March 1, 2017

Linda Seemeyer
Wisconsin Department of Health Services Secretary
1 West Wilson Street
Madison, WI 53703

Re: Milwaukee County Mental Health Board
Annual Funding Allocation Study

Dear Department of Health Services Secretary Seemeyer:

Pursuant to 2013 Wisconsin Act 203, the Milwaukee County Mental Health Board (MHB) is required to submit the following study by March 1 annually:

Wis. Stat. 51.41(8)(b): The Milwaukee County mental health board shall arrange for a study to be conducted on alternate funding sources for mental health services and programs including fee-for-service models, managed care models that integrate mental health services into the contracts with an increased offset through basic county allocation reduction, and other funding models. By March 1 annually, the Milwaukee County mental health board shall submit to the Milwaukee County board of supervisors, the Milwaukee County executive, and the department a report of the results of the study.

Please be advised the study is attached and hereby submitted. I can be reached at Thomas.Lutzow@milwaukeecountywi.gov with any questions. Thank you.

Very truly yours,

[Signature]

Tom Lutzow, Vice Chairman
Milwaukee County Mental Health Board

cc: Duncan Shroot, Chairman
Mental Health Board
Colleen Foley
Corporation Counsel
Michael Lappen, Administrator
Milwaukee County Behavioral Health

Hector Colon, Director
Department of Health and Human Services

Milwaukee County Mental Health Board
9455 Watertown Plank Road
Milwaukee, WI 53226
DATE: February 9, 2017

TO: Duncan Shrout, Chairperson, Milwaukee County Mental Health Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Approved by Mike Lappen, Administrator, Behavioral Health Division
Prepared by Jennifer Bergersen, MSW, Chief Clinical Officer, Behavioral Health Division

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

Issue
Wisconsin Statute 51.41 (8)(a) requires the Milwaukee County Mental Health Board to submit a report on the funding allocations for mental health programs and services by March 1 every year beginning in 2015.
Per the statute, the report is to include a description of the funding allocations for mental health functions, services and programs as well as describe improvements and efficiencies in these areas. The report is to be provided to the County Executive, Milwaukee County Board of Supervisors and the State Department of Health Services. DHS is to make the report available to the public by posting it to the DHS website.

Discussion

I. Funding Allocations

In compliance with the statute, the table below identifies the 2015 net revenues received by program area for both inpatient and Community Access to Recovery Services (CARS). As shown in the table, there is an even distribution of BHD’s major funding streams: patient revenues, State & Federal grants/Basic County Allocation (BCA), and tax levy. Each source comprises about one-third of the overall revenue received by BHD for its programs and services.

In terms of the split between inpatient and CARS, the majority of BHD’s total tax levy allocation supports inpatient services. CARS derives most of its nearly $99.6 million in revenue from Patient Revenue and State and Federal grants, which account for about $70.2 million of its total funding making it less reliant upon the county’s tax levy. Patient revenue accounts for 33 percent of Inpatient’s overall revenue and 41 percent of CARS’ overall revenue.
### Milwaukee County Behavioral Health Division

**Funding Allocations by Program - 2015 Actuals**

#### 2015 BHD Funding Allocation

<table>
<thead>
<tr>
<th></th>
<th>Patient Revenues</th>
<th>State/Federal Grants</th>
<th>BCA</th>
<th>Other</th>
<th>Tax Levy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital</td>
<td>24,523,780</td>
<td>488,700</td>
<td>7,700,026</td>
<td>808,169</td>
<td>40,399,913</td>
<td>73,920,588</td>
</tr>
<tr>
<td>Community Services</td>
<td>40,946,631</td>
<td>29,273,715</td>
<td>14,636,560</td>
<td>1,868,608</td>
<td>12,899,080</td>
<td>99,624,594</td>
</tr>
<tr>
<td><strong>Total BHD</strong></td>
<td><strong>65,470,411</strong></td>
<td><strong>29,762,415</strong></td>
<td><strong>22,336,586</strong></td>
<td><strong>2,676,777</strong></td>
<td><strong>53,298,993</strong></td>
<td><strong>173,545,182</strong></td>
</tr>
<tr>
<td><strong>% of total funding</strong></td>
<td><strong>38%</strong></td>
<td><strong>17%</strong></td>
<td><strong>13%</strong></td>
<td><strong>2%</strong></td>
<td><strong>31%</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### 2015 Inpatient Funding Allocation

