

DHHS - BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Budget Summary

| Category | 2013 Budget | 2013 Actual ¹ | 2014 Budget | 2015 Budget | 2015/2014 Variance |
|----------------------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|
| Expenditures | | | | | |
| Personnel Costs | \$75,737,832 | \$72,759,275 | \$71,051,105 | \$63,170,918 | (\$7,880,187) |
| Operation Costs | \$97,764,772 | \$107,681,607 | \$112,548,386 | \$116,149,061 | \$3,600,676 |
| Debt & Depreciation | \$0 | \$0 | \$0 | \$0 | \$0 |
| Capital Outlay | \$446,875 | \$480,701 | \$642,839 | \$576,500 | (\$66,339) |
| Net Crosscharge/Abatement | (\$4,043,421) | (\$4,308,313) | (\$4,448,681) | (\$300,900) | \$4,147,781 |
| Total Expenditures | \$169,906,458 | \$176,613,270 | \$179,793,649 | \$179,595,580 | \$(198,069) |
| <i>Legacy Healthcare/Pension</i> | \$15,334,428 | \$15,755,562 | \$17,463,489 | \$15,700,213 | \$(2,000,469) |
| Revenues | | | | | |
| Direct Revenue | \$59,012,384 | \$74,102,447 | \$65,786,401 | \$66,840,693 | \$1,054,292 |
| Intergov Revenue | \$54,364,995 | \$57,825,026 | \$56,533,125 | \$53,655,546 | (\$2,877,579) |
| Total Revenues | \$113,377,379 | \$131,928,038 | \$122,319,526 | \$120,921,174 | \$(1,823,287) |
| Tax Levy | \$56,529,079 | \$44,685,232 | \$57,474,123 | \$59,099,341 | \$1,625,218 |
| Personnel | | | | | |
| Full-Time Pos. (FTE) | 801 | 747 | 670.5 | 585.3 | (85.2) |
| Seas/Hourly/Pool Pos. | 29.9 | 24.5 | 26.0 | 31.0 | 5.0 |
| Overtime \$ | \$3,114,576 | \$3,568,114 | \$2,695,080 | \$1,188,504 | (\$1,506,576) |

Department Mission: The Milwaukee County Department of Health and Human Services – Behavioral Health Division will be a Center of Excellence for person-centered, high-quality best practice-based mental health services in collaboration with community partners.

Wisconsin Act 203: Wisconsin Act 203 (Wis. Stats 51.41) transferred all control of mental health functions from the Milwaukee County Board of Supervisors to a newly-created, Milwaukee County Mental Health Board (MCMHB).

The Behavioral Health Division Budget represents the policy changes and funding levels adopted by the Milwaukee County Mental Health Board, with exception of the fringe benefit, employee compensation and internal service (crosscharge) costs due to their countywide nature.

Department Description: The Behavioral Health Division (BHD) consists of Management and Support Services, Adult Crisis Services, Adult and Child Acute Inpatient Services, Rehab Central Nursing Facility, Community Services Branch, and Wraparound Milwaukee. The Hilltop Nursing Facility will close in late 2014.

¹ 2013 Actuals have been restated to show that Emergency Preparedness Services has been moved to Org 4800 – Emergency Management.

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In this budget, the Community Services Branch and Wraparound Milwaukee are transferred to department 6300 as the Community Access to Recovery Services Division (CARSD). This structure is consistent with Wisconsin Act 203. For 2015, Emergency Medical Services is transferred to the new Department of Emergency Management.

In this budget, the Community Services Branch and Wraparound Milwaukee are now transferred back to department 6300 as the Community Access to Recovery Services Division (CARSD). This structure is consistent with Wisconsin Act 203. For 2015, Emergency Medical Services is transferred to 4800 - Emergency Management.

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Strategic Program Area 1: Management & Support Services

