

FISCAL REVIEW SECTION – LEGISLATIVE REFERENCE BUREAU

Executive Summary: 2006 Proposed Budget – Health Department

1. The Milwaukee Health Department (MHD) 2006 proposed tax-levy supported budget is \$13.7 million, a 9% increase from 2005 (Pages 2-3).
2. Information systems upgrades have increased efficiencies within MHD (Page 4)
3. Position authority is reduced by 20 tax levy and grant-funded positions for 2006 (Pages 4-6).
4. Continuing strategies have been conducted in 2005, and will continue in 2006, in order to attract more nurses to public health nursing (Page 6).
5. MHD continues to monitor and respond to various public health issues of concern with plans for continuing programming through 2005 (Pages 7-14).
6. MHD will receive over \$1.3 million in CDBG funding in 2006 (Page 14).
7. MHD anticipates receiving approximately \$17.1 million in new and continuing grants in 2006 (Pages 14-16).
8. Grant funding represents approximately 55% of MHD operations (Pages 14-16).
9. The 2006 proposed budget includes \$550,000 for Capital Improvements for exterior and interior maintenance, mechanical systems upgrades, building maintenance and client tracking system (Pages 17-18).
10. 2005 anticipated revenues for MHD are \$2.66 million, a 13% increase from 2005 (Pages 18-19).

FISCAL REVIEW SECTION – LEGISLATIVE REFERENCE BUDGET

2006 Proposed Budget Summary: Health Department

Category	2004 Actual	2005 Budget	Change	2006 Proposed	Change
Operating	\$13,671,002	\$12,565,109	-8%	\$13,738,683	9%
Capital	\$1,240,000	\$1,028,500	-17%	550,000	-46%
Positions	359	345	-4%	325	-6%

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.

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. These core services include disease control and prevention, maternal and child health, home environmental health, consumer health and protection and healthy behaviors and health care access.

Historical Information

1. The health department reorganization in the 2005 resulted in the current organizational structure:

Maternal and Child Health/ Home Environmental Health – Promote prenatal, reproductive, infant and pre-school health through immunizations, newborn screening, WIC programs in health clinics and addresses asthma control, lead poisoning prevention, treatment and abatement and household injury controls.

Disease Control and Prevention/Bioterrorism– 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.

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.

Clinic Operations – Community clinic management.

Information Technology, Business Operations & Epidemiology

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

MHD also has a specific Administration division that includes the Office of the Commissioner, Communications, Personnel/Payroll and Injury and Violence Prevention.

2. Continuing efficiencies continuing 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.

Analysis

1. The Milwaukee Health Department 2006 proposed budget includes an operating budget of \$13,738,683. This amount is a 9% increase from the 2005 budget. This total does not include an approximate \$17.1 million expected in grant funding from various federal, state and local sources in 2006.

The 2006 Budget reflects the consolidation of the Maternal and Child Health Division and the Home Environmental Health Division in 2005. There will be one division manager responsible for this division and one operational manager designated for the Home Environmental Health section. MHD will work with DER to assess the classifications of these positions. The City of Milwaukee Health Department continues to streamline and consolidate activities where possible.

2. The net total number of MHD positions is decreased by 20 from 2005.
3. The 2006 proposed budget includes \$505,900 for Professional Services. The bulk of professional services reflect physician direction and consultation for various MHD services, electronic data information consulting and grant writing.
4. The 2006 proposed budget includes \$165,336 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 2006 MHD Information Technology Special Fund is budgeted for \$100,000 to provide additional computer workstations and systems upgrade. This account covers general maintenance and license fees for the MHD Network of approximately 300 computers. The Special Fund for Computerization is named as Computer Systems Upgrade. This account covers general maintenance and license fees for the MHD network of computers. This includes Groupwise licenses, MS licenses, Novell licenses, and other miscellaneous licenses and fees. This account also funds various software and hardware replacements, including but not limited to memory upgrades, printers, keyboards, etc. The recent \$400,000 grant from Aurora Healthcare has subsidized the network "upgrade" to XP, extensive replacement of outdated PC's as well as software programming of the CHILI's (Consumer Health Inspectional and Licensing Software) project.