<table>
<thead>
<tr>
<th></th>
<th>Patient Revenues</th>
<th>State/Federal Grants</th>
<th>BCA</th>
<th>Other</th>
<th>Tax Levy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Adult</td>
<td>12,849,328</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>17,838,765</td>
<td>30,688,093</td>
</tr>
<tr>
<td>CAIS</td>
<td>6,041,622</td>
<td>-</td>
<td>-</td>
<td>85,838</td>
<td>814,276</td>
<td>6,941,736</td>
</tr>
<tr>
<td>Rehab Hilltop - closed</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rehab Central</td>
<td>1,211,912</td>
<td>488,700</td>
<td>399</td>
<td>8,922,879</td>
<td>10,623,890</td>
<td></td>
</tr>
<tr>
<td>Psychiatry/Fiscal Admin</td>
<td>86,058</td>
<td>-</td>
<td>-</td>
<td>797,392</td>
<td>(601,141)</td>
<td>282,309</td>
</tr>
<tr>
<td>Psych Crisis</td>
<td>4,334,860</td>
<td>-</td>
<td>7,700,026</td>
<td>(75,460)</td>
<td>13,425,134</td>
<td>25,384,560</td>
</tr>
<tr>
<td><strong>Total Inpatient</strong></td>
<td><strong>24,523,780</strong></td>
<td><strong>488,700</strong></td>
<td><strong>7,700,026</strong></td>
<td><strong>808,169</strong></td>
<td><strong>40,399,913</strong></td>
<td><strong>73,920,588</strong></td>
</tr>
<tr>
<td><strong>% of Inpatient Funding</strong></td>
<td><strong>33%</strong></td>
<td><strong>1%</strong></td>
<td><strong>10%</strong></td>
<td><strong>1%</strong></td>
<td><strong>55%</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### 2015 Community Services Funding

<table>
<thead>
<tr>
<th></th>
<th>Patient Revenues</th>
<th>State/Federal Grants</th>
<th>BCA</th>
<th>Other</th>
<th>Tax Levy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH</td>
<td>5,583,437</td>
<td>7,749,372</td>
<td>12,302,829</td>
<td>361,192</td>
<td>11,215,896</td>
<td>37,212,726</td>
</tr>
<tr>
<td>AODA</td>
<td>-</td>
<td>8,493,614</td>
<td>2,333,731</td>
<td>1,149,811</td>
<td>1,772,867</td>
<td>13,750,023</td>
</tr>
<tr>
<td>Wraparound</td>
<td>35,363,194</td>
<td>13,030,729</td>
<td>-</td>
<td>357,605</td>
<td>(89,683)</td>
<td>48,661,845</td>
</tr>
<tr>
<td><strong>Total Community Services</strong></td>
<td><strong>40,946,631</strong></td>
<td><strong>29,273,715</strong></td>
<td><strong>14,636,560</strong></td>
<td><strong>1,868,608</strong></td>
<td><strong>12,899,080</strong></td>
<td><strong>99,624,594</strong></td>
</tr>
<tr>
<td><strong>% of Community Funding</strong></td>
<td><strong>41%</strong></td>
<td><strong>29%</strong></td>
<td><strong>15%</strong></td>
<td><strong>2%</strong></td>
<td><strong>13%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### II. Program and Service Improvements & Efficiencies

BHD has been working diligently to provide outstanding care to its patients while simultaneously making an increased and continual investment in behavioral health services and support in the community. The following narrative, SMART Goals Chart (Attachment A) and Slide Show (Attachment B) describe the strides BHD has achieved in key areas over the last few years, including a 69.7% decrease in psychiatric acute adult inpatient admissions, 50.9% reduction in emergency detentions and 38.4% reduction in emergency room admissions.
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.

