



REPORT

LEGISLATIVE REFERENCE BUREAU

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17. Health Department, 2015

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17. Health Department

\$12,841,865

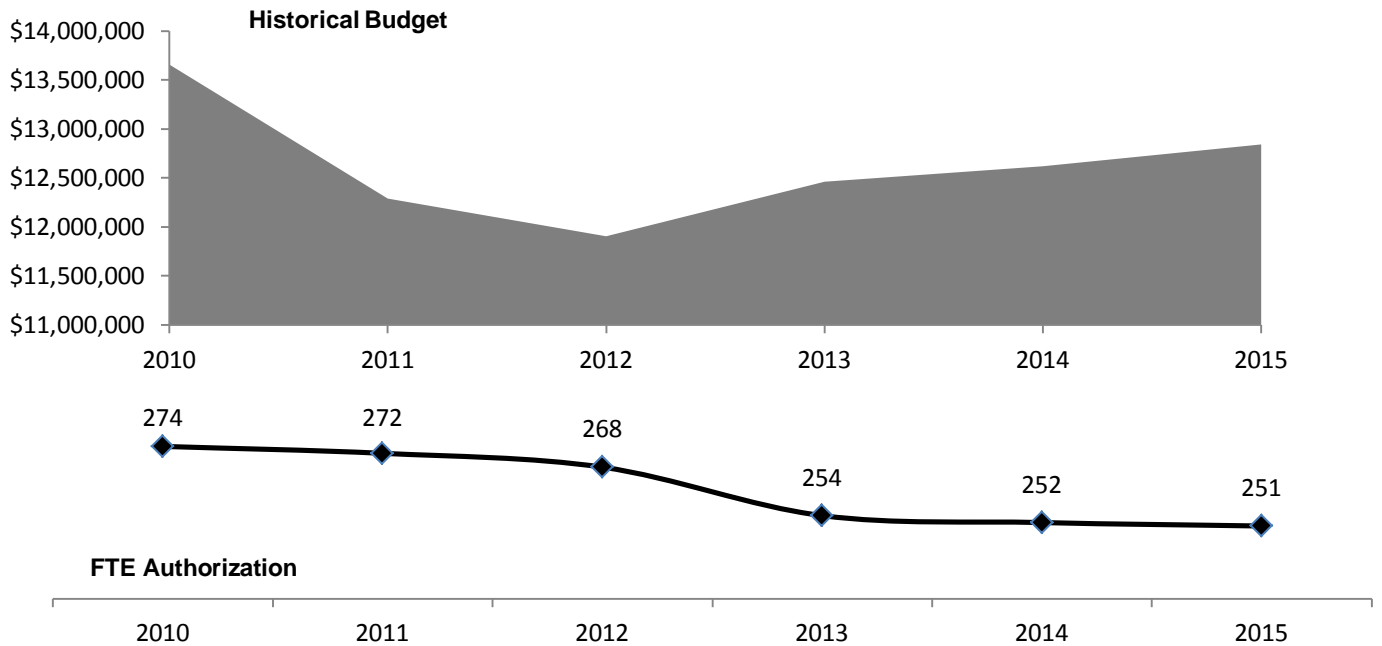
Proposed Department Budget

\$222,969

Nominal Change in Proposed Department Budget

1.77%

Percent Change in Proposed Department Budget



-0.4%

Percent Change in FTE 2014 to 2015 Proposed

-1

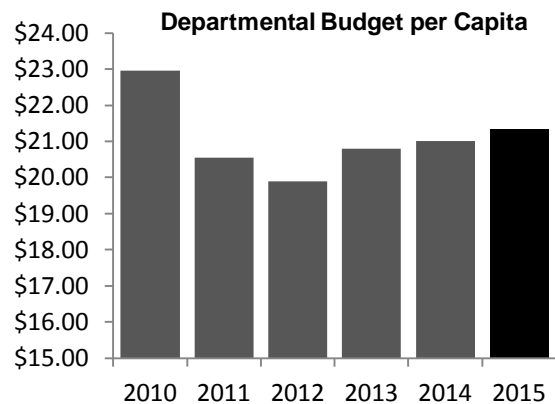
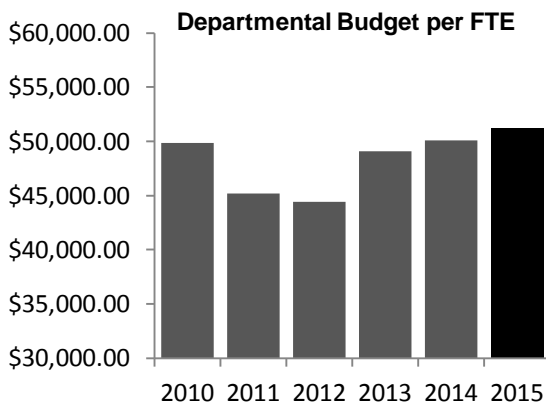
Nominal Change in FTE 2014 to 2015 Proposed

30

Vacant Positions

43%

% Eligible for Retirement within 10 years



7.8%

The percent of babies being born pre-term to mothers participating in Home Visitation. The city average is 10.8%; the 11 high-risk zip codes average is 12.4%

3,170

Total number of WIC checks spent at MHD markets providing fresh produce as part of the Farmer's Market Program, up 11% from 2012

18

Number of Environmental Health Inspectors responsible for all food establishment inspections

6,494

Number of residents assisted in signing up for health insurance (Affordable Care Act/BadgerCare) through grant funding in 2013.

