
- Inability to utilize technology due to lack of knowledge and/or training
- Consumers living in isolation. Need more social/recreational activities to support meeting and connecting with new people to support their recovery

# IDENTIFIED SERVICE NEEDS

**RECOMMENDED EXPANSION WITH EXISTING CONTRACTED VENDORS ONLY**

## ADULT SERVICES ONLY

Supported/Recovery Housing with Treatment on-site/nearby

Neuropsychological Evaluation Capacity

Housing Specialists

Technology Training to Support Telehealth and Recovery Support Access

## YOUTH SERVICES ONLY

Diagnostic Evaluation Services

Academic Supports (Tutoring not a covered service)

## ADULT AND YOUTH SERVICES

In-Home SA and MH Treatment providers

Nutrition and Fitness Education

Mentors and Peer Supports

# IDENTIFIED SERVICE NEEDS

## RECOMMENDED EXPANSION WITH EXISTING CONTRACTED VENDORS AND VIA EXTERNAL RECRUITMENT

### ADULT CCS SERVICES ONLY

- Variety of group programming inc. social skills, self-regulation, self-care, parenting, CBT, DBT
- Opioid specific Substance Abuse programming with flexible hours
- Payees with recovery focus
- Medication Management Non-Prescriber (evening and weekend hours)

### YOUTH CCS SERVICES ONLY

Informal SA Treatment options for youth ie. harm reduction approach

### YOUTH AND ADULT CCS SERVICES

- Prescriber Capacity
- Specialized therapy providers with flexible hours (LGBT, eating disorders, animal assisted therapies, CBT, DBT, trauma experts, hoarding)
- Alternative healing options- music, dance, art, meditation, nature-based, local equine therapy etc.
- Culturally tailored services to meet the direct needs of diverse populations (Black/African American, Spanish Speaking, Refugee and Immigrant, Deaf and Hard of Hearing)

# CURRENT CCS NETWORK CAPACITY

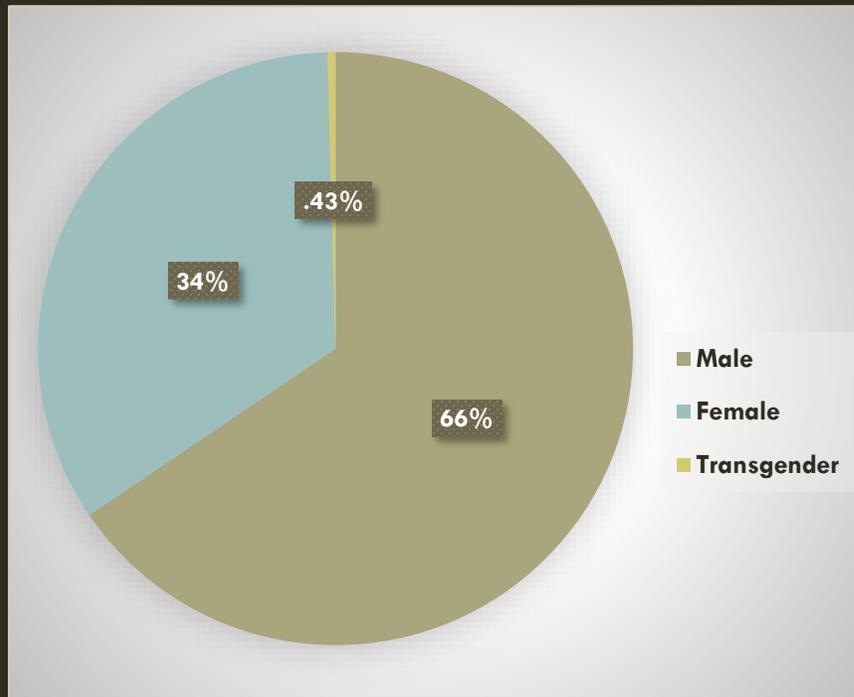
## Service areas lacking capacity:

- Prescriber services
- Specialized outpatient treatment approaches (CBT, DBT, eating disorders, hoarding, trauma specialists, animal assisted therapies)
- Medication Management Non-Prescriber services with evening and weekend hours
- In-Home Therapy providers (MH and SA)
- Dance and Movement, Music, Nature-Based/Outdoor, Art, Fitness and Nutrition Education, locally based Equine Therapy
- Culturally tailored services to meet the direct needs of diverse populations (Black/African American, Spanish Speaking, Refugee and Immigrant, Deaf and Hard of Hearing)

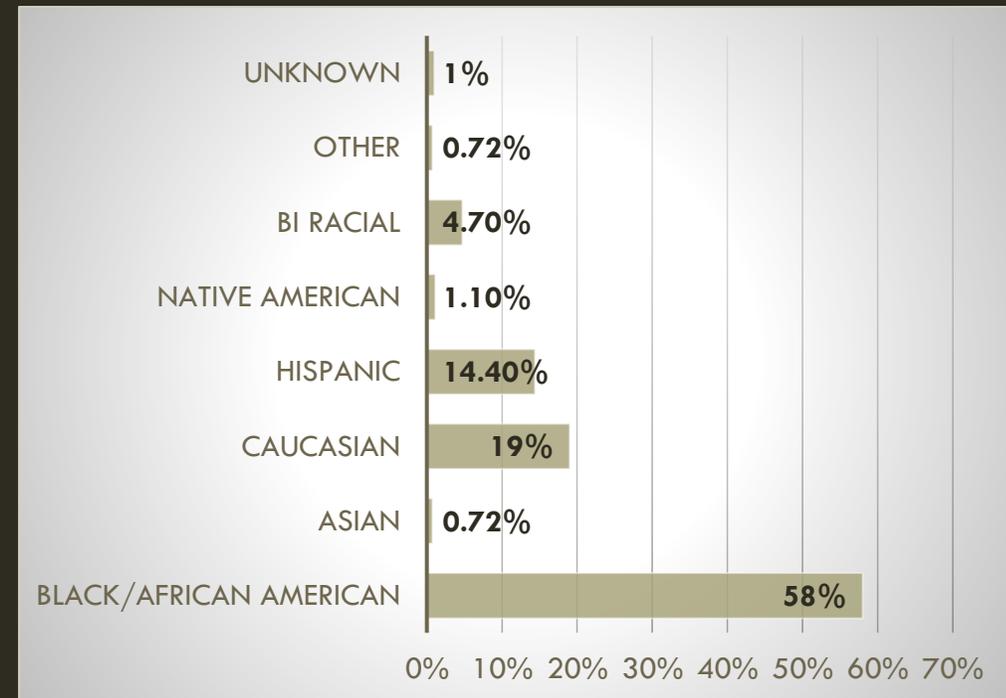
# PROMOTING RACIAL EQUITY, DIVERSITY AND INCLUSION

**PRIMARY SURVEY TREND: "THE NETWORK NEEDS MORE DIVERSITY"**

### CCS Youth Consumer by Gender

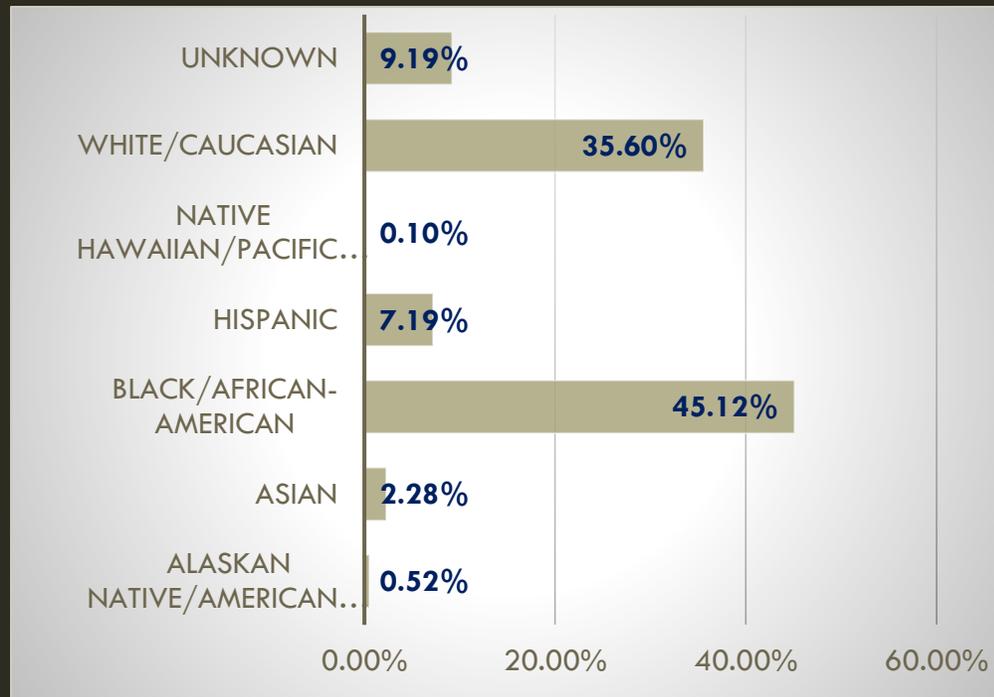


### CCS Youth Consumer Data by Race/Ethnicity

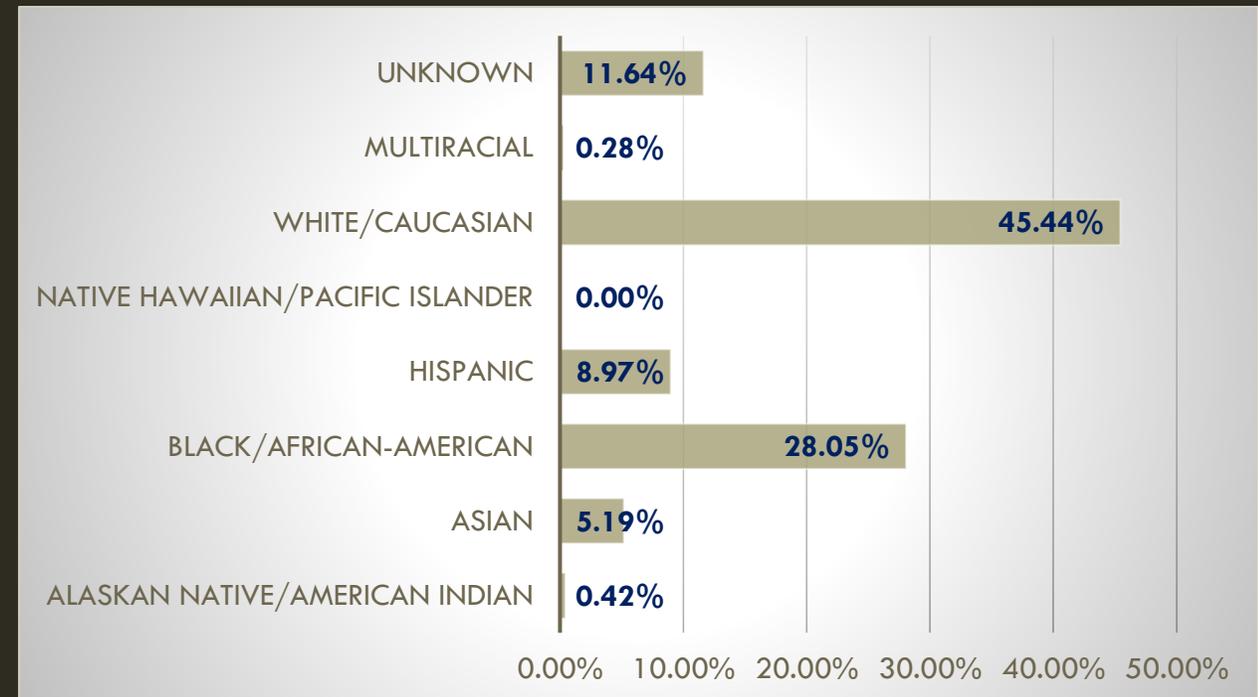


# ADULT CCS CONSUMER VS. ADULT PROVIDER RACE/ETHNICITY

CCS Adult Consumer Race/Ethnicity  
(2101 Consumers (2020-2021))



