

**BRIEFING SHEET**Report 16-14
December 2016State Auditor
[Joe Chrisman](#)**Milwaukee County
Mental Health Board****Background**

The Milwaukee County Mental Health Board was created by 2013 Wisconsin Act 203 to assume responsibility for overseeing mental health functions, programs, and services that had previously been the responsibility of the Milwaukee County Board of Supervisors and to establish policies and develop budgets regarding them. Since July 2014, the Board has overseen the Behavioral Health Division (BHD) of the Milwaukee County Department of Health and Human Services, which is responsible for ensuring the provision of mental health services to county residents. Statutes require us to conduct biennially a financial and performance evaluation audit of the Board and of the mental health functions, programs, and services it oversees.

Key Findings

BHD's expenditures increased from \$171.4 million in 2014 to \$173.5 million (1.3 percent) in 2015, while the number of authorized full-time equivalent (FTE) positions decreased from 669.0 FTE positions to 585.3 FTE positions. BHD administered 26 programs, which we grouped into three broad categories: institutional-based care, community-based care for adults, and community-based care for children and adolescents.

Our analysis was limited by several factors. For example, BHD has not:

- consistently or clearly delineated the specific programs it administers or the services it provides;
- consistently budgeted on a program-level basis or maintained expenditure information in sufficient detail to allow for an accurate estimation of program-level expenditures for most of its 26 programs;
- consistently included in its contracts the specific policies with which vendors are expected to comply or the standards that BHD will use to measure performance; and
- developed overall performance indicators for each of its community-based programs.

We found:

- In 2015, BHD provided institutional-based care through three programs: a psychiatric emergency room, a 72-bed psychiatric hospital, and two long-term care facilities. BHD has closed both of its long-term care facilities, one in January 2015 and the other in January 2016.
- BHD has not developed performance indicators for each of its 23 community-based programs and instead relied on 14 performance indicators to help assess the overall operation and effectiveness of its programs.
- BHD's contracts for community-based mental health services do not generally contain provisions for assessing vendor performance, describing what constitutes acceptable performance, or delineating what actions BHD may take in instances of inadequate performance.
- Through September 2016, the Board adopted 27 policies. However, BHD has not centrally compiled these policies or made them readily available to Board members or the public.

Key Recommendations

We make recommendations for BHD to improve program administration, develop and submit to the Board for its approval adequate performance indicators for each of its programs, include performance-based standards in vendor contracts and annually review vendor performance, centrally maintain all policies adopted by the Board and make them accessible to Board members and the public, and report to the Joint Legislative Audit Committee and the Board by June 1, 2017, on its efforts to implement our recommendations.

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