

## **FISCAL REVIEW SECTION – LEGISLATIVE REFERENCE BUREAU**

### **Executive Summary: 2005 Proposed Budget – Health Department**

1. The Milwaukee Health Department (MHD) 2005 proposed tax-levy supported budget is \$12.6 million, a 4% decrease from 2004 (Pages 2-3).
2. Position authority is reduced by 14 tax levy funded positions for 2005, primarily from vacant positions (Page 4).
3. New and continuing strategies have been implemented in 2004, and will continue in 2005, in order to attract more nurses to public health nursing (Pages 5-6).
4. MHD continues to monitor and respond to various public health issues of concern with plans for continuing programming through 2005 (Pages 6-13).
5. MHD will receive over \$1.6 million in CDBG funding in 2005 (Page 13).
6. In 2005, no allocation for the AIDS Initiative is currently available although MHD is discussing funding options with the CDBG office (Pages 13-14).
7. MHD anticipates receiving approximately \$18.5 million in new and continuing grants in 2005 (Pages 14-16).
8. Grant funding represents approximately 59% of MHD operations (Pages 14-16).
9. The 2005 proposed budget includes \$1,028,000 for Capital Improvements for exterior and interior maintenance, mechanical systems upgrades and building maintenance (Pages 16-17).
10. 2005 anticipated revenues for MHD are \$2.35 million, a 9% increase from 2004 (Pages 17-18).

**FISCAL REVIEW SECTION – LEGISLATIVE REFERENCE BUDGET**

**2005 Proposed Budget Summary: Health Department**

<b>Category</b>	<b>2003 Actual</b>	<b>2004 Budget</b>	<b>Change</b>	<b>2005 Proposed</b>	<b>Change</b>
Operating	\$13,437,762	\$13,201,538	-1%	\$12,565,109	-4%
Capital	\$879,386	\$1,240,000	41%	\$1,028,500	-17%
Positions	367	359	8	345	-14

The Milwaukee Health Department (MHD) focuses its efforts on public health assessment, policy development and leadership, and assuring service availability and accessibility. The health department operates from five health centers throughout the city. In November 2004, the Tuberculosis Clinic will be moved from the Southside Health Center to the Keenan Health Center.

**Departmental Mission Statement**

To ensure that services are available to enhance the health of individuals and families, promote healthy neighborhoods, and safeguard the health of the Milwaukee community.

**Historical Information**

1. Beginning in the 2000 Budget, a State Consolidated Contract reflects that the State of Wisconsin will distribute public health funding through a new formula-based process. The Consolidated Contract is performance based and the health department is required to meet its objectives or surrender a portion of the funding.
2. The department had major reorganizations in the 1999 and 2000 budget resulting in the following organizational structure to accent one department:

Maternal and Child Health – Promote prenatal, reproductive, infant and pre-school health through immunizations, newborn screening, WIC programs in health clinics.

Healthy Behavior & Healthcare Access – School-aged children health, pregnancy prevention, coordinated community response, adult health and educational services, adult immunizations, chronic disease monitoring, breast and cervical cancer screening and employee assistance.

Disease Prevention and Control – Emergency preparation and response, tuberculosis control, STD surveillance and treatment, HIV/AIDS control, refugee health, waterborne disease control, outbreak investigation, enteric disease control, air management, water quality control, land use and development.

Consumer Environmental Health – Food control inspections, weights and measures, sales ordinance enforcement, health fire inspections, convenience store security and tattoo and piercing.

Home Environmental Health – addressing asthma control, lead poisoning prevention, treatment and abatement and injury controls.

Laboratory – provides analysis and scientific information related to chemistry, virology and microbiology.

MHD also has a specific Administration division that includes staff development, business services and communications, personnel and epidemiology.

3. Continuing efficiencies realized from department reorganization include:

- Improved response to outbreaks with the integration of environmental and communicable disease control functions; emergency preparedness is now centralized.
- Adoption of a interdisciplinary approach to water safety, food safety, airborne communicable agents.
- Centralized efforts in responding to personnel issues and related administrative functions leading to stronger infrastructure, consistency and cohesiveness.
- Improved departmental prioritization rather than “bureau” prioritization.
- Centralization of accounting functions.
- Uniform interpretation and enforcement of administrative and human resource policies and procedures.

The health department continues to work toward forming a single department identity with diverse, yet distinct, workgroups oriented to administration of their specified divisional responsibilities.