CCS Adult Provider Race/Ethnicity  
(713 Active Providers)



# ADULT CCS CONSUMER VS. ADULT PROVIDER RACE/ETHNICITY BY GENDER

CCS Consumer vs. Provider  
Race/Ethnicity by Gender- Female

Race/Ethnicity	Consumer	Provider
Alaskan Native/American Indian	.44%	.14%
Asian	2.02%	4.35%
Black/African American	46.18%	22.3%
Hispanic	7.37%	8.83%
Native Hawaiian/Pacific Islander	.09%	0%
White/Caucasian	34.86%	36.18%
Multiracial	Not an option	.28%
Unknown	9%	11.64%

CCS Consumer vs. Provider  
Race/Ethnicity by Gender-Male

Race/Ethnicity	Consumer	Provider
Alaskan Native/American Indian	.63%	.28%
Asian	2.61%	.84%
Black/African American	43.9%	5.75%
Hispanic	6.99%	.14%
Native Hawaiian/Pacific Islander	.10%	0%
White/Caucasian	36.39%	9.25%
Multiracial	Not an option	0%
Unknown	9%	11.64%

# ACTIVITIES TO PROMOTE RACIAL EQUITY, DIVERSITY AND INCLUSION

CARS and Youth CCS Teams working collaboratively to develop a policy that would align hiring practices with DHS 36 and eliminate unnecessary educational barriers

- a. Allowing for qualified individuals to serve in the role of Care Coordinator without possessing a Bachelors Degree
- b. Removing the High School/Diploma/GED requirement for individuals serving in the role of Rehab Worker (this change has also been implemented for all CARS Residential providers)
- c. Development of a Modifier Assignment Request form so providers have the opportunity to request consideration for degrees deemed “relevant” to service delivery, but fall outside the scope of traditional human services (i.e. business, finance, Human Resources, etc.)

Milwaukee County Adult CCS administration advocated for additional providers (with varying educational backgrounds to granted the ability to administer the MH/AODA Functional screen

- The State MH/AODA Functional Screen team, is currently working on a policy update to allow individuals with Associates Degrees in a Human Services related field to administer the screen

# 2021 CCS NETWORK DEVELOPMENT PLAN

**SUPPORTING DATA  
SUMMARIES**

# BEHAVIORAL HEALTH SERVICE NEEDS VS. ADULT CCS SERVICE RECIPIENTS

Zip Code	Projected Need Based on Behavioral Condition Prevalence (Highest to Lowest 36 Total Zip Codes)	Demonstrated Need Based On Local ER and Hospital Utilization	Number of Adult CCS Consumers Served	Percentage of Total CCS Population	Percentage of People Living Below Poverty Level (2015-2019)
53205	19	1	106	4.98%	46.4%
53206	5	2	131	6.15%	38.8%
53233	18	3	63	2.96%	28.9%
53208	7	4	174	8.17%	29.2%
53210	9	5	138	6.48%	28.7%
53218	4	7	98	4.60%	29.2%
53215	1	Below MC Average	118	5.54%	27.2%
53204	2	Below MC Average	123	5.78%	38.3%
53209	3	Below MC Average	116	5.45%	27.3%
53212	6	Below MC Average	113	5.31%	28.8%
53216	8	Below MC Average	84	3.95%	24.4%
53225	10	Below MC Average	45	2.11%	19.9%