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. Benefits include increased nursing documentation, reporting capabilities, and efficiencies. SPHERE is a comprehensive public health system used to document and evaluate public health activities and interventions at the individual, household, community, and system level.

Development and implementation of the Milwaukee Goal Model is also in process. The Milwaukee Goal Model is a nursing documentation system developed by the MHD Nursing Continuous Quality Improvement committee to document nursing activities according to standards required by the American Nursing Association.

The goals have not yet been realized but are in process. All nurses have been trained extensively in the department required data entry processes and have received the necessary equipment to maintain department and nursing required documentation.

The MHD goal is to be fully operational with SPHERE in the MCH Division starting in January 2006. Currently, the MCH division is dedicated to staff training, form revision, development of data management protocols and working collaboratively with DHFS to amend SPHERE to meet the needs of the MHD.

Personnel

1. The 2006 proposed budget reflects a net decrease of 20 positions from the 2005 budget including 4 tax levy positions and 16 Grant-funded positions with 11 positions eliminated due to the end of the Early Child Care Grant.

2. The following grant funded positions are proposed for elimination *:

- 2 Clinic Assistants
- 1 Program Manager (Layoff)
- 4 Public Health Nurses
- 1 Public Health Educator II
- 1 Health Project Assistant
- 1 Environmental Hygienist
- 1 Office Assistant II

The purpose of the Early Child Care grant is to assure the health and safety of children, birth to five years of age, who attend group licensed childcare centers. This project focuses upon low-income families.

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

The service effect, due to the end of the Early Child Care Grant program, will be minimized by the Milwaukee Comprehensive Home Visiting Grant. The purpose of this grant is to serve 700 families in need of services related to improving pregnancy outcomes, lowering the rate of infant mortality, enhancing family functions, preventing child abuse and neglect and assuring child readiness for school.

Families in need of these services will be identified in a target area comprising 6 ZIP code areas in the city: 53204, 53205, 53206, 53208, 53212 and 53233.

Further grant-funded position eliminations include:

- 1 Environmental Health Specialist II
- 1 Public Health Nurse (Lead)
- 1 Public Health Nurse (Shift to MPS)
- 2 Environmental and Disease Control Specialist
- 1 Environmental Scientist (Shift to DCD)
- 1 Public Health Nurse Supervisor

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.

3. The following tax levy supported positions are eliminated:

- 1 Public Health Educator II (Vacant)
- 1 Lead Risk Assessor II
- 1 Nutritionist Coordinator
- 1 Environmental Health Supervisor II (Vacant)

4. The Employee Assistance Program Coordinator position is reduced to 0.80 FTE. This position was eliminated in the MHD requested budget but restored by the budget office at the referenced FTE level in the proposed budget. A discussion has been ongoing over the past two budget years as to whether the health department is the most appropriate city department venue for this position and its job duties.
5. 1 Compliance Auditor, SG 04 is added. This position will review federal and state grant performance and compliance reporting requirements.

Public Health Nursing Status

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

In addition to working with the Department of Employee Relations in recruitment activities, the Milwaukee Health Department has placed advertisements for positions of Public Health Nurses in various publications including:

- Nursing Matters
- National Black Nurses Association Annual Meeting

Recruitment information was placed at various job fairs and made available at public health association meetings and at the National Black Nurses Association Annual Meeting.

Training and Development opportunities sponsored by the Health Department were made available to MHD nurses including:

- CPR Certification / Recertification
- Wisconsin Health Area Network (HAN)
- Incident Command System
- Verbal Judo
- Cross Cultural Communications

The Milwaukee Health Department has a total of ninety-four (94) public health nurse positions authorized in the Positions Ordinance; Thirty-five (35) of these positions are currently vacant.