**Analysis**

1. The Milwaukee Health Department 2005 proposed budget includes an operating budget of \$12,565,109. This amount is a 4% decrease from the 2004 budget. This total does not include an approximate \$15.7 million expected in grant funding from various federal, state and local sources in 2005.
2. The total tax levy supported positions are decreased by 14 from 2004.
3. The 2005 proposed budget includes \$405,900 for Professional Services. The bulk of professional services reflect physician direction and consultation for various MHD services, electronic data information consulting, grant writing.
4. The 2005 proposed budget includes \$195,335 for Other Operating Services. These services include travel and training funds, equipment repair and parts, uniform allowance and services related to department operations.

5. The 2005 MHD Information Technology Special Fund is budgeted for \$85,794 to provide for additional computer work stations and systems upgrade. This account covers general maintenance and license fees for the MHD Network of approximately 300 computers. This includes GroupWise licenses, MS licenses, Novell network licenses, and other miscellaneous licenses and fees. This account also funds various software and hardware replacements, including but not limited to memory upgrades, printers and keyboards. The recent \$400,000 grant from Aurora Healthcare has subsidized the network "upgrade" to XP and extensive replacement of outdated PC's.

The replacement of the previous Client Tracking System now consists of the implementation of the statewide client data system, the Secure Public Health Electronic REcord System (SPHERE), rather than the development of an independent client tracking system within Milwaukee. MHD staff participates in statewide SPHERE lead teams to ensure that MHD's data and programmatic needs are addressed in the development of each module within SPHERE. MHD staff is currently working with the state team to add modules and specific additions to the system that will address MHD data needs.

### **Personnel**

1. The 2005 proposed budget reflects a net decrease of 14 positions from the 2004 budget.
2. The following tax levy supported positions are proposed for elimination \*:
  - 1 Chemist II (potential layoff)
  - 1 Virologist II
  - 1 Laboratory Operations Manager
  - 1 Accounting Assistant I (Payroll)
  - 1 Office Assistant III (Graphics)
  - 1 Public Health Nurse-Staff Development
  - 2 Public Health Nurses (Northwest Health Center)
  - 1 Office Assistant II (Northwest Health Center)
  - 1 Public Health Nurse (Immunization)
  - 1 Public Health Educator II (Healthy Behaviors)
  - 1 Health Access Assistant (Medical Assistance)
  - 1 Environmental Health Specialist II (Food Inspection)
  - 1 Environmental and Disease Control Specialist
  - 1 Public Health Nurse (STD)
  - 1 Lead (Program) Risk Assessor
  - 1 Environmental Health Supervisor (Food Inspection)
  - 1 Public Health Nurse (School Health)

\* Unless noted, all eliminated positions are either vacant or the incumbent will be able to transfer to another position within MHD.

3. The following tax levy supported positions are added:
  - 1 Public Health Nurse (Clinic Operations)
  - 1 Public Health Nurse (Adolescent School Health Program)
  - 2 Clinic Assistants (Northwest Health Center)
4. MHD grant funded positions are added, expire or are renewed throughout the year as funding is awarded and/or program needs change. Position changes are reviewed and approved by the *Public Safety* and *Finance and Personnel Committees* as new grant budgets are developed and presented to the Common Council by MHD.

### **Public Health Nursing Status**

The Milwaukee Health Department has aggressively pursued recruitment strategies and changes in the selection and hiring processes that have assisted in reducing the vacancy rate of public health nurses.

The following is a summary of initiatives that the health department has taken to recruit and retain public health nurses:

In July 2003, MHD implemented a 6-month trial program for Alternative Work Schedules (AWS) for employees represented by Staff Nurses Council. This program was then expanded in late 2003 to include management employees. Review of this program has indicated that approximately 16-18% of eligible employees are currently participating in AWS, and feedback from staff has indicated this has impacted their ability to maintain employment with the department while allowing them greater flexibility for personal time for family or school.

Outcomes planning was implemented to establish commitments between the organization and its workforce based upon the Healthy People 2010. Healthy People 2010 challenges individuals, communities, and professionals to take specific steps to ensure that good health, as well as long life, are enjoyed by all. An emphasis was placed on evaluation of programs and outcome measures as well as on collaboration and teamwork internally and externally of MHD. The outcomes planning process was aligned with Performance Appraisal to align individual, workgroups, divisions and organizational performance. By giving employees the opportunity to participate in the outcomes planning process, they are able to gain a better understanding of the mission of the department, and their role in attaining those outcomes.