Zip Code	Demonstrated Need Due to ER/Hospitalization Rates	Projected High Need	# Unique Adult CCS Vendors in Zip Code	# Unique Youth CCS Vendors in Zip Code	# AODA Network Vendors in Zip Code	# Shared Adult CCS/AODA Vendors in Zip Code	# Shared CCS Vendors in Zip Code
53205	X- Higher Adult ER & Hospitalization Rates MH and SA		1 CC/Ancillary (Guest House)	None	1 Residential/Detox (Matt Talbot)	1- MH Outpatient and Anger Management (Guest House)	1CC/Ancillary (WCS)
53206	X- Higher Adult ER & Hospitalization Rates MH and SA (below average Opioid impact); Higher Youth ER MH Rates; 3 <sup>rd</sup> Highest Overdose Death Rates 2020	X	None	None	1 Bridge Housing (Samed's House)	1 Outpatient Plus (WCS)	None
53233	X-Higher Adult ER & Hospitalization Rates MH and SA (below average Opioid impact)		None	None	None	None	1-Ancillary MCFI
53208	X-Higher Adult ER Rates MH & Hospitalization Rates MH and SA (below average Opioid impact) 6 <sup>th</sup> Highest Overdose Rate 2020		1 Ancillary (Alternative Family Services)	None	3 Bridge Housing (Joyce's House, Our Safe Place and Project Heat); Access Point and RSC (WCS)	1 MH/AODA Outpatient (WCS-UP)	None
53210	X-Higher Adult ER & Hospitalization Rates MH and SA (alcohol use-hospitalization; ER- general SA (below average Opioid impact)		None	None	2 AODA Outpatient Day Treatment and Faith Focused (Word of Hope Ministries); Residential (Matt Talbot-First Step	None	1 CC (Broadstep) 2 Ancillary(Forward Choices and Adkins Counseling Services)

Zip Code	Demonstrated Need Due to ER/Hospitalization Rates	Projected High Need	# Unique Adult CCS Vendors in Zip Code	# Unique Youth CCS Vendors in Zip Code	# Unique AODA Network in Zip Code	# Shared Adult CCS/AODA Vendors in Zip CoHde	# Shared CCS Vendors in Zip Code
53204	X- Higher ER and Hospitalization Rates due to alcohol, opioid and general SA <b>2<sup>nd</sup> Highest Overdose Death Rates in 2020</b>	X	1- CC/Ancillary (16 <sup>th</sup> Street) 3 Ancillary (MHA, CORE EI Centro, Our Space)	None	AODA Residential and RSC (UCC); Childcare (La Causa)	3 3 Peer Support (Our Space); MH and AODA (MHA, UCC)	None
53215	X- Higher ER Rates due to alcohol, opioid and general SA, <b>Highest Overdose Death Rates in 2020</b>	X	None	None	None	1-ARMHS	None
53218	X- Higher Youth ER Rates	X	None	1- CC/Ancillary (St. Charles) 1 Ancillary (Different Shades of Healing)	2-AODA Residential (Janetta Robinson House); Daily Living Skills, RSC (St. Charles)	None	None
53212	X- Higher ER rates due to alcohol use and general SA <b>4<sup>th</sup> Highest Overdose Rates 2020</b>		1 Ascent for Life	1-CC/Ancillary (Pathfinders)	1 Access Point (M&S Clinical)	1- Meta House, Sirona Recovery, Benedict Center	None
53214	X- Higher hospitalization rates for opioid and general SA		2 CC/Ancillary (Project Access and WHCG)	None	1 Daily Living Skills, RSC (St. Charles)	2- MH/AODA Outpatient (APC), Access Point (IMPACT)	4- Care Coordination/Ancillary (APC, PSG); Ancillary (EasterSeals, :Lutheran Social Services)
53219, 53110	X- Higher hospitalization rates for opioid and general SA (close rates in both Zip Codes) <b>53219 5<sup>th</sup> Highest Overdose Rates 2020</b>		None	None	None	None	None

# ADULT ER AND HOSPITALIZATION DATA BY ZIP CODE

Zip Code	ER Rate Due to Suicide and/or Self-Inflicted Injury	ER Rate Due to MH Condition	Hospitalization Rate Due to Suicide and/or Self-Inflicted Injury	Hospitalization Rate Due to MH Condition
53218	54.6	149.6	50	82
53206	96	201.8	72.6	125.7
53212	61.8	133.1	53.3	81.2
53208	62.7	150.1	64.2	98.7
53203	46.6	153.7	45.1	96
53205	186.2	396.5	141.5	206
53210	71.5	149.5	63.4	92
53233	118	163.4	67.6	119.6
Milwaukee County Average (Visits per 10,000 population 18+ years 2017-2019)	58.8	132.9	59.6	86.5