290

The number of weights & measurement violations discovered in 2013 (4.4%), up from 4.2% in 2012

11,126

Number of food inspection violations discovered in 2013, an increase of 37%

353

The number of firearms purchased in the 2014 Gun Buy Back program, underwritten by private donors. These included assault rifles and handguns.

16,417

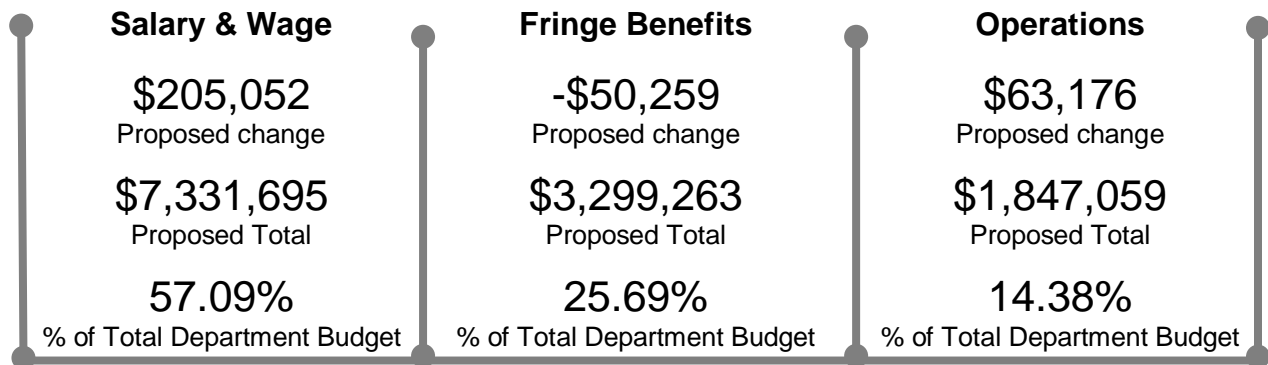
Number of immunizations administered in 2013 to the community and MPS, up 2.2%

1,561

Number of women who received breast and cervical cancer screenings, up 7.2% from 2012

\$11,232,350

Amount of anticipated grant funding adding an additional 47% to the department's overall budget



I. INITIATIVES AND PROGRAMS.

1. Department Overview.

The mission of the Health Department is to improve and protect the health of individuals, families and the community. A widely-accepted definition of 'public health' is "...the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals" (1920, C.E.A. Winslow).

Per capita health care costs calculated by the Kaiser Family Foundation suggest that more than \$4.5 billion is spent annually on health care of Milwaukee residents. The annual \$20 million program of the department amounts to less than ½ of 1% of this total health care expenditure. The role of the department in such a large and complex health care environment is to identify the most serious unmet needs and to develop policies, programs and strategies that leverage available resources and community strengths to meet these needs.

The department has defined its objectives for 2015 to include:

- Controlling the spread of communicable disease.
- Reducing lead poisoning in children.
- Reducing injuries, disabilities and deaths due to violence.
- Preventing the spread of food borne disease.
- Reducing the infant mortality rate.
- Improving immunization compliance within the Milwaukee Public Schools to 90%.

The following sections will address each of these initiatives further:

2. Control the spread of communicable disease

Sexually Transmitted Infections and HIV.

The incidence and rates of serious infection from sexually transmitted diseases (STD) remains stubbornly high in the Milwaukee area despite a decrease in the 2013 rates. At the same time, the Health Department's Keenan STD clinic has experienced a decrease in the numbers of clients presenting for STD screening and treatment. From 2004 through 2009, an average of more than 6,500 clients were seen annually. Numbers of clients seen since 2010 are averaging approximately 5,500 per year.

The Department continues to partner with Diverse & Resilient to develop new community outreach strategies, including the launch of the "Acceptance Journeys" campaign aimed at reducing community stigmatization associated with gay and bisexual orientation in minority communities. HIV infection among young black males continues to be a major concern. A newly-funded collaboration with the Zilber School of Public Health led by Dr. Lance Weinhardt, PhD, (Common Council Resolution File Number 130584, adopted September 4, 2013) is designed to develop new interventions that address life issues (employment, housing, domestic violence, substance abuse), and individual behaviors, to reduce risk among people highly vulnerable for HIV infection.

Laboratory Services.

The Laboratory processes more than 55,000 tests annually. Many of these tests are reimbursed by other agencies. The Laboratory projects that in 2015 it will conduct 6,500 tests for communicable diseases, 1,500 tests for water quality, including beach water, 400 tests for blood lead poisoning, and 12,000 tests for environmental lead.

In 2013, the lab provided key support to epidemiologists, public health nurse investigators, environmental scientists, and food and lead inspectors for definitive identification of numerous case and outbreak investigations. These included a community-wide Legionnaires Disease outbreak, multiple bacterial and viral outbreaks at both childcare and elderly care facilities, an outbreak of *Cryptosporidium* attributed to recreational water contamination, and multiple vaccine-preventable disease cases of measles, mumps, and pertussis.

3. Reduce child lead poisoning.

The reduction since 1997 in the incidence of childhood lead poisoning following the initiation of a series of grants from the U.S. Department of Housing and Urban Development (HUD) is a major accomplishment.