These vacancies include:

- | | |
|----|---|
| 21 | Auxiliary positions |
| 4 | On hold – pending elimination of Child Care Grant |
| 1 | On hold – pending elimination of Healthy Homes Grant |
| 1 | On hold – pending 2006 O&M budget |
| 3 | Pending completion of interviews |
| 2 | New grant positions – pending interviews |
| 3 | Pending Finance and Personnel Committee authority to fill |

2005 Issues and Initiatives

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

Consumer and Environmental Health (CEH)

Successes

- While there are still challenges with the implementation of the wireless field inspection system, both weights and measures and food license renewals were done using the newly developed administrative software.
- CEH successfully implemented a new fee for street peddlers operating between the hours of 9 PM and 3 AM.
- Through the use of computer software, CEH realigned food districts in a significantly shorter than usual amount of time to reflect the reduction in food inspectors in the last year.
- CEH continues to successfully use reinspection fees to speed up compliance and reduce repeat violations, issuing 478 inspection and reinspection fees to date.
- Developed a video for food peddlers in conjunction with the MPD for orientation of street vendors on food handling and road safety rules.
- CEH inspectors have conducted 148 food-safety training sessions for 1,301 food service employees.

Challenges

- CEH continues to respond to numerous open records requests for inspection records from both the news media and the public. During 2005 there have already been large open records requests from Dateline NBC, Milwaukee Magazine, Fox 6 and Channel 12. The challenge has been developing reporting mechanisms to enable a response to the requests in a timely and efficient manner.
 - In June 2005, an Environmental Health Supervisor position was eliminated, leaving one station where inspectors report without an on site supervisor. This arrangement has posed some efficiency issues because of the need to have the other two supervisors spend time every week at this location to address issues that cannot be handled remotely. Also, contact time with staff has been reduced, making it challenging to uncover problems as well as to insure consistency among staff.
2. Continued monitoring of Lake Michigan water quality:

MHD Beach Monitoring Program assures that samples are collected daily to bring the timeliest information and most accurate advisories about water quality at popularly recognized swimming locations to the public. MHD then reports the sample findings to Milwaukee County Parks that then notifies the public by posting signs warning the public of any beach water quality issues. MHD also reports water quality data to the state beach water quality hotline that allows for citizens to call for beach water quality information.

MHD also participates in a number of work groups to maintain awareness about the latest technology to provide the most accurate risk assessments. In addition to these work groups, MHD provides outreach by speaking at public informational presentations on beach water quality.

Currently beach water quality and the risks associated with swimming at a given location is addressed for each of the 6 swimming locations on Lake Michigan (Bradford North and South, Watercraft launch, McKinley, South Shore and South Shore Rock Area) by determining the E. coli level in a water sample. MHD currently defines its role as monitoring the beaches and reporting those findings to the necessary partners for proper notification to the public.

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

MHD's WNV surveillance and control program consists of a three-pronged approach to protect the community from WNV. The program collects information on the locations of dead birds, mosquito/larva breeding and human surveillance. MHD uses this passive surveillance to help provide trigger points in educating the public on the need for protection against WNV as well as providing MHD with information on the efficiency of mosquito controls initiated by the MHD. These controls include placing larvicide in city of Milwaukee catch basins to control the mosquito populations of concern.

4. The Home Environmental Health Division has the following goals:

- Provide multi-disciplinary services to lead poisoned children and their families.
- Double the number of high-risk housing units made lead safe in the Lead Program target area.
- Support the involvement of disproportionately impacted neighborhoods by funding 8 community organizers to assure neighborhood-based solutions to the lead poisoning problem.
- Secure private sector funding to eradicate lead poisoning by 2010 through a fundraising campaign with philanthropic organizations and businesses.
- Provide oversight and assure implementation of the City of Milwaukee Lead Elimination Plan.
- Enhance collaboration with the City of Milwaukee Housing Authority to prevent childhood lead poisoning.
- Conduct citywide care coordination, public health nurse case management, environmental assessment and housing interventions and community organizing to

attack the pediatric asthma problem in the City of Milwaukee. This program will not be implemented if grant funding is not secured from HUD.

- Integrate the prevention of home-based unintentional injuries into lead poisoning prevention and asthma interventions. Priority issues include fire and fall prevention.

5. Continue efforts to reduce infant mortality:

Role of FIMR

The Milwaukee Healthy Beginnings Project, Black Health Coalition, contracts with the MHD to conduct Fetal Infant Mortality Review (FIMR), on all infant and fetal deaths in the City of Milwaukee. This data has been invaluable in driving infant mortality reduction efforts. A multidisciplinary case review team reviews infant deaths. The team has developed recommendations and prevention strategies that are meant to help keep Milwaukee's infants healthy, safe and alive. FIMR has developed pamphlets, posters and other teaching tools based on Milwaukee infant death data and used by MHD and many of its community partners. This data has been used to write grants to fund infant mortality community awareness and data projects.