# YOUTH ER AND HOSPITALIZATION DATA BY ZIP CODE

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Zip Code	ER Rate Due to Suicide and/or Self- Inflicted Injury	ER Rate Due to MH Condition	Hospitalization Rate Due to Suicide and/or Self- Inflicted Injury	Hospitalization Rate Due to MH Condition
53209	60.9	84.5	27.7	82.3
53206	54.5	87.5	19.4	67.6
53172	77.9	56.6	39	79.6
53110	78.6	58.6	30	60.8
53130	59.5	39.4	59.9	60.8
53214	61.2	56.7	51.1	100.9
Milwaukee County Average (Visits per 10,000 population under 18 2017-2019)	61.3 (ages 10-17)	72.1	34.4 (ages 10-17)	81.3

# ADULT SUBSTANCE ABUSE RELATED ER RATES BY ZIP CODE

Zip Code	ER Rate Due to Alcohol Use	ER Rate Due to Opioid Use	ER Rate due to Substance Use	Overdose Deaths in 2021
53215	87.3	12.4	38.5	51
53204	110.4	17.3	45.5	38
53206	119.9	10.3	73.2	28
53212	108.1	9.4	48.8	28
53205	232.5	29.8	174.3	6
53210	88.8	7.1	43.2	7
53233	125.1	7.9	46.7	10
Milwaukee County Average (Visits per 10,000 population 18+ years 2017-2019)	78.8	11.5	44.5	

# ADULT SUBSTANCE ABUSE RELATED HOSPITALIZATION RATES BY ZIP CODE

Zip Code	Hospitalization Rate due to Opioid Use	Hospitalization Rate due to Substance Use	Overdose Deaths in 2020
53204	16.4	23.8	38
53206	10.3	29.3	28
53205	18.9	37.4	6
53210	7.1	43.2	20
53233	7.9	46.7	10
53110	18.7	24.7	7
53172	16.1	19.9	6
53214	21.8	26.4	20
53219	19	24.8	27
Milwaukee County Average (Visits per 10,000 population 18+ years 2017-2019)	14.0	21.7	473 total

# CCS Adult Provider Network Raw Demographical Data

## Provider Race Ethnicity by Gender

Ancillary	Male	Female	Transgendered
Alaskan Native/American Indian	1	0	
Asian	6	20	
Black/African American	39	127	
Hispanic	1	59	
Native Hawaiian/Pacific Islander	0	0	
White/Caucasian	60	201	1
Multiracial	0	1	
Unknown	83		

Care Coordination	Male	Female	Transgendered
Alaskan Native/American Indian	1	1	
Asian	0	11	
Black/African American	2	32	
Hispanic	0	4	
Native Hawaiian/Pacific Islander	0	0	
White/Caucasian	6	57	
Multiracial	0	1	
Unknown	83		

## Provider Additional Language Capacity by Gender

<b>Ancillary</b>	<b>Male</b>	<b>Female</b>
Spanish	10	32
Hmong (White)		7
Hmong (Green)	1	2
German		1
Portuguese	1	1
Vietnamese	1	
Luganda	2	1
Chinese, Fujianese, Mandarin, Malay		1
Arabic		2
Italian	1	1
French	1	1
Polish	1	
Hindi	1	1
Punjabi	1	
Swahili		1
Burmese		1

<b>Care Coordination</b>	<b>Male</b>	<b>Female</b>
Spanish	1	3
Hmong (White)	1	4
Hmong (Green)		3