Current (2013) prevalence of lead poisoning, the percent exceeding 10 micrograms per deciliter (10 mcg/dL) in children less than 6 years of age, is 3.3% in the city of Milwaukee. The 2014 Proposed Plan and Executive Budget Summary states that 2013 and 2014 performance measures are 3.4%. The Department reports, however, that this figure, due to decimal rounding, is comparable to the level already attained. The CDC announced in 2012 that preferred goals are now 5 mcg/dL due to research that finds lower levels of blood lead are significantly associated with poor health outcomes, including mental and emotional deficits.

On average, about 700 residential units have been abated (made “lead-safe”) under the Department’s programs in recent years. However, the projection under reduced funding in 2013 is that fewer than 450 units will be abated by the end of the year. The Department was recently awarded additional grant funding from HUD to continue its lead abatement efforts. This new grant will provide for 710 housing units to be abated over the next 3 years. The program will also be focusing funding towards foreclosed properties.

4. Reduce injuries, disabilities and deaths due to violence.

The Department’s Office on Violence Prevention (OVP) provides strategic direction and oversight for the City of Milwaukee’s effort to reduce the risk of violence through a variety of linked strategies. Through its staff leadership and partnership with multi-disciplinary teams of agencies and organizations throughout the city, OVP will continue efforts to collaboratively develop, implement, and evaluate effective and sustainable approaches to preventing interpersonal and community violence, including sexual assault, domestic violence, human trafficking and gun violence.

Family Violence Prevention Fund research reports that after separation from abusive situations, batterers often use visitation and exchange of children as an opportunity to inflict additional physical and/or psychological abuse on victims and their children. OVP, through its Commission on Domestic Violence & Sexual Assault, is the lead partner in a \$400,000 U.S. Department of Justice grant to establish a “Safe Exchange” visitation site for families affected by domestic

violence. Throughout 2014 and 2015, the Commission staff, with partners, will identify a site, establish protocols and policies related to safe exchange and visitation and will develop an evaluation of the program. The site will open in fall of 2014 and will serve 100 families during its inaugural year.

OVP continues its partnership with the Medical College of Wisconsin's Youth Violence Prevention Initiative and has served as a team member in both the development and implementation phase of this multi-million dollar investment in youth violence prevention efforts in Milwaukee. As homicide is a leading cause of death among young people, and as in other cities across America, the majority of shooting victims in Milwaukee are young black males under the age of 30, OVP is working collaboratively, in a partnership known as "Coming Together," with the Medical College, Children's Hospital of Wisconsin, and Community Advocates-Brighter Futures to develop violence prevention strategies and programming targeted toward youth and gun violence. In addition, the May gun buy-back, one event in a week-long series of anti-violence activities, yielded 353 firearms, which included 234 handguns, 115 rifles and 4 assault-type guns. The buy-back and other related activities were organized as part of Mayor Barrett's 10th annual Ceasefire Sabbath initiative, a violence prevention partnership with the City and local faith community leaders. The buy-back was underwritten by private donors.

OVP concluded an evidenced-based community readiness assessment in anticipation of a comprehensive sexual assault outreach effort in 2015. The development of an outreach campaign was identified as a significant need in the City's OJA funded sexual assault initiative.

With its partners from the Homicide Review Commission (MHRC), OVP co-convened a Juvenile Violence Workgroup comprised of stakeholders from throughout the juvenile justice system. With a goal of identifying system gaps, including information sharing, the effort provided a window into the problems with the complicated juvenile justice system and the community's response to system determinations. Sixteen recommendations were developed by the team. In conjunction with Milwaukee's Community Justice Council, the workgroup will develop strategies for implementation, including protocol and practices revisions, and legislative and funding advocacy, if necessary.

An additional project with the MHRC includes case reviews focused specifically on Domestic Violence Homicides and Near-Fatal Domestic Violence Reviews. Since 2011, the MHRC has been working with the Milwaukee Commission on Domestic Violence and Sexual Assault (MCDVSA) through the Office of Violence Prevention. By aligning efforts and partners to bolster each other's work, the MHRC and MCDVSA collaborate on implementation of recommendations that come out of reviewing domestic violence incidents. The reviews have yielded these highlighted recommendations: Training police officers on the new strangulation law (Wisconsin Act 127), surveying victims that do not appear for court to identify potential support needed to assist them with the court process, begin asking DV victims about history of strangulation during the intake process and reviewing policies requiring DV offenders to provide verification when they have surrendered their firearms prior to being released on supervision.

In 2013, MHRC reported 9 intimate partner-related homicides. As of October, 2014, one such death has been reported.

The OVP staff continues to engage the faith community in violence prevention work and will continue those efforts in 2015 through Ceasefire Sabbath, Human Trafficking, and Domestic

Violence convocations.

Health, Justice, Development (HJD) Initiative - The HJD Initiative is an evolving, broad-based collaboration involving individuals from the spheres of public health and health care, community development and criminal justice. The intent is to explore how to transform systems for “a healthier, safer and more prosperous Milwaukee”. OVP partners with community justice, community development, including the Federal Reserve Bank, and health professionals at a launch event in late 2014 and follow-up throughout 2015, in order to collaboratively develop high-impact strategies that will position the Milwaukee community for a successful future.