In restructuring the MHD staff development model and in hiring a Training and Development Specialist, MHD has made it a priority to develop and empower work groups through a variety of organizational development methods. A training needs assessment was done to determine critical skills required and desired in staff in order for them to successfully perform their assigned tasks. A list of training and development needs and resources necessary for the desired training was shared and prioritized with Senior Management. Training included process improvement groups, behavioral style assessments, 360-review process and a variety of performance and skill development trainings. New employee orientation was restructured to better meet the needs of new employees and thus improve retention. Several surveys were

conducted with existing employees to determine areas of improvement in the culture as well as training needs. Trainings have continually been developed and implemented based upon results from the training needs assessment and employee surveys. An emphasis is being placed upon providing training to managers and supervisors regarding coaching and mentoring employees as well as creating a better overall work environment for all staff.

An employee recognition and reward program was implemented to reward those employees who have demonstrated exemplary efforts and positive behaviors at MHD. 360-degree assessment benefited MHD by improving feedback from more sources, giving an employee a well-rounded feedback process. Team members learn to work more effectively together. 360-degree feedback has proven for MHD that it is one of the best methods for understanding personal and organizational developmental needs. Multi-rater feedback also provides excellent information to an employee about what they need to do to enhance their career. When feedback comes from a number of individuals in various job functions, discrimination because of race, age, gender, and so on, is reduced. Multi-rater feedback provides comprehensive information about organization training needs and thus allows planning for classes, cross-functional responsibilities, and cross training.

In cooperation with the Wisconsin Area Health Education Center (AHEC), MHD provides opportunities for Community Health Internship Program students who are currently enrolled in a college program preparing for work in a health profession and have an interest in community health. Recently, an intern from AHEC worked with the MHD Human Resource Analyst in conducting research to identify the best and most effective mechanisms to recruit public health professionals for MHD positions. The result is a recruitment manual that will identify recruitment sources appropriate to specific professions.

MHD has continued recruitment efforts, especially for public health nurses at universities, employment fairs, public health conferences, and public health meetings and activities. These efforts have resulted in a steady flow of applications being received. A new eligible list for this position has been established.

Currently, there are eight tax levy and four grant-funded PHN positions vacant in the health department.

### **2005 Issues and Initiatives**

1. MHD continues to dedicate efforts toward improving the quality and safety of health-related consumer products and services.

In 2004, the implementation of escalating re-inspection fees for operators who fail to comply with written orders has resulted in more timely compliance, with few written objections. The implementation process involved prior notification, which was included with last year's license renewal and written and verbal information at the first routine inspection following implementation. MHD is continuing the HACCP (Hazard Analysis and Critical Control Point) model, focusing mostly on poor personal hygiene; cooling,

cooking and holding temperatures; cross contamination; and contaminated equipment violations, as these are critical risk factors known to contribute to food-borne illnesses.

A continuing challenge in 2005 will be to review and adjust to the added workload for inspectors relating to new construction and major remodeling projects for food establishments in the city.

2. Continued monitoring of Lake Michigan water quality:

During 2004, the primary goal of the MHD in monitoring water at city beaches was to assure protection of the public from disease associated with exposure to "poor" water quality due to contamination and to provide clear and concise public risk communication through posting of beach advisories on the beach, citizen hotline and regional website. To this extent, the MHD participates in, and influences state policy on the standardization of testing and posting of beach water quality advisories on a statewide basis (originating with evaluation of data from the city of Milwaukee).

A broader role for MHD will be to continue to review and collaborate with the research community on real-time testing and monitoring methodologies; work with state and local environmental groups and other agencies interested in water pollution source detection, prevention and conservation strategies; and, coordinate risk communication and public awareness and outreach with other government and community based organizations. However, routine testing of the public beaches on a daily basis during the summer season still remains the current preferred practice in assessing risk to the patrons on a given day and will provide the framework for city beach advisories in the near term.

3. Public health issues related to the West Nile Virus (WNV) will continue to be monitored:

In 2004, WNV activities conducted by the MHD included participation in a national public awareness campaign developed by the centers for disease control and prevention entitled "fight the bite". In addition to performing public education and outreach around mosquito avoidance and source reduction (campaign, hotline, website and press events), MHD also conducted, with the state division of public health funding, the following: bird, mosquito and human surveillance for WNV infection and related disease; placement of mosquito larvicide in select habitat to control mosquito species and populations of interest; and coordinated emergency strategic plan development with the state around emergency outbreak conditions.