FIMR data has been combined with birth data, and statistically analyzed to identify infants who are at highest risk for death post hospital discharge. This data has recently changed the home visiting criterion that has been used by the MHD for many years. This project has facilitated collaboration with many other community organization and agencies. In 2003 a hospital collaborative was formed to address infant mortality. The hospital systems involved in this collaborative effort include Covenant Healthcare, Columbia-St. Mary's, Aurora Healthcare, Children's Hospital of Wisconsin, Froedtert Memorial Lutheran Hospital and the Medical College of Wisconsin. Hospital representatives are at the Vice President level, and have the resources and authority to affect change within their organizations. By optimizing the use of FIMR and city birth data, each hospital is given summary data specific to their institution, from which to form a basis of action. Hospitals were provided numbers of births, percentage of low birth weight, very low birth weight, maternal smoking during pregnancy, adequacy of prenatal care, number of infants who died inpatient or after discharge from their institution and causes of death.

The hospital collaborative group has been meeting quarterly, and has identified a number of areas for improvement within their own organizations and at the health policy and system level.

Within hospitals, the group has instituted education programs addressing safe sleep environment, written grants, committed staff and resources, and improved care.

At the system and policy level, the group has been working with MHD to improve access to care among undocumented Hispanics through changes in health insurance eligibility criteria. Continuation of care issues for high-risk infants following hospital discharge is

currently being addressed through improved processes for assigning a Medicaid insurance number to infants before hospital discharge.

FIMR data has been optimized by the MHD, for a media campaign to increase community awareness about issues related to Infant Mortality. Three messages related to safe sleep environment were developed. On April 5, 2005, a press event was organized in conjunction with Public Health Week to kick off the media campaign. These messages continue to run on buses serving areas of the city with the highest infant mortality rates.

Additional messages related to premature labor, second hand smoke, and fathers' roles in assuring safe sleep have been produced but are currently on hold due to lack of funding.

Role of MCH Division

The reduction of infant mortality and specifically the reduction of racial and ethnic disparities in infant mortality is a top priority for the MHD. Twenty-five registered nurses in the City all work on infant mortality as part of their caseload. Every infant born in the city is assessed for risk factors that prompt a Public Health Nurse visit.

Early identification of pregnancy and initiation of prenatal care are key to a healthy pregnancy. MHD provides pregnancy testing in several settings. A pregnancy testing protocol has been established to increase connections to insurance, providers, WIC and education related to risk reduction. There is also a team of 5 Public Health Nurses who provide bereavement follow-up to families who have experienced a sudden infant death.

A community outreach worker has been increasing the awareness of infant mortality using such sites as barbershops, father's groups, health fairs, community organizations, and schools.

The Medical Outreach Coordinator position has been organizing the hospital commitment to a Safe Sleep place and presenting information to organizations that care for women and children. This position is also a liaison to statewide committees working on all issues related to Infant Mortality. During 2005 and 2006, the focus will be on individual obstetrics, family practice and pediatric care. A portion of this position will also be devoted to address institutional competencies. This position is also available to assist community organization and local leaders to reduce infant mortality in their own settings.

Infant mortality reduction activities are also well integrated in other areas of the MHD. MHD's WIC Program has committed themselves to issues of smoking cessation, breast-feeding, Safe Sleep and prenatal care. WIC sees a very at-risk population and offers incentives that many other programs cannot. The MHD currently has a WIC caseload of well over 8,000.

MHD Medical Outreach Division is involved in assisting pregnant women and their families with insurance enrollment and assurance of continued coverage

MHD Health and Safety in Child Care program takes the message of Safe Sleep to the Milwaukee's childcare centers. On a daily basis, nurse consultant's work with families and directors in childcare settings to address these and other issues.

The MHD has been successful in their interaction with students from area colleges and universities. MHD has involved students from Marquette and UWM working on issues such as preconception, Back to Sleep, a Safe Sleep place, folic acid, use of pregnancy tests and the use of MHD health centers as resources for women and their families.