The Community Safety Data Repository Project was recently awarded a grant of \$400,000 from the Wisconsin Partnership Program (UW School of Medicine and Public Health) for a 3-year effort that supports the continuing work of the Milwaukee Homicide Review Commission. The Grant analysis (File Number 130051, adopted June 11, 2013) provides that the goal of the project is “to reduce violent crimes and violence in urban areas using interagency collaboration and culturally competent proactive strategies that increase protective factors and decrease risk factors. In order to achieve this goal, the project aims to improve the availability and quality of interdisciplinary data through the creation of a sustainable data repository.” Approximately \$293,000 of the grant funds will support contracted services with Syslogic, UW Madison School of Medicine and Public Health and Marquette University (Dr. Mallory O’Brien, PhD). The first year of the project (July 1, 2013 to June 30, 2014) is described as a planning year.

5. Prevent the spread of food-borne disease.

The mission of the Consumer Environmental Health Division is to ensure safe food handling practices in retail and wholesale establishments, minimize food-borne illnesses, education business owners and members of the public about food safety and public health and to ensure the accuracy of weights and measures in retail establishments.

It is important to note that the Department’s food establishment licensing function is performed as an agent for the State of Wisconsin’s Department of Health Services under ch. DHS 196, Wis. Adm. Code, and the Wisconsin Department of Agriculture, Trade and Consumer Protection under ch. ATPC 70, Wis. Adm. Code.

Table 17.1. Food Inspections and Violations Citywide, 2010-2013.

Inspections by Type	2010	2011	2012	2013
Food Establishment	2,659	2,315	2,378	2,783
Restaurant	4,920	4,455	4,484	5,139
School	714	703	775	813
Total Number of Inspections	8,293	7,473	7,637	8,735
Number of Routine Inspections	5,188	4,954	4,836	6,475
Routine Inspections with Critical Violations (%)	1,419 (27%)	1,693 (34%)	1,748 (36%)	1,523 (24%)
Total Violations	7,781	7,653	8,121	11,126

At the rate of inspections, the increasing number of violations requiring re-inspections, and the growth of food establishments citywide, the department is not well-staffed to meet its regulatory requirements.

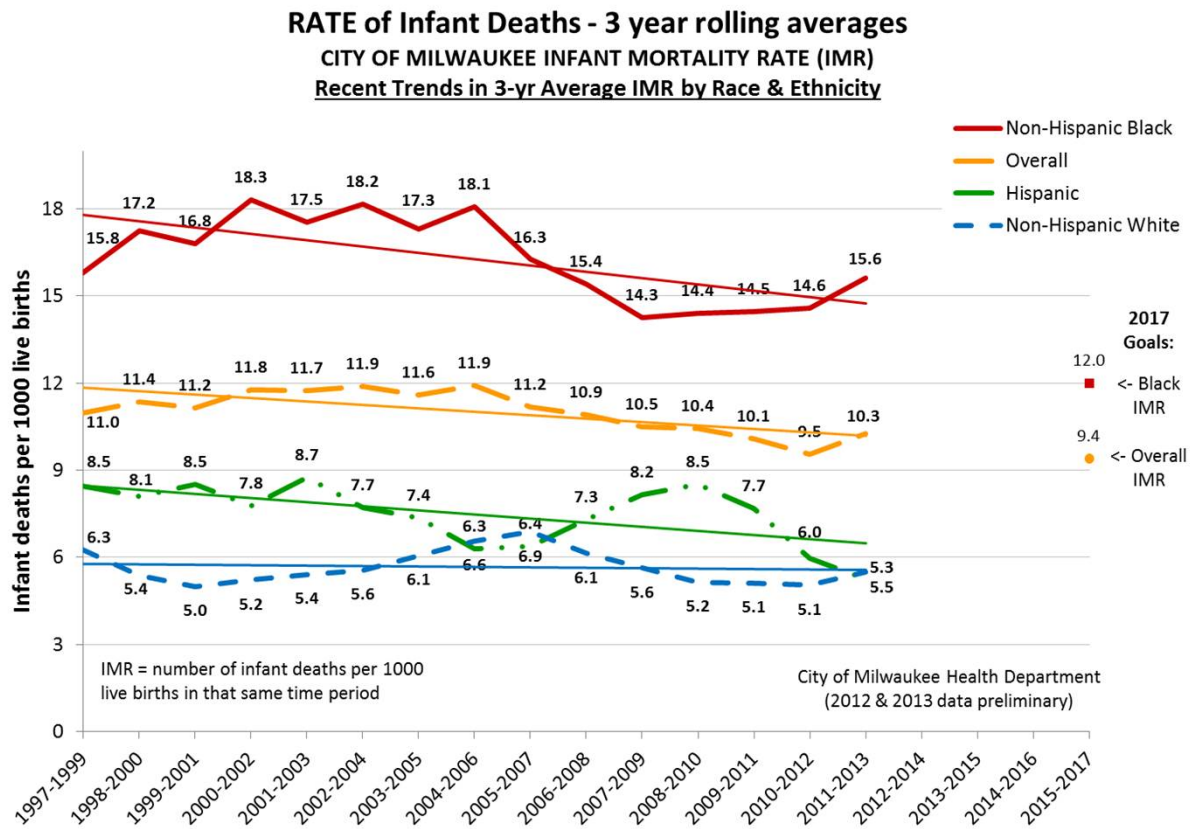
The department is additionally proposing an overhaul to the food license fees and regulations (CCFN 140895). Among other items, it is looking to establish new inspection fee assessment criteria, launch a program of progressive violations enforcement, revise regulations for seasonal markets and farm stands, enhance regulations for food peddlers, and modify the fee structure for multivariate licenses.