MHD also participated in the distribution of mosquito repellent donated by S.C. Johnson to community based agencies serving the elderly who remain highest at risk for severe illness associated with WNV infection. (Because funding has been reduced to local public health departments from the CDC and state for WNV related control activities in 2005, MHD is in the process of assessing the best strategies with available resources to control WNV next season).

4. The **Childhood Lead Poisoning Prevention Program (CLPPP)** will continue its multifaceted approach to serving children and families with lead poisoning (secondary

interventions) and preventing lead exposure through housing and community-based approaches (primary prevention). The various function of the CLPPP in 2005 will continue to include:

- Screening of young children
- Chemistry laboratory analysis
- Surveillance
- Care coordination
- In-home nursing case management
- Home inspections/risk assessment
- Facilitating & monitoring lead hazard reduction
- Enforcement of the Lead Poisoning Prevention and Control Ordinance
- Providing partial grant funding for lead hazard reduction (primary prevention)
- Assuring CDBG-funded housing rehabilitation is conducted in a lead-safe manner
- Community health education; and
- Community development through contracts with 7 community-based organizations

New initiatives for 2005 will include:

- Subcontracting with fundraising counsel to leverage additional private sector resources to achieve the goal of eradicating childhood lead poisoning in Milwaukee by 2010
- Development of a Lead Elimination Plan for the City of Milwaukee in partnership with multiple public and private sector resources
- Re-initiation of collaborative housing initiatives with other City departments
- Expansion of lead screening and housing advocacy initiatives on the north side if funding is secured (grant application pending)
- Doubling of funding and lead hazard reduction activities in the Lead Program Target Areas (grant application pending)

Significant strides have been made since 1997 to reduce the rate of childhood lead poisoning in Milwaukee as evidenced by the reduction in prevalence rates from 32% to 11% in 2003. At the same time, Milwaukee's rate of 11% is 5 times the national rate of 2.2%. Within the Lead Program Target Areas that are characterized by a high percentage of rental properties and low assessed values, rates of lead poisoning are as high as 26%.

In 2003, approximately 1,400 housing units were made lead-safe using proven treatments to parts of the home, particularly window areas, deemed to be especially hazardous for exposure to lead-based paint.

In 2004, MHD estimates that another 1,400 units will be completed.

Lead poisoning is a totally preventable disease and solutions to the problem are well understood in Milwaukee. Furthermore, the public and private sector infrastructure needed to eliminate childhood lead poisoning in Milwaukee by 2010 are well established.



The remaining challenge is securing adequate resources to partially subsidize lead hazard reduction in high-risk housing before a child is poisoned.

The **Pediatric Asthma Program** has experienced significant growth over the last 1 ½ years. Currently, the Asthma Program includes:

- Care coordination which links private medical doctors, hospitals, and clinics to public and private sector case management services
- In-home case management
- Environmental assessment of asthma allergens and household triggers
- Reduction of allergens in the home environment (integrated pest management, minor home repair and deep dust decontamination)
- Research
- Community development through an impending contract with a community-based organization

Milwaukee Health Department staff collaborates with, and provides leadership to, Fight Asthma Milwaukee Allies to assure comprehensive public and private sector services to families impacted by persistent asthma. All services provided by the Pediatric Asthma Program are grant funded. MHD is currently awaiting the results of a grant application to continue these aforementioned services in 2005. If the grant from HUD is not awarded, Care Coordination will cease beginning in 2005 and home environmental interventions will cease in mid-2005.

5. Continue efforts to reduce infant mortality:

The Fetal Infant Mortality Review (FIMR) conducts comprehensive investigations involving review of all the medical and social service records of children who have died. Findings include an analysis of WIC utilization, Prenatal Care Coordination utilization, Bureau of Milwaukee Child Welfare intervention, prenatal and pediatric care utilization, the parental response to both healthcare systems and providers, the number and type of deaths per zip code and city planning area, mental health data, degree of educational achievement, utilization of Safe Sleep practices and AODA issues that have occurred in families where a child has died. The Review supplies data to the health department Division of Maternal and Child Health.

FIMR analysis has led to efforts to improve sleep safety and reduce Sudden Infant Death Syndrome, such as providing "This Side Up" "onesies" to all newborns in the city at hospital discharge, the refocusing of public health nurse home visiting criteria through a statistical analysis of FIMR and birth certificate data, the distribution of Safe Sleep and other health department information to women using local food pantries, the inclusion of Safe Sleep information in the health department's 'WIC One-Stop Shops,' Safe Sleep updates for foster parents and physicians, efforts to reduce prenatal tobacco use, efforts to improve family planning, education and access, and efforts to improve folic acid consumption in women of reproductive age.