The MHD has committed funding and personnel to the Institute for Public Health and Faith Collaborative. This involved a four-day training institute and a commitment upon return to Milwaukee for continuing faith and public health partnership. Partners include a church located within the target area, a hospital funded parish nurse, a community organizer starting up a local Sister Friends Birthing Project, and a leader for the local health improvement partnership, Healthiest Milwaukee. With student help, the group has begun grandparent workshops in four parishes.

The MHD has begun implementation of a 5 ½ year grant from the Department of Health and Family Services titled, "The Milwaukee Comprehensive Home Visiting Program (MCHVP)." The goal of the MCHVP is to (1) reduce infant mortality, (2) enhance child health and development (readiness for school), (3) reduce child abuse and neglect, and (4) enhance family functioning. The MHD will subcontract with community-based agencies in the 6-zip code target area to provide multi-disciplinary services to high-risk pregnant women, new mothers and young families.

The following table presents available 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
2003	125	11.3	17.0	5.7	7.4

- MHD will continue to monitor developments related to services delivered at the Municipal Health Program (MHSP) Center sites:

MHSP will continue to service eligible clients through December 31, 2006. To maintain continuity of care, MHD will continue to use existing service providers. To ensure quality of care, MHD will continue with patient charts review and client surveys. MHD

is currently advising clients that the program will end December 31, 2006. This program, for the past 27 years, has been provided funding as a federal Medicare waiver for a variety of medical primary care services. Clients are being provided with information on alternative resources available that may replace some of the MHSP benefits as well as other clinic options for primary care services. With the adoption of the Medicare Part D Prescription Drug program, it is very unlikely that Congress will extend the MHSP.

7. MHD will continue to promote enrollment in BadgerCare:

BadgerCare was implemented July 1st, 1999 and has enrolled, statewide, 89,630 as of August 31st, 2005. Enrollees in Milwaukee County are currently 17,444 as of August 31st, 2005.

Currently, the Medical Assistance Outreach Program has three Health Access Assistants and one Health Access Interpreter who assists families with enrolling in BadgerCare as well as all other Medicaid programs (Healthy Start, SeniorCare, Family Planning, etc.). In 2004, MHD staff completed 543 applications with an approval rate of 84%. Currently, MHD staff have completed 466 applications (January through July) with a 79% approval rate (some cases still pending).

8. MHD will continue to improve public health emergency preparedness and coordinate appropriate responses:

In 2005, the City of Milwaukee Health Department, in collaboration with the Milwaukee-Waukesha Consortium for Emergency Public Health Preparedness, continued initiatives to enhance emergency response capacity throughout the region. These initiatives include the ongoing development of emergency response plans for mass prophylaxis clinics (for anthrax or response to a plague), the Biowatch and Biohazard Detection System, and pandemic influenza, training of MHD staff in epidemiologic methods, core public health concepts, and the national incident management system in order to ensure a competent workforce capable of responding to any public health threat; and finally the creation and refinement of surveillance systems to ensure that if an outbreak would occur, whether natural or purposeful, it could be detected early and managed readily.

In 2006, MHD is anticipating launching an integrated surveillance and case management system that can transfer appropriate public health, laboratory, and clinical data efficiently and securely over the Internet. The system will gather and analyze information quickly and accurately. This will improve MHD's ability to identify and track emerging infectious diseases and potential bioterrorism attacks as well as to investigate outbreaks and monitor disease trends. MHD will expand its capacity to conduct syndromic surveillance by partnering with national initiatives such as the Biosense system operated by the CDC and the Essence system operated by the Johns Hopkins University. Milwaukee has been selected to participate in the CDC Cities Readiness initiative, which has the goal of providing prophylaxis to entire metropolitan population in 48 hours. In addition, the Milwaukee Waukesha consortium was chosen from a pool of over 115 applicants to be a Public Health Ready (PHR) expansion site. PHR is joint program of the CDC and the

National Association of County and City Health Officials (NACCHO) which assess a site's preparedness in three key areas: emergency preparedness planning, workforce competency development, and demonstration of readiness through exercises/simulations. As a member of the Milwaukee Waukesha consortium, MHD is able to collectively function in the region as a single public health response team and collaboratively respond to regional emergencies.

9, Continuing efforts related to adolescent and school health issues:

The mission of the Adolescent School Health Program (ASHP) is to advocate, educate and support the youth initiatives that promote healthy behaviors and healthy lifestyles.