Service Provision: Administrative

Strategic Outcome: High Quality, Responsive Services

| What We Do: Activity Data | | | |
|--|-------------|-------------|-------------|
| Activity | 2013 Actual | 2014 Budget | 2015 Budget |
| This program area does not have activity data. | | | |

| How We Do It: Program Budget Summary | | | | | |
|--------------------------------------|---------------|----------------|---------------|-------------|--------------------|
| Category | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Budget | 2015/2014 Variance |
| Expenditures | \$1,292,227 | \$1,277,300 | \$1,987,920 | \$3,494,643 | \$1,506,723 |
| Revenues | \$3,998,629 | \$14,313,917 | \$3,245,324 | \$1,666,137 | (\$1,579,187) |
| Tax Levy | (\$2,706,402) | (\$13,046,634) | (\$1,257,404) | \$1,828,506 | \$3,085,910 |
| FTE Positions | 175.3 | 131.4 | 151.7 | 143.6 | (8.1) |

| How Well We Do It: Performance Measures | | | |
|--|-------------|-------------|-------------|
| Performance Measure | 2013 Actual | 2014 Budget | 2015 Budget |
| Overtime Costs / Personal Services Costs | 4% | 3% | 2% |
| Revenue dollars / fiscal staff | \$4,750,735 | \$4,217,915 | \$4,081,429 |
| Patient revenue collected / Billed revenue | 44.7% | 38.2% | 43.3% |

Strategic Implementation:

Management and Support Services provides fiscal management, compliance, administration, patient accounts and admissions, management information systems, dietary and medical records, and environment of care for the entire facility.

Expenditures in the department are increased due to the establishment of a medical malpractice reserve of \$400,000, the BHD building reserve fund of \$400,000, and \$245,571 in increased Electronic Medical Records support. Other changes include an increase in crosscharges and a decreases in service charges based on actual experience.

Revenues are decreased by \$1,579,187, primarily due to adjustments made to Wisconsin Medicaid Cost Reporting and State Plan Amendment revenues for 2015.

Due to the recent redesign efforts at BHD, including the complete closure of the long-term care facilities, 18.9 FTE are eliminated Jan 1, 2015, 1.0 FTE is eliminated July 1, 2015, and 0.2 FTE is eliminated Nov 1, 2015.

One full-time position is created, one position is funded and 1.2 FTE seasonal positions are created. One position is transferred from the Department of Health and Human Services.

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Strategic Program Area 2: Adult Crisis Services

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

| What We Do: Activity Data | | | |
|--|--------------------|--------------------|--------------------|
| Activity | 2013 Actual | 2014 Budget | 2015 Budget |
| <i>Psychiatric Crisis Services</i> | | | |
| Admissions | 11,464 | 11,068 | 10,681 |
| <i>Access Clinic</i> | | | |
| Number of Clients Served | 6,978 | 6,576 | 6,576 |
| <i>Crisis Mobile</i> | | | |
| Number of Mobiles Completed | 1,716 | 1,642 | 1,806 |
| Number of Mobiles Requested by Law Enforcement | 291 | 370 | 463 |

| How We Do It: Program Budget Summary | | | | | |
|---|--------------------|--------------------|--------------------|--------------------|----------------------|
| Category | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Budget | 2015/2014 Var |
| Expenditures | \$20,200,965 | \$20,470,356 | \$21,155,153 | \$23,663,320 | \$2,508,167 |
| Revenues | \$11,340,126 | \$11,967,188 | \$10,711,680 | \$11,522,653 | \$810,973 |
| Tax Levy | \$8,860,839 | \$8,503,168 | \$10,443,473 | \$12,140,667 | \$1,697,194 |
| FTE Positions | 106.2 | 128.9 | 110 | 118 | 8 |

| How Well We Do It: Performance Measures | | | |
|--|--------------------|--------------------|--------------------|
| Performance Measure | 2013 Actual | 2014 Budget | 2015 Budget |
| Percent of clients returning to PCS within 90 days | 33% | 27% | 27% |
| Percent of Time on Waitlist Status | 1% | 5% | 5% |
| Clients transferred to private facilities from PCS | 16% | 23% | 23% |

Strategic Implementation:

Adult Crisis Services operates the Psychiatric Crisis Service Emergency Room, Access Clinic, Crisis Line, Crisis Mobile Team, and Crisis Stabilization Centers.

Expenditures are increased by \$2,508,167 due to increases in personnel costs and administrative overhead crosscharges within BHD.

9.2 FTE's Nursing Asst 1 and 2.0 FTEs RN1 are created related to a new staffing model. 3.2 FTE are transferred to other areas within BHD. The goal of this staffing model is to decrease the mandatory and non-mandatory overtime burden on employees, improve safety and quality of care for clients and employees, as well as decrease overtime costs. Overtime is correspondingly reduced by 4.7 FTEs.

Patient revenues are increased by \$810,973.