Grant Awards

MacArthur Foundation Grant

In April 2016, Milwaukee County was awarded a $2 million grant from the John D. and Catherine T. MacArthur Foundation to implement reforms to safely reduce Milwaukee’s jail population and address racial and ethnic disparities in the justice system. One of the reform strategies involves methods to further promote law enforcement’s utilization of existing mental health crisis services which includes a proposed expansion of the Crisis Assessment Response Team (CART). Through grant funding, there will be a new CART that partners a BHD clinician with a District Attorney investigator to provide county-wide intervention and outreach. Other strategies focus on changing key drivers of entry into the jail, increasing care and decreasing length of stay of individuals with significant trauma and mental health issues in the jail, as well as providing law enforcement with an expanded toolbox for responding to individuals with mental health issues.

Treatment Service Enhancements for Milwaukee County Adult Drug Treatment Court

In August of 2016, CARS was awarded a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to enhance services of the already existing Milwaukee County Adult Drug Treatment Court. This grant proposes to increase the completion rate for individuals enrolled in Adult Drug Treatment Court and reduce recidivism by implementing evidence-based practices that serve the needs of opiate users, formalize transitions to aftercare and enhance protocols and linkages for all Veterans. This federal grant is to span three years for a total of $973,520.

Coordinated Specialty Care for Early Intervention for First Episode Psychosis

In October of 2016, the Behavioral Health Division was awarded a $369,000 grant from the state of Wisconsin Department of Health Services to incorporate Comprehensive Community Services (CCS) as a foundation of a Coordinated Specialty Care (CSC) model for young adults ages 15-25. The grant proposes to increase the number of individuals served through the current first episode psychosis (FEP) program, Coordinated Opportunity for Recovery and Empowerment (CORE), which was established in 2015 by MCBHD Wraparound Milwaukee.

Targeted Case Management

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. In 2016, these services were successfully transitioned to a fee-for-service network to address capacity issues and increase enrollments. This created an increased ability to serve individuals which resulted in the elimination of the waitlist for TCM services.
**Assertive Community Treatment & Integrated Dual Disorder Treatment**

CARS has continued to expand the evidence based practices of Assertive Community Treatment (ACT) and Integrated Dual Disorder Treatment (IDDT) in the Community Support Programs (CSP). ACT is a multi-disciplinary team providing services to individuals with serious and persistent mental illness and their natural supports that are comprehensive, community-based, psychiatric rehabilitative, and individualized. IDDT provides clinical interventions that are tailored to the readiness to change of the individual. By the end of 2016, all eight CSPs were trained on ACT and IDDT and all are demonstrating fidelity to both models. Currently, within the eight CSPs, there are now 17 ACT Teams in Milwaukee County.

In 2016, CARS made a decision to discontinue the use of the fidelity measurement tool, the Dartmouth Assertive Community Treatment Scale (DACTs) in support of a tool that measures person-centered and recovery-oriented practices. CARS decided on the Tool for Measurement of Assertive Community Treatment (TMACf). The TMACf focuses on team processes rather than just the structure of the team. These clinical processes and services are measured by reviewing a team’s Operations and Structure, Core Team, Specialists Team, Core Practices, Evidence-Based Practices, and person-Centered Planning and Practices. Thus far, six ACT Teams have been reviewed with this new fidelity measurement tool.

**Comprehensive Community Services**

Comprehensive Community Services (CCS), which is a Medicaid entitlement that provides a coordinated and comprehensive array of recovery, treatment, and psychosocial rehabilitation services, continues to expand in Milwaukee County. There were 27 admissions to CCS in 2014, 225 in 2015, and 442 admissions in 2016 bringing the total number of individuals enrolled in CCS since being offered in Milwaukee County to 674. There were also 155 discharges which brings the total number of individuals enrolled in CCS at the end of 2016 to 519. This rate of increase is on target for reaching the projected enrollment goal of 800 by the end of 2017. CCS also had the success of enrolling a child in 2016 and will continue to expand this benefit to children and adolescents throughout 2017.

**Employment**

The Behavioral Health Division Community Access to Recovery Services (CARS) Department recognizes the important role employment and education play in an individual’s recovery. As a result, CARS supports the Individual Placement and Supports (IPS) evidence-based model of supported employment. The IPS supported employment model is a well-researched approach that has proven to increase competitive employment rates and successful participation in education programs. The model is driven by a fidelity scale and routinely subject to State fidelity reviews to ensure that participating programs are meeting the standards and expectations outlined within the model.