The activities that MHD/HBHA (Home-Based Health Association) involved with at MPS, through the ASHP, are broken down by outcomes and programs. The outcomes are linked to State funding and Year 2010 Objectives.

In 2005, with 2/3rds of the year over, MHD ASHP achieved the following outcomes:

-Students receiving educational classes on a curriculum of over 10 subjects - 2,606

-High risk behaviors counseling, with follow-up and care plans - 259

-Depression Screenings and follow-up, for males and females - 246

-Prenatal and postpartum Depression Screening and follow-up – 99

-Brief targeted nursing interventions, such as vision screens, pregnancy testing, communicable diseases, assessments, chest pain, or asthmatics - 624

Some of the successful programs currently in place with MPS and private schools are:

- Safe Routes to School: in partnership with MPD and MPS, engages over 5,000 youth per year, in this walk to school program.
- Smoke Free Sports: teaches teens to be youth educators and promote not smoking. Over 6,000 youth participate annually.
- Glasses for Kids: gives students a free eye test and glasses, when issued by a Nurse.
- Depression Screening: provides over 300 tests each year, as an early intervention tool in identifying youth mental health issues.
- Comprehensive Nutrition Program: promotes healthy food in schools and the elimination of junk food in vending machines. This is accomplished by a nutritionist meeting with each school to make a pledge to create a healthy food

environment. Once pledges are signed, the nutritionist works with the school to provide education on how to eliminate obesity thru proper menu planning as well as by making sure that vending machines are taken out of the schools. As of 2005, MHD has converted 30 of 200 Milwaukee Public Schools to this healthier eating program.

The Adolescent Pregnancy Prevention Workgroup is made up of 32 local agencies, working together as a collaborative network, to reduce teen pregnancy rates and high risk sexual behavior. MPS and MHD work together in uniting the community, but also in demonstrating partnership in educational events, youth forums and social marketing. Each year over 10,000 youth participate in educational activities. The social marketing messages are seen each year by over 500,000 residents.

10. The State Consolidated Contract will continue to provide funding to MHD for the following programs: Adolescent School Health, Immunization Action Plan, Preventive Health Grant, Lead Detection, Cancer Control and Bioterrorism

MHD prepares specialized and specific objectives for each funding area, as money is allocated from year to year based upon program performances and success in achieving the specified program goals.

11. MHD will receive over \$1.3 million in CDBG funding in 2006, a decrease of 4.1% from 2005:
 - \$249,413 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.
 - \$794,852 will be used for lead poisoning prevention.
 - \$282,750 will fund health department prenatal services.
 - \$250,000 will fund the AIDS Initiative.

The 2005 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.

Funding for environmental administrative expenses and for environmental planning and review, formerly a component of MHD, is transferred, along with the MHD Environmental Scientist, to the Department of City Development in 2006. These environmental functions pertain to "Brownfield" development, an established function in DCD.

Grants

In 2006, the health department anticipates receiving approximately **\$17.1 million**, including CDBG funds, in awarded and continuing grants. In some cases, the grant funding identified encompasses several years. \$17.1 million in grant funding represents approximately 55% of

MHD's total budget in 2006. Grant funding will support the salaries of approximately 37% of MHD staff with \$4.97 million and another \$2 million in fringe benefits.

Although there are other grants that the Health Department has received which extend into 2006, the following is a list of grants that are anticipated in the 2006 proposed budget beginning January 1, 2006 extending through December 31, 2006.