6. Reduce the infant mortality rate.

The infant mortality rate is an indicator of the overall health of infants, mothers and mothers-to-be in a community. The overall health of the community is affected by a wide variety of socio-economic, behavioral and environmental factors.

Latest annual figures find infant mortality disparity remains high in Milwaukee with non-Hispanic Blacks experiencing 15.6 deaths per 1000 live births in a rolling 3-year average for 2011-2013 (est). Hispanic families experienced 5.3 deaths per 1000 live births and non-Hispanic White families experienced 5.5 deaths per 1000 live births.

Figure 17.2. Infant Mortality Trends in Milwaukee Since 1999.



The trend over the last decade shows some narrowing of disparity between the non-Hispanic Black and non-Hispanic White infant mortality rate from approximately 3 to 1 to a little more than 2.8 to 1, but the trend toward disparity reduction appears to have stalled as the single year rate for non-Hispanic Blacks rose from 15 deaths per 1,000 live births in 2012 to 17.2 deaths per 1,000 live births in 2013 (est). However, the targeted reduction of the overall infant mortality rate to 9.4 per 1000 live births in 2017 appears to be within reach even with the increase in the 3-year rolling average to 10.3 per 1000 live births reported for 2013 (est). The department will be closely watching the annual overall infant mortality rate to ensure that the targeted reduction can be reached given the trends and especially the continuing racial disparity.

The Department proposes to continue 2 intensive home visitation programs, the Empowering Families of Milwaukee Program and the Nurse Family Partnership program, as well as the shorter term Parents Nurturing and Caring for their Children Program. The Department reports that 512 families enrolled in these 3 programs in 2013. This number is lower for several reasons. First, the Department experienced significant staff turnover, resulting in a loss of clients and leading to fewer new family enrollments. Second, families remained in the program for longer periods. In addition, the Department proposes to continue the Direct Assistance for Dads Project, the new home visiting program for fathers, which started enrolling clients in March of 2014.

The 2009-2011 Fetal Infant Mortality Review (FIMR) status report was published in early 2014 as a follow-up to the report issued in 2010. The Department reports that the City experienced 117 infant deaths in 2013 (est) up from the 96 infant deaths in 2012 and 98 infant deaths in 2011. It is hoped that the decline in the multi-year trend will not be reversed in 2014.

Table 17.3. Comparison of Infant Mortality Experience in Other Cities.

Selected Cities*	Overall Rates	Black Rates	White Rates	Hispanic Rates
Milwaukee	9.5	14.8	4.7	5.7
Baltimore	11.0	14.8	4.0	**
Detroit	13.5	14.4	8.5	9.0
Louisville	7.5	12.9	6.7	**
Memphis	11.2	13.3	5.9	7.6
New York City	4.9	8.6	2.8	4.3
Philadelphia	10.7	14.8	5.5	8.9

Information Provided by Milwaukee Health Department, Public Safety, 6/20/13.

*2010 data from cities reporting city-only data and having comparable racial-ethnic and socio-economic populations. ** Birth numbers too low to calculate meaningful mortality rates.

7. Improve immunization compliance within the Milwaukee Public Schools to 90%.

Vaccine Preventable Diseases continue to challenge local public health agencies in the region and state with recent increased reports of pertussis (whooping cough) as well as outbreaks in recent years of measles and mumps among City residents.

As of December 31, 2013, 61% of children residing in the city of Milwaukee had completed the recommended vaccinations for children at 24 months of age. This exceeds the Department's goal of an increase to 56%. The Department reports progress toward achieving its 90% school immunization compliance rate for City of Milwaukee schools.

Table 17.4. City of Milwaukee Schools' immunization compliance rate.

School Year	Compliance Rate	School Year	Compliance Rate
2009-10	81%	2012-13	87%
2010-11	85%	2013-14	88%
2011-12	88%	2014-15	90% (Goal)

The Department continues conducting special vaccination clinics in the community along with outreach to both parents and healthcare providers related to the importance of childhood and adolescent immunizations. In 2013, the Department held more than 250 clinics where it administered 16,417 shots to 6,247 clients.

8. Notable Capabilities.

Beach Water Quality Monitoring.

Table 17.5 shows the increased numbers of tests performed in 2014. The percentage of positive tests for contaminants requiring issuance of advisories increased statistically for all the beaches between 2013 and 2014.

Table 17.5. City of Milwaukee Beach Monitoring Data Comparison.

2013 Beach Monitoring Data (May-August)					
Beach Name	Frequency	n=	%	Advisory days	
Milwaukee Bradford Beach:	4-6 times per week	78	17%	20	
Milwaukee McKinley Beach:	4-6 times per week	78	21%	27	
Milwaukee South Shore Beach:	4-6 times per week	79	39%	44	
2014 Beach Monitoring Data (May- August)					
Beach Name	Frequency	n=	%	Advisory days	
Milwaukee Bradford Beach:	5-6 times per week	97	23.7%	23	
Milwaukee McKinley Beach:	5-6 times per week	97	25.8%	25	
Milwaukee South Shore Beach:	5-6 times per week	97	55.7%	54	

In 2012, the Department began collaborating with researchers from the Zilber School of Public Health and Great Lakes Water Research Institute on a comprehensive approach to beach water quality monitoring. This program was initiated upon introduction of a budget amendment providing \$40,000 in a new Special Fund account to the 2012 Budget which has continued through 2015. The collaboration has resulted in the development of new testing techniques at the Department's Laboratory producing a more accurate real-time analysis of beach water contaminants.