Location	Total Population	Percent Below 200%	Projected Rate of Bx Issues Youth (Total)	Projected Adults with Bx Health Issues	Projected Youth with Bx Health Issues	Current Number of Adult Consumers BHD is Serving in the Zipcode (2019)	Current Number of Youth Consumers BHD is Serving in the Zipcode (2019)	Number of BHD Contracted Providers in Zipcode	Projected Adults at 200% or Less of Poverty	Bx Health Issues by Projected Adults 200% or Less Poverty	ER Rate (Youth) due to Suicide and/or Self Inflicted Injury	ER Rate (Adult) due to Suicide and/or Self Inflicted Injury	ER Use Rate Due to MH Condition (Youth)	ER Use Rate Due to MH Condition (Adult)	Hospitalization Rate Due to MH Condition (Adult)	Hospitalization Rate Due to Adult Suicide and/or Self Inflicted Injury	Hospitalization Rate Due to Youth Suicide and/or Self Inflicted Injury	Hospitalization Rate Due to Pediatric MH	ER Use Rate Due to Alcohol Use (Adult) [ER visits per 10,000 population 18+ Years]	ER Use Rate Due to Substance Abuse (ER visits per 10,000 population 18+ Years)	Hospitalization Rate Due to Alcohol Use (Adult) (Hospitalizations per 10,000 population 18+ Years)	Hospitalization Rate Due to Substance Use (Hospitalizations per 10,000 population 18+ Years)	Households without a Vehicle	Rental Units Spending 30% or More Income on Rent (MC AVG 51.2 %)	Households with an Internet Subscription (MC AVG 76.7%)	Households with One or More Computing Device (MC AVG 85.2%)
53215	58,909	0.603	12388.34	6746.34	5642	841	162	2	19343	6746	51.6	46	50.3	96.3	55.5	46	28.6	51	87.3	38.5	28.6	19	14.80%	54.90%	65.90%	78.30%
53204	39,947	0.703	9793.86	5590.86	4203	852	159	8	16032	5591	51	57.4	48.1	128.3	77.8	61.2	19.3	41.3	110.4	45.5	38.2	23.8	23.40%	56.10%	55.30%	73.90%
53209	48,525	0.524	8867.7	4985.70	3882	934	271	4	14296	4986	60.9	48.5	84.5	125.6	64.7	42.1	27.7	82.3	54.3	37.5	25.8	14.9	18.70%	63.80%	70.30%	82%
53218	41,181	0.544	7812.86	3987.86	3825	918	205	6	11435	3988	42.2	54.6	73.4	149.6	82	50	14.8	60.4	46.1	46.5	21.9	13.6	16.90%	57.10%	73.30%	83.20%
53206	27,350	0.687	6552.82	3860.82	2692	934	210	1	11071	3861	54.5	96	87.5	201.8	125.7	72.6	19.4	67.6	119.9	73.2	33.6	29.3	34.80%	67.60%	57.10%	72.60%
53212	33,088	0.565	6519.78	4000.78	2519	788	124	10	11472	4001	36.3	63.8	41	133.1	81.2	53.3	18.9	51	108.1	48.8	34.7	16.6	21.1%	51.90%	74.70%	85.50%
53208	33,209	0.556	6439.39	3936.39	2503	987	155	4	12289	3927	43.3	63.7	64.7	150.1	98.7	62.7	19.7	62.5	73.8	44.3	34.2	16.8	23.30%	55.40%	65.90%	77.40%
53216	32,791	0.516	5900.9	3610.90	2290	747	182	8	10353	3610	40.9	49.9	60.4	136.8	78.9	50.1	17.8	75.7	62.2	39.6	18.3	11.6	17.70%	63.20%	72.20%	85.40%
53225	29,796	0.471	4894.33	2978.33	1916	436	95	5	8541	2979	34.2	32.3	59.6	107.8	65.4	42.7	21.6	62.6	32	25.1	17.4	13.1	15.20%	55.90%	75.60%	84.30%
53221	38,187	0.361	4807.7	2986.70	1821	421	60		8565	2987	25.1	30.2	29.1	71.1	48.7	35.6		45.5	41.4	28.3	25.2	16.6	10.70%	48.00%	76.70%	84.30%
Milwaukee County Average											78.6	58.8	72.1	132.9	86.5	59.6	21.4	81.3	78.8	44.5	36.6	21.7	13.70%	51.20%	76.70%	85.20%

53110

High number of ER and Hospitalization Rates for Youth