Funding for the Fetal Infant Mortality Review (FIMR) comes from federal dollars received through the Black Health Coalition and will end May 31, 2005. The FIMR component of this grant is a small portion. MHD remains hopeful that funding will be secured to maintain these efforts.

The following table presents historical information for the City of Milwaukee relative to infant mortality:

Year	# Infant Deaths (City)	Rate/1,000 Live Births			
		City	African American	White	Hispanic
1997	110	10.3	13.8	7.9	7
1998	132	12.1	18.8	6.8	6.2
1999	117	10.5	14.6	4.8	11.8
2000	127	11.5	16	5.2	6.2
2001	128	11.5	17.6	4.9	7.8
2002	134	12.5	18.7	6.4	8.6

In 2004, FIMR project goals and objectives included:

- *Data analysis* of abstracted medical record data and state and local data
- *Case review analysis* of 2002-2005 fetal and infant deaths for recommendations that may prevent future infant deaths
- *Education and outreach efforts* that will utilize MHD staff for support services relative to bereaved parents, health providers and organizations interested in FIMR project and goals.

The MHD Maternal and Childhood Health Division is specifically charged with the day to day tasks of health center and field visits related to pre and post natal care. This Division has made it a priority to integrate infant mortality reduction into every component of its service delivery and outreach.

The FIMR project has provided data to the Maternal and Child Health division as well as to the community, about the causes and prevention strategies for infant mortality in Milwaukee. FIMR has published 3 data analysis/status reports and made recommendations to the Milwaukee community, to healthcare providers and healthcare systems, to social service providers and to policy makers and legislators. These recommendations have resulted in a significant number of policy and protocol changes in an effort to keep Milwaukee babies alive. Advocacy efforts to-date has focused on infants dying post-discharge; e.g., the Safe Sleep Environment campaign and the programs to eliminate of post-natal infections such as meningitis and pneumonias. Cost to continue this project for 7 months of 2005 is \$51,231 and is not included in the 2005 department budget.

6. MHD will continue to monitor developments related to services delivered at the Municipal Health Program (MHSP) Center sites. The Municipal Health Services Program (MHSP) waives certain Medicare reimbursement limitations for Medicare beneficiaries. This

program pays for services not typically covered by regular Medicare and reimburses health care providers 100% of the cost. Eligibility in the program is limited to City of Milwaukee residents.

Funds from this grant are used to reimburse private providers for services rendered to Medicare patients. This program also funds the salaries of administrative staff and pays for the costs associated with maintaining the buildings that house the program. The MHSP provides access for public health and outpatient services through primary health care and preventive health care services to underserved residents of the city. Approximately 2,000 individuals participate in MHSP.

MHSP is scheduled to terminate in 2006, unless funding is renewed. Current information does not suggest funding beyond 2006. In view of the continuing decline (5,500 participants in 2003) in the volume being served, the health department's projection is that funding renewal may not occur.

7. MHD will continue to promote enrollment in BadgerCare:

Badger Care has been very successful in providing health insurance for Wisconsin's uninsured families. Overall, state enrollment is 114,237. Of these, 37,356 are children.

Milwaukee County Badger Care enrollment is 25,862. Of these, 9,413 are children.

In 2003, the health department assisted with 2,900 (city resident) applications, including 679 families, for BadgerCare with an 89% approval rate. The average family size is approximately 3 members.

In 2004, as of October 1, 2004, 1,900 city resident applications have been taken.

The strategy for MHD to increase enrollment includes:

- Greater coordination with the Mobile Health Unit
- Pursuing grants and foundation money for sustaining and expanding outreach
- Pursue a direct contract with Milwaukee County DHHS for outreach.
- Develop a specialized unit, dealing exclusively with Medical Assistance

8. MHD will continue to improve public health emergency preparedness and coordinate appropriate responses. MHD has enhanced its ability to respond quickly to communicable disease outbreaks, bioterrorism threats, hazardous materials spills through staff coordination and countywide surveillance.

During 2004, the MHD continued to enhance city preparedness for bioterrorism and other public health emergencies in 6 major planning and focus areas:

Disease surveillance – collaboration with private healthcare providers and other stakeholders in developing early warning and detection systems for unusual diseases and clusters or multiple cases of disease that may indicate a bioterrorism event or

communicable disease outbreak. Surveillance systems related to disease detection and monitoring continue to be evaluated by MHD staff in coordination with both state and federal public health agencies.