9. Additional Programs

WIC and Obesity.

The Wisconsin WIC Program statistics as of September 2014 show that 31.4% of MHD WIC children ages 2–5 years old are overweight (16.4%) or obese (15%). The Department reports that the epidemic of overweight and obesity is directly connected to lack of physical activity and poor diet. In 2011, the MHD WIC program was accepted to participate in the Fit Families Supplemental Nutrition Assistance Program (SNAP)-Ed program. The Fit Families program is an individualized program for low-income families to improve eating and activity behaviors, measured by behavioral outcomes.

WIC recruits about 100 families who have children that are at-risk for becoming overweight or obese to participate in this program. The families participating have monthly contacts with the WIC counselor to work on the individual goals that they set for their families. The goals coincide with the Centers for Disease Control and Prevention and federal and state health plans to increase consumption of fruits and vegetables, decrease consumption of sweetened beverages, decrease television viewing time, increase physical activity, and encourage parents/guardians to be positive role models.

In addition to the Fit Families Program, WIC promotes the consumption of fruits and vegetables in a family's daily food intake. WIC participates in the Farmer's Market Nutrition Program (FMNP) annually. Only produce grown in Wisconsin can be purchased with these checks. WIC issues the FMNP checks from June 1 through September 30, and each year families receive checks for \$17 that can only be used at farmers' markets that have been approved by the state. The number of checks cashed at the MHD WIC farm stands decreased from 4,018 in 2012 to 3,170 in 2013.

The Department's WIC program also collaborates with the Extended Food and Nutrition Education Program (EFNEP) to bring additional nutrition education into Department waiting rooms. The program includes food demos along with a variety of nutrition information topics covering increasing fruits and vegetables, decreasing sweetened beverages and providing healthy snack choices for children.

Public Health Media Campaigns.

The Department reports that media campaigns in recent years such as Strong Babies was re-launched in 2014 through the Lifecourse Initiative for Healthy Families (Milwaukee LIHF). There are plans to continue the Strong Baby campaign and other infant mortality public awareness campaigns through 2015.

II. EXPENDITURES.

Table 17.6. Changes in Expenditure Amounts by Account.

Account	2013 Actual	2014 Adopted	2015 Proposed	% Change
Salaries and Wages	\$7,236,352	\$7,126,643	\$7,331,695	2.88%
Fringe Benefits	\$3,313,788	\$3,349,522	\$3,299,263	-1.50%
Operating Expenditures	\$1,617,856	\$1,783,883	\$1,847,059	3.54%
Equipment Purchases	\$17,250	\$5,000	\$40,000	700.00%
Special Funds	\$275,630	\$353,848	\$323,848	-8.48%
Total Operating Budget	\$12,460,876	\$12,618,896	\$12,841,865	1.77%

1. Budget Summary.

The total 2015 Proposed Budget is \$12,841,865, an increase of \$222,969 (1.8%) from the 2014 Adopted Budget amount of \$12,618,896.

2. Personnel Costs.

Personnel costs in the 2015 Proposed Budget are \$10,630,958, an increase of \$154,793 (1.48%) from the 2014 Adopted Budget amount of \$10,476,165. Salaries and wages increase \$205,052 (2.88%). This increase is explained in the Common Council approved reorganization of the Consumer Environmental Health Division as well as approved reclassifications. Fringe benefits decrease \$50,259 (-1.5%).

3. Operating Expenditures.

Operating Expenditures in the 2015 Proposed Budget are \$1,847,059, an increase of \$63,176 (3.5%) from the 2014 Adopted Budget amount of \$1,783,883. Nearly 90% of the change in Operating Expenditures is attributed to Professional Services for compensation increases for contracted physicians.

4. Equipment Purchases.

Equipment purchases in the 2015 Proposed Budget are \$40,000, up \$35,000, all of which is attributed to a proover, a replacement testing apparatus. The proover is used to test the accuracy of vehicle tank meters and high-speed diesel devices. The existing proover is over 30 years old and the container is starting to chip, which could potentially contaminate the product being tested. The department only has one of these devices.

5. Special Funds.

Table 17.7. Special Funds Changes.

Special Fund	2013 Actual	2014 Adopted	2015 Proposed	% Change
Task Force on Domestic Violence & Sex Assault	\$34,864	\$46,424	\$31,424	-32.3%
AIDS Prevention	\$120,000	\$110,424	\$110,424	0.0%
UWM School of Public Health Payment	\$40,000	\$40,000	\$40,000	0.0%
Beach Water Quality and Advisory Program	\$31,521	\$40,000	\$40,000	0.0%
Safe Sleep/Infant Mortality Initiative	--	\$47,000	\$47,000	0.0%
Facility Maintenance	--	\$70,000	\$55,000	-21.4%
Totals	\$226,385	\$353,848	\$323,848	-8.5%

Special Funds in the 2015 Proposed Budget are \$323,848, a decrease of 8.5% from the 2014 Adopted Budget amount of \$353,848. All Special Funds accounts are subject to Appropriation Control. Notes about the Department's Special Funds:

- Task Force on Domestic Violence & Sex Assault will see a reduction of \$15,000 from 2014 and is budgetary in nature as opposed to needs-based. Some of this reduction will be eliminated by an anticipated carryover request from 2014 funding.
- The \$40,000 provided for the UWM School of Public Health represents the fourth of 5 annual installments totaling \$200,000 to satisfy a pledge to cover ongoing costs associated with the building and office space designated for the Health Department.
- Funding for the Safe Sleep/Infant Mortality Initiative replaces the amounts formerly provided through Community Development Block Grant funding for the provision of "Pack and Play" cribs and supplies.
- The Facility Maintenance fund reflects amounts necessary for maintenance costs identified as appropriate for O&M funding rather than capital expenditures. Due to lower than anticipated 2014 need, this fund will have a carryover request to cover some of the difference.