Grants	Projected Grantor Share 2006*
AIDS/HIV Counseling and Testing Grant	\$ 11,500
Adolescent School Health Program	497,882
Beach Monitoring Program Grant	25,000
Bioterrorism Focus A, B& C Grants	456,977
Breast Cancer Awareness Foundation Grant	80,000
Breast Cancer Outreach Grant	50,000
Breast Cancer Awareness Program Grant	115,200
Breast Cancer Control Coordination	285,800
Breast and Cervical Cancer Screening Grant	110,000
Congenital Disorders Grant	123,202
Coordinated Community Response Grant	30,419
Covering Kids and Families Grant	29,019
Federally Qualified Health Center Grant	1,106,500
Hepatitis B Immunization Grant	26,500
HIV Women's Grant	208,682
Immunization Action Plan Grant	304,000
Lead-Based Paint Hazard Control Grant	654,262
LEAP-Lead Elimination Action Program	574,087
Lead Demonstration Grant	1,366,746
Lead Detection Grant	366,809
Lead Outreach Grant	403,536
Childhood Lead Poisoning Prevention Program Grant	644,690
Maternal Health Grant	85,297
Medical Assistance Outreach Grant	15,001
Family Works Project (MetaHouse)	250,002
Municipal Health Services Program	5,006,640
Preventive Health Grant	82,708
Refugee Screening Grant	119,404
Sexually Transmitted Diseases Grant	135,429
SURVNET Grant	53,100
Tobacco Control Grant	288,299
Urban Area Security Initiative	721,910
Weinhardt HIV Intervention Grant	90,223
Wellpoint Outreach Grant	106,500
Women's Infants and Children's Program	869,411

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

Grant Application Initiatives for 2006

The Home Environmental Health Division – Asthma Program, has applied for a \$1 million dollar grant from HUD to continue funding for 2006 and 2007. The MHD Asthma Program was established in 2001 to comprehensively service children and families impacted by chronic asthma. It is important to note that uncontrolled asthma is the leading cause of emergency department visits and hospitalizations and the major reason for missed school for children and workdays for parents (Medical College of Wisconsin/Children's Hospital of Wisconsin). Like most public health problems, asthma disproportionately impacts minority families residing in substandard housing. The MHD proposal to HUD will fund a city-wide system of care coordination and public health nurse case management in cooperation with private sector partners, housing inspection and interventions to remediate environmental triggers and community-based asthma organizing. If funding is not received, the MHD Asthma Program will no longer be in existence. The MHD Asthma program supports care coordination and case management for children who are diagnosed with persistent and uncontrolled asthma.

The Maternal and Child Health Division- Health and Safety in Childcare (HSCC) has applied for two grants in 2005 and is planning on applying for two additional grants. This program assures the health and safety of young children through services delivered to their early child care/day care program.

Grant funding for this program is required for this program to be operational within the City of Milwaukee.

The goal of HSCC is to assure that priority health and safety needs of young children are met through interface with their day care program. Grant proposals have been submitted to:

- The Robert Wood Johnson Foundation for \$500,000 starting 7/1/06 for a three year period.
- Milwaukee County for \$90,000 for calendar year 2006.

Two additional grants will be submitted to The Wisconsin Partnership Fund for a Healthy Future at the University of Wisconsin and the Medical College of Wisconsin for a total of \$450,000 for a three year period.

Overall, MHD has submitted grant applications and letters of intent for 2006 totaling \$3.8 million covering a wide range of public health initiatives and projects. MHD is optimistic that most, if not all, incumbents in grants that end will be funded by alternative funding sources, whether it is in new grants or vacant O&M positions. There are several positions within MHD where vacant O&M positions are being held in anticipation of filling with an incumbent from grant ending. MHD does not expect to incur significant losses of employment as a result of these grants ending.

Capital Improvements

2004 Actual	2005 Budget	Change	2006 Proposed	Change
\$1,023,429	\$1,028,500	0	\$550,000	-46%

The 2006 proposed budget includes \$550,000 to fund the department's interior, exterior building maintenance and mechanical maintenance projects.

Mechanical Maintenance Projects \$65,000

This amount is proposed to update card access and security alarms at the health centers and to replace the elevator pump at Southside Health Center

Exterior Building Maintenance Projects \$200,000

This funding is proposed for exterior projects including miscellaneous roofing repairs at the health centers, providing parking lot and sewer repairs at Southside Health Center, and repaving the parking lot at Coggs Health Center.

Interior Building Maintenance \$185,000

This money is proposed for general interior repairs and updates including updating signage at all health centers, replacing interior doors, frames and locks at Southside clinic, and installing card access at Keenan Health Center.

Client Tracking System \$100,000

This funding will continue efforts to develop and maintain the client tracking system in the health department. This new system will enable MHD to comply with federal and state reporting mandates and HIPPA regulations. Funding is used for both hardware and software needs.