During 2016, two additional CCS treatment teams began offering IPS, which brings the total number of treatment teams offering IPS to five teams; 4 CCS teams and 1 CSP team. The 2016 goal was to double the number of participants from 38 to 76 individuals, and by the end of 2016 there were a total of 100 consumers being served by IPS.

**Medication Assisted Treatment**

Medication Assisted Treatment (MAT) is the use of medications in combination with counseling and behavioral therapies to provide a whole person approach to the treatment of substance use disorders. CARS has integrated the use of MAT beginning with methadone treatment services over 15 years ago.
and has integrated the use of Vivitrol in the last three years. MAT involving Vivitrol has been found to be a promising approach towards addressing the opioid epidemic. Vivitrol must be administered to people who are both motivated to break their opioid addictions and are clear of opioids. In 2016, with a $10,000 state award, BHD was also able to purchase 95 nasal Narcan dosages which will be distributed in early 2017 to contracted community providers.

In 2016, CARS also partnered with the Department of Corrections, Milwaukee Secure Detention Facility (MSDF) and the Division of Community Corrections to provide Milwaukee County residents participating in an MSDF ATR with access to the full array of MAT services and supports. One highlight of this coordination is the opportunity for offenders to be transported directly from MSDF to the Vivitrol provider in the community to receive their first shot upon release. In the first few months this partnership served 12 opioid-addicted offenders to receive a Vivitrol shot on the day of release.

**Day Treatment**

BHD has met the needs of many individuals who have not routinely been served by other partial hospitalization programs (PHP) through the BHD Day Treatment programs. The Dialectical Behavioral Therapy (DBT) Team and the Recovery and Stabilization Therapy (RST) Team are recognized as leaders in the treatment of individuals with the most severe emotional and behavioral concerns. This treatment is rooted in nationally recognized evidenced-based approaches that support the mission of serving the most vulnerable individuals in our community.

BHD is now working to expand this continuum of care by offering intensive outpatient programs (IOP). These programs will provide a less intensive level of care while serving a similar population of individuals. The IOP will also provide service to a greater number of individuals served on both a daily and annual basis and further contribute to the existing continuum of care in our community. In 2016, there were meaningful accomplishments toward the achievement of these goals. BHD developed preliminary plans to submit an application for certification as an outpatient mental health clinic under DHS 35, which will occur in 2017. Lastly, a Director of Outpatient Treatment Programs was hired to continue to move this initiative forward. This leadership role will be essential as planning continues for the current expansion as well as the proposed integration of these outpatient programs within the North Side Center.

**North Side Center**

The Behavioral Health Division is dedicated to increasing access to behavioral health care and continuing to expand community based services. One of the most visible steps to achieving this is the support of the creation of a North Side Center that promotes individual and community wellness by creating convenient access to an array of integrated behavioral health, medical, and social services. In 2016, work has been completed on selecting the direct and supportive services that will be located within the facility and those collaborations needed for highly coordinated referrals and transitions. Significant work has been completed on the facility pre-design which is integral to the creation of site selection criteria. The feasibility of potential facilities and sites will be determined based on the fit test analysis, cost estimates for renovation/new construction, and overall financial analysis. A Director of Community Centers has been hired to continue to move this initiative forward. Additional community conversations were also completed in 2016 to get feedback and recommendations from consumers, family members, community stakeholders, and providers.

**Crisis Assessment Response Team**

In 2016, an expansion of the Crisis Assessment Response Team (CART) occurred to create a third team consisting of a Milwaukee Police Officer and Crisis Mobile Team Clinician to respond to individuals who
may be experiencing a psychiatric crisis in the community. The staff for the third team were hired/selected and trained in 2016 to begin responding to calls for assistance in the community. This additional expansion of CART increases the service from 5 days/week to 7 days/week starting in 2017.

**Milwaukee Crisis Prevention and Stabilization Initiative**

In 2016, Milwaukee County BHD collaborated with the State of Wisconsin Department of Health Services and Family Care Managed Care Organizations (MCOs) to increase collaborative prevention and planning to support individuals in the community with long term care needs as well as complex mental health needs and challenging behaviors. This collaboration resulted in the Milwaukee County MCO Crisis Planning Guidelines for collaborative care planning that incorporates best practices to prevent crisis and clearly documents roles and responsibilities. This initiative has given support to increased crisis planning for individuals with intellectual/developmental disabilities through collaboration with the BHD Community Consultation Team (CCT) and for elderly individuals with the BHD Geriatric Specialist RN.