IV. PERSONNEL.**Table 17.8. Changes in Full-Time Equivalent (FTE) and Authorized Positions.**

Position	2013 Actual	2014 Adopted	2015 Proposed	% Change
O&M FTEs	141.94	139.3	139.79	0.4%
Non-O&M FTEs	100.73	101.45	100.45	-1.0%
Total Authorized FTEs	242.67	240.75	240.24	-0.2%

The number of full-time equivalent positions budgeted from other sources has fluctuated as grant funding is received and expires. Actual expenditures for non-O&M-funded FTEs also vary greatly from anticipated budget levels.

1. Personnel Changes.

The total number of authorized positions in the department under the 2015 Proposed Budget is 251, one fewer than authorized in the 2014 Adopted Budget. Position changes are summarized in Table 17.9. The 2015 Proposed Budget reflects changes in the status of 16 positions through grant reduction, grant changes and section reorganizations. All of these changes have been approved by the Common Council and are simply being reflected in the Proposed Budget. One position of Communicable Disease Specialist is recommended for a \$45 bi-weekly leadworker footnote to Pay Range 2AN in CCFN 140851 as recommended by the City Service Commission on October 7.

Table 17.9. Position Changes in the 2015 Proposed Budget.

-1 Public Health Nurse Reduction in Refugee Screening Grant (+0.30 O&M, -1.30 non-O&M)	+1 Health Interpreter Aid Grant Fund Reduction (+0.65 O&M, -0.65 non-O&M)
-1 Building Supervisor Transition One time expenditure ---	+1 Violence Prevention Data Manager New Position (+1.00 non-O&M)
-1 Accounting Assistant II Restructure of Clinic Operations (-1.00 O&M)	+1 Program Assistant II Restructure of Clinic Operations (+1.00 O&M)
+2 Health Project Assistant DAD New Grant (+2.00 non-O&M)	+1 Nutritionist New Grant (+1.00 non-O&M)
+1 Health Access Assistant New Grant (+1.00 non-O&M)	1 Lead Risk Assessor New Grant (+1.00 non-O&M)
-1 Lead Education Assistant Expiration of Grant (-1.00 non-O&M)	-2 Lead Risk Assessors Expiration of Grants (-2.00 non-O&M)
-1 Public Health Nurse Expiration of Grant (-1.00 non-O&M)	-1 Chemist Expiration of Grant (-1.00 non-O&M)

2. CHILI System migrating to Accela LMS.

CHILI, the Consumer Health Inspection and Licensing data system, is beyond the end of its lifecycle. Health inspections will be migrated over to the new Accela Land Management System, with an estimated timeframe for implementation mid-2015. Accela LMS was selected due to the potential for integration with other departments, operational stability, program support and development available from a commercial system, and costs, both up front and potential yearly maintenance costs.

VI. SPECIAL PURPOSE ACCOUNTS (SPA).

None.

VII. REVENUES.

The Proposed Plan and Budget estimates that the Department's revenues will again exceed \$1.5 million in 2014. The Department receives revenues from a variety of sources. In addition to receipts traditionally reported and accounted for as revenues, this section includes an overview of the Department's receipts from grants and similar aids. In the last 10 years, the Department has been responsible for generating between \$7 million and \$13 million annually in grant awards from federal, state and other public and private sources. The figures provided in Table 17.10 do not include amounts received from grant awards.

Table 17.10. Changes in Budgeted Revenue.

Revenue Account	2013 Actual	2014 Adopted	2015 Proposed	% Change
Licenses & Permits	\$913,560	\$639,400	\$709,400	10.95%
Charges for Service	\$877,484	\$957,200	\$873,000	-8.80%
Total	\$1,791,044	\$1,596,600	\$1,582,400	-0.89%

The 2015 Proposed Budget estimates that \$1,582,400 will be received in revenues: \$873,000 in Charges for Services and \$709,400 in fees for Licenses and Permits. The projected decrease of \$14,200 in revenues reflects estimates that Charges for Services will decrease \$84,200. MHD service revenues are down as a result of various reductions in service levels. Some of these are due to reduced billing rates and/or eligibility and some due to loss of staff and less clinic demand. The increase in Licenses & Permits is primarily due to an approved increase in reinspection fees.

Grant and Aid Funding

The Department's Grant and Aid funding fluctuates from year to year and has been as high as \$12.5 million in recent years. Revenues, though reported in the same year for multi-year awards, are reflected more appropriately in the Grant and Aid Deduction cost adjustment to salaries (which is projected to be \$11.2 million in 2015).