Laboratory capability – training of MHD laboratory staff and acquisition of specialized analytical equipment and methodology that allows for rapid identification of select bioterrorism agents and well as emerging and novel infectious diseases. MHD is part of a national “laboratory response network” (LRN) developed by the CDC for select purposes of improving sharing of data and resources in preparation and response to a bioterrorism event or other public health emergency. The MHD laboratory is currently one of only 2 of the bio-terrorism preparedness “bio-safety level 3” facilities in Wisconsin.

Mass casualty planning – identification and coordination of the activation of community sites for dispensing of mass prophylaxis and vaccinations to public and first responders as result of bioterrorism or communicable disease outbreak or epidemic. Another component is planning for receipt, storage and dispensing of medical supplies and pharmaceuticals as part of the federal strategic national stockpile (SNS) program

Environmental monitoring and assurance – consequence management planning with federal, state and local emergency response agencies as related to environmental detection of bioterrorism agents through department of homeland security (DHS) air monitoring network “bio-watch” or united states postal service biohazard detection system. Assuring the adequate planning of mass decontamination of public and first responders is included.

Risk communication – development of alert messaging and notification systems and protocols to other first responders, public, media and healthcare providers in the event of any public health emergency.

Training and exercises – MHD is part of a multi-disciplinary first response team in the community and routinely participates in a variety of diverse training opportunities (as presenter and attendees) as well as tabletop, functional and full-scale exercises.

During 2005, MHD will continue to participate in homeland security initiatives at both the state and local level as the primary regional public health representative. MHD is part of both a regional multi-local public health consortium including the Waukesha County Health Department and is part of an eight-county regional hospital bioterrorism preparedness planning team. As a grantee of the federal urban area security initiative program (UASI), MHD is coordinating emergency planning with fire and law enforcement agencies across a three-county area. MHD also is a member of the federal department of justice (DOJ) anti-terrorism advisory council and continues to maintain close ties with the Milwaukee office of the Federal Bureau of Investigation (FBI) on joint investigations relevant to bioterrorism or other threats to public health.

Specific initiatives in 2005 include development of planning capacity around animal health and agri-terrorism issues including intentional food contamination events; refinement of local bio-

watch response plan; evaluation of USPS biohazard detection system incident emergency management plan; continued participation in community wide exercises held with Milwaukee County emergency management.

9. MHD will receive over \$1.6 million in CDBG funding in 2005:

- \$250,046 will be used for a focused neighborhood approach to communicable disease education, identification and prevention
- \$198,718 will be used for the Healthy Family/Healthy Infant Initiative
- \$41,538 will be used for environmental planning and review
- \$794,852 will be used for lead poisoning prevention \*
- \$282,750 will fund health department prenatal services
- \$49,248 will fund administrative expenses

\* The MHD Lead Program receives two sources of funding from CDBG. The first contract is in its second year and is executed to provide services to CDBG-funded housing rehabilitation projects. Beginning in September of 2000, HUD required that all federally funded housing rehabilitation projects be conducted in a lead-safe manner. CDBG contracts with MHD to assure compliance with these regulations. This has been a very successful collaboration as health and housing initiatives, across city departments, becomes increasingly integrated.

The second source of funding is used to provide partial grant funding to rental property owners who commit to proactively making high risk housing units lead safe before a child is poisoned (primary prevention). Since 2000, CDBG funds been allocated to support the MHD Lead Program's goals of eradicating lead poisoning by 2010. The MHD Lead Program has a strategic plan to fulfill this goal by tripling the number of lead-safe housing units produced annually, an initiative that commenced in 2003. Resources continue to be required to increase production to this level.

The 2004 experience in administering CDBG programs in MHD has had staff working closely with CDBG to maintain and ensure compliance with CDBG funding guidelines. The result of that joint effort has been a more positive and efficient way of working together to handle the administration of the CDBG funded projects.

#### **SPA – AIDS Initiative – No funding (currently) available**

The 1997 adopted budget provided \$240,000 to six agencies for AIDS case management, support services, prevention outreach and education. For 1998, funding of \$69,200 that had formerly been located in the Health Department Services Account and donated to the Milwaukee Aids Project for educational programs, was added for purposes of funding AIDS related services. The 1999 budget continued to provide \$309,200 to AIDS agencies based upon anticipated Request for Proposal results. In 2003, \$314,200 was provided for this SPA.

This account had a tax levy impact when funded prior to 2004.