**Crisis Mobile Prevention**

In 2016, a new initiative to provide prevention services within the community by providing follow-up with individuals post-discharge to decrease risk of harm, ensure individuals connect/transition to outpatient services, and decrease the rate of recidivism was budgeted but not implemented due to a lack of managerial resources. Effort was made to promote, recruit, and hire managerial staff. A Crisis Services Coordinator has been hired to implement this program in 2017, which will consist of prevention services, post-acute community based strategies, and mobile peer services.

**Children to Young Adult Support & Services/Wraparound**

Wraparound Milwaukee is a State of Wisconsin HMO which is the umbrella to provide the programs and services below. We receive funding from Medicaid through a capitation for eligible youth and fee-for-service billing for crisis services, as well as case rate payments from Delinquency and Court Services and from the Milwaukee County Division of Child Protective Services (DMCPS). There is no tax levy used in Wraparound Milwaukee.

Wraparound Milwaukee has actively worked on transforming their delivery system to continuously improve and expand all services and support for children to young adults. In 2016, system partners such as school systems, child protective services, and delinquency have been made aware of easier access to enrollment as well as efficiencies in the enrollment process to allow children and youth to obtain services and supports even earlier than previously known to them. We continuously work on outreach to increase enrollments and continue to have no waiting lists to utilize any programs or services for Wraparound Milwaukee.
## Changes in # Enrollees Served

<table>
<thead>
<tr>
<th>Service Program</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2016 'Goal' per Board Rpt</th>
<th>% Increase 2014-15</th>
<th>% Increase 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wraparound</td>
<td>1,034</td>
<td>1,066</td>
<td>1,068</td>
<td>1,300</td>
<td>3%</td>
<td>-</td>
</tr>
<tr>
<td>REACH</td>
<td>545</td>
<td>637</td>
<td>691</td>
<td>550</td>
<td>17%</td>
<td>9%</td>
</tr>
<tr>
<td>Mobile Urgent Treatment Team, # youth Served*</td>
<td>2,458</td>
<td>2,645</td>
<td>2,659</td>
<td></td>
<td>7%</td>
<td>-</td>
</tr>
<tr>
<td>Mobile Urgent Treatment Team, # youth Seen*</td>
<td>1,566</td>
<td>1,560</td>
<td>1,519</td>
<td>1,800</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>O-YEAH (Older Youth and Emerging Adult Heroes [transition to adulthood])</td>
<td>125</td>
<td>201</td>
<td>219</td>
<td></td>
<td>60%</td>
<td>1%</td>
</tr>
<tr>
<td>CORE (Coordinated Opportunities for Recovery and Empowerment)</td>
<td>x</td>
<td>17</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YLOL (Youth Living Out Loud [specialized mentors])</td>
<td>x</td>
<td>37</td>
<td>52</td>
<td></td>
<td></td>
<td>300%</td>
</tr>
</tbody>
</table>

*For MUTT, data is provided in two ways: # of youth SEEN and # of youth SERVED: Youth SEEN, data includes ONLY face-to-face contact; Youth SERVED, data includes ALL contacts, including phone.

Enrollees in Wraparound did not increase as projected due to incorrect assumptions made regarding the movement of youth from Lincoln Hills. We provided mental health screens to over 100 youth place in Lincoln Hills in 2016. Despite our repeated efforts, the judges were largely unwilling to move youth to community based programming. We instituted new methods to enroll youth in Wraparound earlier in the intake process of court referrals earlier in hopes to increase those numbers for 2017. REACH enrollees did increase in 2016 by 9% and will most likely continue to be an area of growth. One of the FISS (Family Intervention and Support Services) program’s main components is the assessment function. Based on the assessment results, the family is referred to the FISS services unit, DMCPS, Delinquency and Court Services or programs/agencies in the community. FISS has provided 583 to youth in 2016.