Clinic Building Status

With MHD buildings aging, the challenge has been to continue to update their functionality to meet the needs of MHD clinic operations.

Keenan Health Center has undergone renovations of the lower (basement) level to accommodate the existence of the TB Clinic at this location since late 2004. This renovation, added to the renovation of the 2nd floor for the STD Clinic in 2003, has increased the efficiency of that building. Several infrastructure projects, such as HVAC ductwork, electrical upgrades and major plumbing improvements were done during these renovations. The replacement of the Keenan roof in 2005 will add to the heating efficiency of that building.

Minor renovations at Southside Health Center (SSHC) in 2005 allowed for the addition of a Southside MBCAP/Mammography Clinic. By the end of 2006, renovations at SSHC will accommodate a move of the WIC clinic from Johnston Health Center to SSHC.

Northwest Health Center (NWHC) underwent a significant remodeling of its reception area. This remodeling will allow for improved patient registration and customer service.

Budgeted mechanical, exterior and interior projects are in progress at Keenan, SSHC and NWHC. Due to the anticipated end of the MHSP program at Johnston and Coggs, all major capital projects have been delayed at these buildings.

The ADA Study of all five buildings provided MHD with the basis for ADA projects as can be afforded. These projects will begin with accessibility from the outside of the building in, and then will address accessibility within the building. All of the renovation and remodeling projects mentioned above have addressed ADA compliance with regards to reception desks, restrooms, doorways, etc. All projects are fully ADA compliant. Future ADA projects will address areas that were not affected by recent renovations.

Revenues

Category	2004 Actual	2005 Budget	Change	2006 Proposed	Change
Charges for Services	\$ 911,115	\$ 750,638	-17%	\$756,860	0
License and Permits	\$1,686,320	\$ 1,604,550	-4%	\$ 1,909,900	19%
Total	\$2,597,435	\$ 2,355,188	-9%	\$ 2,666,760	13%

1. Revenues for the Health Department are primarily from licenses, permits, and charges for services.
2. The 2006 proposed budget estimates that the health department will generate revenues of \$2,666,760. This estimated revenue is a 13% increase from 2005 and is based on projected charges for licenses and permits.
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.

Further Revenue and Reimbursement Information

MHD anticipates revenue from the Milwaukee Comprehensive Home Visiting grant that mandates that Medicaid for Prenatal Care Coordination Services (PNCC) be billed for services provided to eligible clients. At this time, Medicaid allows a maximum of \$887.46 per client. PNCC services are required to be monthly. This outreach process is scheduled to begin in March 2006. By December 31, 2006, 200 high risk pregnant women and new mothers will receive prenatal care coordination and/or child care coordination services from the Milwaukee Comprehensive Home Visiting Program. Approximately 22 clients per month will receive services with estimated revenue from this action is approximately \$1,062.82 per month for assessments and \$176.00 per month for initial care plans for an approximate total of \$11,149.38.

In general, reimbursement standards are in place that dictates standard rates of payment from Medicaid, the Medicaid HMOs, Lab tests, and Lead testing. According to the MHD established Usual and Customary Rates (UCRs), reimbursements from Medicaid and Medicaid HMOs reimburse 60% or less of the actual costs to provide the service. For example, to provide Hepatitis A immunization services, it costs MHD \$30.00, Medicaid reimburses \$18.00 and Medicaid HMOs reimburse \$4.00-\$14.75.

Regarding recouping payments; internal parameters are being established to determine which payments should go to tax roles or collections. In 2005, \$276,747.50 of non-payments associated with Lead Abatement work was placed on the City tax roles.

The City of Milwaukee Health Department is reimbursed by the state Department of Health and Family Services (DHFS) for conducting vending machine inspections. All inspections were completed prior to June 30, 2005, the end of the 2004-05 license year. DHFS reimburses the City of Milwaukee at 90% of the net license fee for each food vending machine, vending machine commissary and vending machine commissary storage facility inspected. Reimbursement for the 2004-05 license year is expected in October 2005, and should be close to the prior fiscal year reimbursement, which was \$3,771. No problems related to reimbursement are expected.

4. In general, there are no major changes in revenue sources for 2006.

Prepared by: Mark A. Ramion, 286-8680
Fiscal Review Analyst Senior
Legislative Reference Bureau
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