Nearly one-half of the annual budget of the department has been funded in recent years by non-O&M grants from federal and state sources, and private foundations. These grants typically designate a period of time during which grant activities may be funded. These periods vary from

portions of a calendar year to periods that coincide with federal and state fiscal years (October through September and July through June). In some cases, a grant award may be made for activities covering periods greater than a year. In these cases, the Comptroller recognizes the total income in the year that the award was made. As a result, the estimate of resources available in a given year is a moving target.

Table 17.11. Primary Grant and Aid Requests.

Project Title	2014 Grantor Share	2015 Grantor Share	File Number
Beach Monitoring Grant	--	11,700	
Bioterrorism Grant - PH Preparedness	\$332,000	332,000	130698
Bioterrorism Grant - CRI/Pandemic Flu	180,000	182,500	130229
Breast Cancer Awareness – Milwaukee Foundation	50,000	50,000	110708
Breast Cancer Well Women Health Initiative	770,000	717,200	130223
Breast Cancer - Well Women Health Initiative (CB Urban Fund)	--	12,500	
CHIMC: Save Lives – Immunize	18,423	18,400	130583
Congenital Disorders Grant	142,000	142,000	130224
End AIDS--Diverse and Resilient –(MAC Fund, etc)	100,000	50,000	121211
FDA Food Inspection Grant	--	70,000	
Hepatitis B Immunization Grant	45,000	33,750	121069
HIV Women's Grant	73,000	80,500	130227
HIV – Seek, Test, Treat (STT) Grant	70,000	95,000	120244
HIV-Weinhardt	100,000	100,000	130584
Immunization Action Plan Grant	285,000	285,000	121064
LAUNCH (Linking Actions for Unmet Needs –Child)	612,000		130581
Lead Detection Grant	260,000	260,000	121064
Lead Hazard Control Project	--	3,900,000	
Lead SDC HUD Grant (Weatherization)	157,000		120130
Maternal and Child Health Grant	420,000	520,000	121064
Medical Assistance Grant (miscellaneous grants)	340,000	400,000	--
Milwaukee Champion Award	1,500	1,500	--
Milwaukee Comprehensive Home Visiting Program	900,000	900,000	130697
Newborn Hearing Screening Grant	60,000	61,200	121658
Plain Talk Initiative (miscellaneous grants)	50,000	50,000	121212
Preserving Infant & Child Health	48,500	48,500	121659
Public Health 101	7,500	7,500	130050
Refugee Health Services Grant	330,000	242,200	130585
Sexually Transmitted Diseases Grant	583,000	583,000	121070
STD-Dual Protection Program	200,000	100,000	121210
Survnet Grant	82,000	77,900	130699
Violence Prevention-Homicide Review	200,000	300,000	
Women's Infants and Children's Grant	1,404,000	1,600,000	130048
Projected Primary Grant Totals	\$7,620,923	\$11,232,350	

Table 17.11 provides a summary of grant funding anticipated in 2015 and a comparison with current projections for 2014. Many of these grants involve continuing support. Grants already authorized are described more fully in Common Council resolution files identified in the table. Grants under \$20,000 may not require Common Council authorization if changes to the Positions Ordinance are not required.

VIII. CAPITAL PROJECTS.

Table 17.12. Capital Program Summary, 2015.

Program	2015 Proposed Budget	2014 Actual Budget	Increase (decrease)	% Change	6-year Request
Health Facilities Capital Projects	\$366,000	\$425,000	\$59,000	13.9%	\$2,131,629

The 2015 Proposed Budget includes \$366,000 in funding for one capital project, a decrease of \$59,000 (13.9%) from the 2014 Budget and a decrease of 467,700 (56.1%) from the request.

1. Currently-Funded Projects.

Health Facilities Capital Projects, \$366,000.

This program provides funding for interior, exterior and mechanical repairs and improvements in the Health Department's 3 facilities. Projects for 2015 include HVAC building automation systems and updates to the ventilation system at the ZMB Lab.

Projects in 2014 included the installation of interior security cameras at the Northwest Health Center (NWHC), Southside Health Center (SSHC) and Keenan; the installation of elevator Smart Controls at NWHC and SSHC; maintenance of the lab ventilation system; building access and security upgrades; and the installation of a sprinkler system.

2. Unfunded Capital Requests.

There are no unfunded capital requests for 2015.

3. Project Updates.

Data Repository.

This project initially received \$50,000 of funding in 2010 to consolidate various sources of Health Department data. No additional funding has been provided. The consolidation of data will allow for more timely and consistent data retrieval and reporting. Because of the amount of data and the complexity of the system, the project is being implemented over several years.

In 2012, the Health Department anticipated requesting \$50,000 in each of the next 5 years. However, no request was submitted since 2012. This project was supported by the cash levy so there is no carryover borrowing authority. Actual expenditures are \$509, \$31,559 and \$17,932 in 2010, 2011 and 2012, respectively. Work has continued on the Data Repository using grant funding.

4. Future Capital Requests.

There are no anticipated capital requests that are not part of an on-going capital program.

IX. ISSUES TO CONSIDER.

1. In 2013, the Health Department completed a comprehensive evaluation of the capital needs of its facilities. In conjunction with DPW, a maintenance and replacement schedule was developed to ensure that the facilities were maintained in an adequate manner, to better manage capital needs of the City and to avoid to the largest extent possible expenses related to emergency repairs. The 3 health centers collectively serve approximately 6,500 clients each month.
2. While the number of food violations and establishments has steadily increased over the past 5 years, the number of inspectors has not. In order to provide proper levels of service to the community, an increase in food inspectors will be necessary.

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