Mobile Urgent Treatment Team expanded their outreach through partnerships with Sojourner Family Peace Center and the Police Districts for 2016 and increased the number of both family satisfaction
surveys as well as distribution of crisis plans. While the overall numbers do not reflect a significant increase for 2016, our hopes are that the expanded outreach will reap benefits in 2017. For 2016, the City of Milwaukee Health Department contracted with BHD-Wraparound Milwaukee to fund two Mobile Urgent Treatment Team staff positions for a MUTT Trauma Team to expand delivery of Trauma Response to children and families living in District 7 and District 5. This initiative is based off an evidence based approach out of Yale University in New Haven, Connecticut.

In 2016, O-YEAH has had a 1% increase in enrollments. To better serve youth aging out of Foster Care, Wraparound Milwaukee increased its contract with Journey House for and additional five apartments (total of eleven) to be used by young adults in the O-YEAH program.

Also in 2016, the CORE (Coordinated Opportunities for Recovery and Empowerment) program expanded with the addition of two teams (total of three). This program is modeled after the evidence based model of OnTrackNY to work with youth and young adults who are experiencing their first episode of psychosis. This program demonstrates our largest percentage of growth related to enrollment numbers from 17 youth to 50.

Wraparound Milwaukee, in partnership with the Medical College of Wisconsin, also was awarded an OJJDP (Office of Juvenile Justice and Delinquency Prevention) grant of $156,039 to enhance the provision of services to child victims of sexual exploitation and/or domestic sex trafficking. These funds were used to develop a curriculum for training specialized mentors to work with these youth on an intensive basis for up to one year. The goal was to serve a total of 60 youth during the first three years of this service. We achieved that goal by the end of the first year, and continue to grow.

**BHD Inpatient**

Aggressive efforts continue in order to hire and retain quality nursing personnel, managers and physicians to ensure inpatient service accountability and quality care of individuals with complex challenging behavioral health care needs. This includes strategies to improve coordination of human resources, and nursing and physician recruitment in an effort to attract quality candidates and a prepared workforce. A recruitment and retention program was developed with a variety of incentives including a sign-on bonus, loan re-payment program and a current incentivized staff referral program to attract qualified candidates.

As BHD continues to evolve, driven by multiple factors including the closure of the Rehabilitation Centers as well as the County’s change to Dayforce Time and Attendance system, an analysis of staffing office functions was undertaken in 2015-2016 to determine the appropriate scope of the department. The analysis included current staffing duties, hours of operation and customer service needs. In addition to current state of the internal department, best practices of hospital staffing functions were researched. A decentralized scheduling option was selected with realignment and accountability with nurse managers to complete these functions.

**Rehabilitation Centers – Hilltop and Central**

The shift from BHD institutional care to smaller settings and homes throughout the community has been completed. The Hilltop Program closed in 2014 with all residents transitioning to community-based settings. In addition, Rehabilitation Center-Central completed the discharge of all remaining resident participants on January 15, 2016. Continued efforts to define, measure and ensure quality community care and less reliance on institution model continues.
The table below contains an updated 2013-2016 BHD Rehab Center Resident Readmission Report through 12/31/16.

### 2013-2016 BHD Discharged Rehab Center Resident - Inpatient Readmission Rate

<table>
<thead>
<tr>
<th>Program</th>
<th>Year</th>
<th>Resident Discharges</th>
<th>Inpatient Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>2013</td>
<td>18</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>2014</td>
<td>23</td>
<td>12.2%</td>
</tr>
<tr>
<td></td>
<td>2015</td>
<td>27</td>
<td>11.8%</td>
</tr>
<tr>
<td></td>
<td>2016</td>
<td>1</td>
<td>11.5%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>Hilltop</td>
<td>2013</td>
<td>9</td>
<td>11.1%</td>
</tr>
<tr>
<td></td>
<td>2014</td>
<td>45</td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td>2015</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>2016</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>55</td>
<td></td>
</tr>
</tbody>
</table>

**Recommendation**

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

Héctor Colón, Director
Department of Health and Human Services

Attachments (2): SMART Goals Chart (Attachment A) and slide show (Attachment B)