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Strategic Program Area 3: Inpatient Services (Adult and Children)

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

| What We Do: Activity Data | | | |
|---|--------------------|--------------------|--------------------|
| Activity | 2013 Actual | 2014 Budget | 2015 Budget |
| <i>Acute Adult Inpatient</i> | | | |
| Average Daily Census | 59 | 54 | 60 |
| Number of Admissions | 1,456 | 1,200 | 1,142 |
| Number of Patient Days | 21,363 | 20,000 | 21,900 |
| Average Length of Stay (Days) | 14.7 | 14.0 | 16.4 |
| <i>Child and Adolescent Inpatient Services</i> | | | |
| Average Daily Census | 8 | 6 | 11 |
| Number of Admissions | 829 | 1,250 | 1,005 |
| Number of Patient Days | 2,930 | 2,500 | 4,380 |
| Average length of Stay (Days) | 3.5 | 2 | 3.4 |

| How We Do It: Program Budget Summary | | | | | |
|---|--------------------|--------------------|--------------------|--------------------|----------------------|
| Category | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Budget | 2015/2014 Var |
| Expenditures | \$36,746,719 | \$33,661,635 | \$33,696,594 | \$36,374,352 | \$2,677,278 |
| Revenues | \$10,718,143 | \$11,585,066 | \$10,968,733 | \$14,606,010 | \$3,637,277 |
| Tax Levy | \$26,028,576 | \$22,076,569 | \$22,727,861 | \$21,768,342 | (\$959,519) |
| FTE Positions | 187.3 | 202.1 | 183.7 | 202.8 | 19.1 |

| How Well We Do It: Performance Measures | | | |
|--|--------------------|--------------------|--------------------|
| Performance Measure | 2013 Actual | 2014 Budget | 2015 Budget |
| <i>Acute Adult Inpatient</i> | | | |
| Percent of clients returning to Acute Adult within 90 days | 24% | 19% | 18% |
| Patients Responding Positively to Satisfaction Survey | 72% | 72% | 72% |
| <i>Child and Adolescent Inpatient Services</i> | | | |
| Percent of children who return to CAIS within 90 days | 19% | 17% | 15% |
| Patients Responding Positively to Satisfaction Survey | 78% | 75% | 75% |

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Strategic Implementation:

Inpatient Services provides four licensed psychiatric hospital units with three specialized programs for adults and one specialized unit for children and adolescents.

Average daily census projections for both the Child and Adult units were increased temporarily to reflect the unexpected closing of acute beds at several private hospitals. Furthermore, recent trends have shown that patients that are admitted to BHD have been higher acuity and require a longer period of time for their symptoms to stabilize.

A demand capacity analysis completed by the Human Services Research Institute, in collaboration with the Public Policy Forum, determined that an average daily census of between 54 to 60 acute inpatient beds are adequate at BHD in the short-term to meet the current demand of the community. BHD will continue to closely monitor acute-bed capacity in the community. As capacity is created within the private health system and further community-based services are expanded, additional bed reductions may occur.

Expenditures increase by \$2,677,278. Prescription medication expenditures are increased by \$633,998 increases to reflect actual experience. Professional service contracts are increased \$891,602 for contract and temporary staff.

Revenue increases by \$3,637,277 to account for the budgeted increase of inpatient beds from 54 in 2014 to 60 in 2015. The budget also assumes \$250,000 increased revenue related to the Affordable Care Act wherein previously uninsured individuals will be provided coverage.

19.6 FTEs Nursing Asst 1 and 2.2 FTE's RN1 are created related to implement a new staffing model. 2.7 FTE are transferred to other areas within BHD. The goal of this staffing model is to decrease the mandatory and non-mandatory overtime burden on employees, improve safety and quality of care for clients and employees, as well as decrease overtime costs. Overtime is reduced by 7.4 FTEs to partially cover the staffing increase.

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Strategic Program Area 4: Inpatient Services - Nursing Facilities Hilltop and Central

Service Provision: Discretionary

Strategic Outcome: Self-sufficiency

| What We Do: Activity Data | | | |
|----------------------------------|--------------------|--------------------|--------------------|
| Activity – Rehab Central | 2013 Actual | 2014 Budget | 2015 Budget |
| Average Daily Census | 56 | 56 | 14 |
| Number of Patient Days | 20,497 | 20,440 | 4,513 |

| How We Do It: Program Budget Summary | | | | | |
|---|--------------------|--------------------|--------------------|--------------------|----------------------|
| Category | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Budget | 2015/2014 Var |
| Expenditures | \$26,595,480 | \$28,244,961 | \$21,590,283 | \$10,527,101 | (\$11,063,182) |
| Revenues | \$10,269,809 | \$9,033,879 | \$6,283,577 | \$1,818,678 | (\$4,464,899) |
| Tax Levy | \$16,325,670 | \$19,211,082 | \$15,306,706 | \$8,708,423 | (\$6,598,283) |
| FTE Positions | 165.2 | 155.6 | 116.1 | 50.3 | (65.8) |

Strategic Implementation:

Furthering an initiative that started in 2014, the Rehabilitation Center-Central is budgeted to close in November 2015 by transitioning current residents to community-based settings.