The following agencies were awarded funding in 2004:

<b>Agency</b>	<b>2003</b>
ARCW-MSM	\$ 41,300
Milwaukee LGBT	\$ 50,000
House of Infiniti	\$ 58,900
ARCW-Lifepoint	\$ 60,000
Counseling Center	\$ 52,000
Latino Health Coalition	\$ 52,000
<b>Total</b>	<b>\$314,200</b>

The 2004 budget funded the AIDS Initiatives using the city's award of federal Community Development Block Grant funds.

The 2005 proposed budget includes no funding, neither tax levy nor CDBG, for the AIDS Initiative. MHD is currently in discussions with the CDBG office in order to determine if funding will be available and, if so, the designated amount.

### Grants

In 2005, the health department anticipates receiving approximately **\$18.5 million** in awarded and continuing grants. In some cases, the grant funding identified encompasses several years. \$18.5 million in grant funding represents approximately 59% of MHD's total budget in 2005. Grant funding will support the salaries of approximately 35%-38% of MHD staff with \$5.2 million and another \$1.8 million in fringe benefits.

Although there are other grants that the Health Department has received which extend into 2005, the following is a list of grants that are anticipated in the 2005 proposed budget beginning January 1, 2005 extending through December 31, 2005.

<b>Grants</b>	<b>Projected Grantor Share 2005*</b>
AIDS/HIV Counseling and Testing Grant	\$ 19,000
Adolescent School Health Program	875,000
Alcohol-Related STD/HIV Grant	117,000
Beach Monitoring Program Grant	46,000
Bioterrorism Grant	748,000
Breast Cancer Awareness Program Grant	115,200
Breast Cancer Awareness Foundation Grant	65,000
Congenital Disorders Grant	125,000
Coordinated Community Response Grant	53,234
Covering Kids and Families Grant	35,000
Early Child Care Grant	583,000
Environmental Health Capacity Grant	40,000
Hepatitis B Immunization Grant	26,000

<b>Grants</b>	<b>Projected Grantor Share 2005*</b>
HIV Women's Grant	182,506
HUD 11-Lead Hazard Remediation	3,000,000
Immunization Action Plan Grant	310,000
Income Maintenance Grant	150,000
LEAP-Lead Elimination Action Program	813,372
Lead Detection Grant	345,000
Childhood Lead Poisoning Prevention Program Grant	538,000
Making Connections Grant	126,000
Family Works Project (MetaHouse)	500,000
Breast Cancer Control Coordination	285,000
Breast and Cervical Cancer Screening Grant	132,000
Municipal Health Services Program	6,000,000
Preventive Health Grant	73,000
Racial and Ethnic Disparities in Immunization Initiative	50,000
Refugee Health Services Grant	88,000
Sexually Transmitted Diseases	152,000
STEPS Grant	1,500,000
SURVNET Grant	60,000
Tobacco Control Grant	280,000
Urban Area Security Initiative	750,000
Women's Infants and Children's Program	721,000

**\*Grantor share amounts are projected and contingent upon final award**

MHD will submit between 35-45 grant applications in 2004 and 2005.

The anticipated grants and other funding in the 2005 proposed budget supports 124 FTEs, a slight decrease from 128 FTEs in 2004.

The following grants are expected to end in 2004 or sometime in 2005:

- FIMR (Fetal Infant Mortality Review) – May 30, 2005
- READII (Racial and Ethnic Disparities In Immunization. Initiative) – Dec. 31, 2004
- Early Child Care Grant – August 31, 2005
- Urban Toxic Grant – March 30, 2005
- Emergency Preparedness Grant – Dec. 31, 2004
- STD/HIV Prevention Training Grant – ended March 30, 2004
- Fight Asthma Milwaukee Allies Grant – Dec. 31, 2004

MHD is optimistic that most, if not all, incumbents in these grants will be funded by alternative funding sources, whether it be in new grants or vacant O&M positions. There are several

positions within MHD where vacant O&M positions are being held vacant in anticipation of filling with an incumbent from an ending grant. MHD does not expect to incur significant losses of employment as a result of these grants ending.

**Capital Improvements**

<b>2003 Actual</b>	<b>2004 Budget</b>	<b>Change</b>	<b>2005 Proposed</b>	<b>Change</b>
\$879,386	\$1,240,000	41%	\$1,028,500	-17%

The 2005 proposed budget includes **\$1,028,500** to fund the department's interior, exterior building maintenance and mechanical maintenance projects.