Cc: County Executive Chris Abele
Secretary Linda Seemeyer, Department of Health Services (DHS)
Raisa Koltun, County Executive’s Office
Milwaukee County Board of Supervisors
Milwaukee County Mental Health Board
Attachment A

2010-2016 SMART Goal Accomplishments
1/27/17

Consumers Served by BHD Community Services
-13.2%

Psychiatric Crisis Service (PCS) Visits
-38.4%

Individualized, Person-Centered Crisis Plans for Individuals Seen at Psychiatric Crisis Service
+371%

Emergency Detentions In PCS
-50.9%

Certified Peer Specialists (Milwaukee County)
+600%

Acute Adult Admissions
-69.7%

Recovery-Oriented Supportive Housing
+196%

Acute Inpatient Average Daily Census
-42.8%

Acute Adult Inpatient MHSIP Satisfaction Survey (Positive Rating)
+0.1 Percentage Points

30-day Readmission Rate Following Acute Inpatient Services
-23.4%
2010-2016 SMART Goal Accomplishments

- Consumers Served by BHD Community Services
- Psychiatric Crisis Service (PCS) Visits
- Individualized, Person-Centered Crisis Plans for Individuals Seen at PCS
- Emergency Detentions in PCS
- Certified Peer Specialists (Milwaukee County)
- Acute Adult Admissions
- Recovery-Oriented Supporting Housing
- Acute Inpatient Average Daily Census
- Acute Adult Inpatient MHSIP Satisfaction Survey (Positive Rating)
- Acute Adult 30-Day Readmission Rate
Data Dashboard

Milwaukee County
Behavioral Health Division

Revised January 27, 2017
Psychiatric Crisis Service (PCS)
Admissions, 2010-16

PCS: Psychiatric Crisis Service (Behavioral Health Division emergency department)

rev. 1/27/17
PCS Admissions by Legal Status, 2010-16

- Emergency Detentions
- Other Involuntary
- Voluntary

Redesign Task Force established

PCS: Psychiatric Crisis Service (Behavioral Health Division emergency department)
Other Involuntary: Three-Party Petition, Treatment Director Affidavit, Treatment Director Supplement, Re-Detention from Conditional Release, Re-Detention / Not Follow Stipulations

rev. 1/27/17
Capacity on BHD inpatient units (Adult & Child/Adolescent) was 108 from 2008-11. Staffed capacity was reduced to 91 in 2012, 78 in 2013, and 64 in 2014. There are three adult units (16, 18, and 18 beds) and one Child/Adolescent unit (12 beds).

rev. 1/27/17
BHD Adult Inpatient – Satisfaction, 2010-16

Issues addressed by domain: **Dignity** – respect, recovery-oriented staff; **Outcome** – crisis planning, reduced symptoms, social improvement; **Participation** – engaging community provider(s), involved in discharge planning; **Environment** – atmosphere, privacy, safety, comfort; **Rights** – grievances addressed, safety refusing treatment; **Empowerment** – choice, helpful contact

rev. 1/27/17
The Access Clinic is a walk-in center (located at the Milwaukee County Mental Health Complex) providing mental health assessment and referral for individuals without insurance. A satellite location is planned southern Milwaukee in 2014.
Certified Peer Specialists are individuals with lived experience of mental illness and formal training in the peer specialist model of mental health support. Mental Health America of Wisconsin hosts an online clearinghouse for training, employment, and continuing education opportunities for Certified Peer Specialists at http://www.mhawisconsin.org/peerpipeline.aspx.

rev. 1/27/17
Community Services - Satisfaction, 2011-16

Community Services include case management, day treatment, and group homes funded by Milwaukee County.

MHSIP: Mental Health Statistics Improvement Program

rev. 1/27/17
Community Services – Employment
Intake & 6-Month Follow-Up, 2014-16

Employed Status for SAIL graphs includes Competitive Employment; Wiser Choice graphs include Full and Part Time. SAIL includes TCM, CSP, Day Treatment, and CBRF services; Wiser Choice is substance use treatment. Employed Status in 2016 includes Full and Part Time Employment, Supported Competitive Employment, Sheltered Employment, and Student status.

rev. 1/27/17
Supportive Housing Units, 2010-16

The data represent recovery-oriented, project-based supportive housing. Not depicted are 426 scattered-site Shelter+Care units.