The closure will result in an expenditure reduction of \$11,063,182 including personnel, dietary, pharmacy, security and other patient expenses. The savings are offset by a loss of \$4,464,899 in patient revenue due to the declining census. These savings are reinvested in the Community Access to Recovery Services Division (CARSD). The full impact of the savings will be realized in 2016.

65.8 annualized positions are eliminated related to the closure of the two long-term care facilities.

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Strategic Program Area 5: Community Access to Recovery Services Division (CARSD)

Service Provision: Mandated

Strategic Outcome: Self-sufficiency / Quality of Life

| What We Do: Activity Data | | | |
|--|--------------------|--------------------|--------------------|
| Activity | 2013 Actual | 2014 Budget | 2015 Budget |
| <i>Adult Day Treatment</i> | | | |
| Number of Visits | 3,888 | 3,888 | 3,888 |
| <i>AODA – clients seen for:</i> | | | |
| Detoxification – All Levels | 5,939 | 6,334 | 5,566 |
| Outpatient Treatment | 2,384 | 2,574 | 2,500 |
| Medication Assisted Treatment | 171 | 175 | 180 |
| <i>Family Intervention Support Services</i> | | | |
| Number of Clients Served | 869 | 550 | 800 |
| <i>CATC Wraparound</i> | | | |
| Number of Clients Served | 1,195 | 1,205 | 1,205 |
| <i>Wraparound, Non-court ordered</i> | | | |
| Number of Clients Served | 563 | 475 | 500 |
| <i>Mobile Urgent Treatment</i> | | | |
| Number of Clients Seen | 1,682 | 1,785 | 1,800 |

| How We Do It: Program Budget Summary | | | | | |
|---|--------------------|--------------------|--------------------|--------------------|----------------------|
| Category | 2013 Budget | 2013 Actual | 2014 Budget | 2015 Budget | 2015/2014 Var |
| Expenditures | \$85,071,067 | \$92,959,017 | \$101,363,698 | \$105,536,155 | \$4,172,466 |
| Revenues | \$77,050,672 | \$85,017,970 | \$91,110,212 | \$90,882,761 | (\$227,451) |
| Tax Levy | \$8,020,395 | \$7,941,047 | \$10,253,486 | \$14,653,394 | \$4,399,917 |
| FTE Positions | 130.5 | 115.8 | 135.1 | 101.7 | (33.4) |

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| How Well We Do It: Performance Measures | | | |
|---|--------------------|--------------------|--------------------|
| Performance Measure | 2013 Actual | 2014 Budget | 2015 Budget |
| Provider agencies completed a NIATx change project | 60% | 60% | 62% |
| Average Satisfaction Survey Score | 78.5% | 70%+ | 75% |
| Percent of outpatient clients screened for Medicaid and placed with a Medicaid certified agency | 23% | 23% | 40% |
| Average Dollars expended per Community Support Program slot | | | |
| County-run (2013 Capacity of 337) | \$13,939 | \$13,939 | n/a |
| Non-County-run (2013 Capacity of 963) | \$3,723 | \$3,832 | \$4,418 |
| Wraparound | | | |
| Average Daily Number of REACH enrollees | 340 | 350 | 400 |
| Family Satisfaction with Care Coordination (5.0 Scale) | 4.72 | 4.50 | 4.60 |
| Percent of Total Youth in Wraparound Programming Using Residential Treatment Care | 19.0% | 15.0% | 17.0% |

Strategic Implementation:

The 2014 Budget previously incorporated Wraparound Milwaukee and the Community Services Branch (CSB) into the Department of Health and Human Services (Department 8000) as a separate division. With the passage of the Mental Health Bill (Wis Stats 51.41) in June of 2014, this division, now known as the Community Access to Recovery Services Division – CARSD, is transferred back to 6300 – Behavioral Health Division.

In 2015, CARSD will continue to focus on providing community based mental health and substance use disorder services with a focus on assisting consumers in leading healthy, productive lives in the community.