The 2005 Capital Improvements budget includes the maintenance and repair of boilers, elevators, various exterior repairs and assorted interior upgrades/replacements. In addition, MHD continues to budget for ADA Improvements. A complete study and assessment of ADA improvements needed is currently being performed by an architectural firm (Boer Associates). Boer will be providing cost estimates and prioritization of each recommended improvement. It is the goal of the MHD Capital Improvements plan to spend the next several years getting the MHD buildings up to code and compliance, after which, more preventative maintenance can be addressed. The recent move and remodeling of Keenan for the STD Clinic and the current remodeling for the TB Clinic is allowing many long overdue upgrades and improvements to Keenan Health Center. After this project is completed, Southside and Northwest will need to be addressed.

**Mechanical Maintenance Projects \$378,500**

This amount is proposed to remove and replace the boilers at Johnston Health Center. Elevator repairs at various health centers are also included in this funding.

**Exterior Building Maintenance Projects \$300,000**

This funding is proposed for ADA accommodations and general tuck-pointing. Parking lot repairs for Southside and Northwest Health Centers are included in this funding.

**Interior Building Maintenance \$350,000**

This money is proposed for ADA accommodation improvements in various buildings. \$100,000 will be used for automatic switchgear for the emergency electrical system in the health department lab. Various and general improvements and needed repairs to health center centers are also included.



## Clinic Building Status

While the MHD buildings are aging, the challenge really has been to continue to update their functionality to meet the needs of clinic operations. The Six-Year Capital Improvements Plan budget has addressed many of the maintenance improvement needs of the health center buildings and is also addressing efficiency improvements to mechanical equipment, lighting, electrical, etc. This plan ultimately allows the MHD to reach a realistic replacement cycle for much of the regular capital improvement projects.

Keenan Health Center has undergone renovations of the 2<sup>nd</sup> floor to accommodate the existence of the STD Clinic at this location since August of 2003. Currently, renovations are in progress to accommodate the TB Clinic move to this location on the basement level. This move is anticipated for November or December of 2004.

Upon completion of the Keenan project and the move of the TB Clinic from Southside Health Center (SSHC), the SSHC will undergo some minor renovations to accommodate the move of the WIC Clinic from Johnston to SSHC. This project is in the planning stages.

No other building is currently being affected by any major renovations at this time. Budgeted mechanical, exterior and interior projects are in progress at almost all 5 buildings – SSHC, NWHC, Keenan, Coggs and Johnston.

MHD is currently working with the Mayor's Office and Community Health Center partners to explore the feasibility of reallocating a portion of the Capital Improvements dollars to fund the expansion of a FQHC (Federally Qualified Health Center) on the south side. If these discussions become mutually beneficial to the city and the community partners, then the reallocation of a portion of the Capital Improvements budget will be explored more thoroughly.

## Revenues

Category	2003 Actual	2004 Budget	Change	2005 Proposed	Change
Charges for Services	\$ 889,741	\$ 579,000	-34%	\$750,638	29%
License and Permits	\$1,704,997	\$ 1,579,200	-7%	\$ 1,604,550	1%
Total	\$2,594,738	\$ 2,158,200	-16%	\$ 2,355,188	9%

1. The 2005 proposed budget estimates that the health department will generate revenues of \$2,158,200. This estimated revenue is a 9% increase from 2004 and is based upon historical experience and projected charges for licenses and permits.
2. Revenues for the Health Department are primarily from licenses, permits, and charges for services.
3. MHD is reimbursed by appropriate state and federal programs for influenza shots, childhood immunizations and health checks, lead home nursing visits, and lead inspections. The department receives reimbursement for TB case management and

childcare coordination as well. The department continues to surveil and coordinate services to assure vaccine coverage in the community.

Generally, the rate of reimbursement from payers is good. Since the creation of and hire of the Clinic Operations Manager, the billing section has worked on improving billing timelines, increasing rates of reimbursement and decreasing error rates in billing. MHD's goal is to gain efficiency and collect reimbursements on a more real-time basis. This effort is proving to be successful in establishing expectations for billing timelines for all staff involved. The CHILI'S (Consumer Health Inspectional and Licensing Software) project will help improve the collection of food licensing fees by establishing a direct relationship between the license and the payment booking, eliminating manual billing and payment processes. MHD's goal for 2005 is to implement a computerized billing system for all other accounts receivable invoices still produced manually. MHD has met with DPW and will incorporate DPW's accounts receivable system into MHD to gain efficiencies in billing and improve its ability to monitor accounts receivable balances.

4. In general, there are no major changes in revenue sources for 2005.

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