Revenues are decreased by \$227,451; expenditures are increased \$4,172,457. These changes are primarily related to the following programmatic changes:

- In Wraparound Milwaukee, revenues and expenditures are decreased \$4,916,889 and \$5,275,604 respectively. This is due to a reduction in enrollment of 200 youth, from 1,300 in the 2014 budget to an anticipated 1,100 in 2015. Net tax levy savings in Wraparound is \$749,222 for 2015.
- CSB expenditures are increased \$2,326,200 to provide for partial year funding of community placements for Rehab Central clients.
- Revenues and expenditures are increased by \$8.8 million to reflect that CSB will now be processing provider claims to Medicaid. This has no net effect on tax levy.
- CSB will contract for two eight-bed Community Based Residential Facilities at a cost of \$699,282. These expenditures are partially offset by \$384,605 Medicaid revenue.

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- The Comprehensive Community Services program, which began in 2014, will be fully implemented in 2015. \$500,000 additional revenue for Targeted Case Management and Community Support Program services.
- \$250,000 increased revenue is anticipated related to increased insurance coverage under the Affordable Care Act.
- For the last ten years, Milwaukee County has received a federal discretionary grant called Access to Recovery (ATR) that has served as the financial structural support for the Wiser Choice voucher network for treatment and recovery support services for individuals with a substance use disorder. On an annual basis, 5,000 individuals receive services through Wiser Choice, 3,200 for clinical treatment services. CSB applied for a \$3 million grant extension of the original ATR which is scheduled to end in September 2014. Given the extreme competitive nature of the grant and the smaller pool of federal funds, Milwaukee County was not recommended for an ATR award. In order to continue to serve its current population in need of substance use disorder treatment and recovery support services, the budget reflects a tax levy amount of \$1.5 million as a partial replacement for the loss of the ATR grant.

Leveraging the financing opportunities created by the Affordable Care Act (ACA) will serve as the primary response to the loss of federal funds. Clients who were not previously eligible for Medicaid due to diagnosis are now eligible for Medicaid coverage under the ACA. All uninsured individuals applying for substance use disorder treatment services will be assisted in making an application for healthcare coverage as part of the intake process. Additionally, CSB will recommend participation in CCS or Targeted Case Management to extend the treatment and recovery pathway and to maximize third party reimbursement for Medicaid covered services. It is anticipated that many of the recommended clinical services will be accessed through an individual's health care coverage. However, CSB does not anticipate any reduction in the number of clients receiving recovery support services delivered through the Wiser Choice network.

This change reflects a reduction in expenditures of \$923,369, revenues of \$2,459,781 and tax levy increase of \$1,536,412.

- BHD will outsource the caseload currently covered by BHD's Community Support Program (CSP) – Downtown and Southside locations and have all 290 caseloads assumed by community providers through a purchase of service contract. The initiative will produce savings of \$559,132 including personnel, other expenditures and revenue reductions. This overall savings includes \$1,397,220 for the purchase of community slots, including continued implementation of the Assertive Community Treatment (ACT)/Integrated Dual Disorder Treatment (IDDT) models begun in 2014.
- The \$154,544 contract for the Community Consultation Team for individuals with ID/DD is moved to CSB from DSD in org 8000 to more accurately reflect the service being provided.

39.6 FTE are eliminated and 8 positions are created in the Community Service Branch.

3 positions are eliminated in Wraparound, 1 position was created as a current year action in 2014.

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EXPENDABLE TRUST ACCOUNTS

The following are expendable trust accounts, which may be utilized only for purposes which are legally mandated or where a formal trust relationship exists. The expenditures from these organizational units are limited to the purpose specifically designated by the donor. These trusts are not included as part of the BHD operating budget.

| Org Unit | Description of Expendable Trust | | Projected Balances as of 12/31/14 |
|-----------------|---|----------|--|
| | | | |
| 878 | MHD - Research Fund | | \$217,724 |
| | Referred to as the Frieda Brunn Mental Health Research Fund. This fund was created in 1970 for the purpose of supporting mental health research. Expenditure recommendations from the fund are made by the Research Committee at BHD. | | |
| | Expenditure | Revenue | |
| | \$10,000 | \$10,000 | |
| | | | |
| 879 | MHD - Patient Activities and Special Events | | \$89,364 |
| | This fund is comprised of various trusts which stipulate the expenditures should be made to provide for patient activities and special events. | | |
| | Expenditure | Revenue | |
| | \$7,600 | \$7,600 | |