

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Budget Summary

Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Variance
Expenditures¹					
Personnel Costs	\$71,051,105	\$68,846,318	\$63,170,918	\$61,159,771	(\$2,011,147)
Operation Costs	\$112,548,386	\$106,839,611	\$116,137,394	\$125,571,001	\$9,433,607
Debt & Depreciation	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$642,839	\$581,203	\$576,500	\$1,129,000	\$552,500
Net Crosscharge/Abatement	(\$4,448,681)	(\$5,034,924)	(\$289,232)	\$345,573	\$634,805
Total Expenditures	\$179,793,649	\$171,232,208	\$179,595,580	\$188,205,345	\$8,609,765
<i>Legacy Healthcare/Pension</i>	\$17,463,489	\$14,867,814	\$15,700,213	\$14,650,070	(\$1,050,143)
Revenues¹					
Direct Revenue	\$65,786,401	\$67,650,884	\$66,840,693	\$76,900,443	\$10,059,750
Intergov Revenue	\$56,533,125	\$56,277,986	\$53,655,546	\$52,491,931	(\$1,163,615)
Total Revenues	\$122,319,526	\$123,928,870	\$120,496,239	\$129,332,374	\$8,896,135
Tax Levy	\$57,474,123	\$47,303,338	\$59,099,341	\$58,812,971	(\$286,370)
Personnel²					
Full-Time Pos. (FTE)	669	538.1	585.3	521.3	(64.0)
Seas/Hourly/Pool Pos.	27.6	23.5	30.9	22.7	(8.2)
Overtime \$	\$2,695,080	\$3,466,377	\$1,188,504	\$1,051,632	(\$136,872)

Department Mission: To be a center of excellence for person-centered, high-quality best practice-based mental health services in collaboration with community partners.

Department Description: The Behavioral Health Division (BHD) consists of:

- Management and Support Services
- Adult Crisis Services
- Adult and Child Acute Inpatient Services
- Community Services Branch
- Wraparound Milwaukee

2016 expenditures and revenues increase due to investment in the Community Services Branch, which includes:

- Increases to the Comprehensive Community Service (CCS) program
- Initiative to end chronic homelessness
- Development of a north-side community access hub

¹ 2014 Budget and Actual Expenditures and Revenues include Central Rehab for which there is no longer a Service Area page included in the 2016 Budget document.

² Personnel – Reduction in 2016 FTEs includes (50.3) FTEs from the closure of Central Rehab.

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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
This program area does not have activity data.

How We Do It: Program Budget Summary					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Variance
Expenditures	\$1,987,920	\$1,018,180	\$3,490,151	\$1,416,254	(\$2,073,897)
Revenues	\$3,245,324	\$1,080,091	\$1,666,137	\$1,411,187	(\$254,950)
Tax Levy	(\$1,257,404)	(\$61,911)	\$1,824,014	\$5,067	(\$1,818,947)
FTE Positions	151.7	151.7	142.1	131.8	(10.3)

How Well We Do It: Performance Measures			
Performance Measure	2014 Actual	2015 Budget	2016 Budget
Overtime Costs / Personal Services Costs	2.7%	2%	1.7%
Revenue dollars / fiscal staff	\$5,050,376	\$4,081,429	\$4,280,407
Patient revenue collected / Billed revenue	31.9%	32%	33.4%

Strategic Implementation:

Management and Support Services provides fiscal management, compliance and administration.

Funding of the building reserve is reduced by \$400,000 due to the surplus generated in 2014.

Consolidating space from the 9201 building to the main hospital will save \$462,323 in utility costs; CSB and WRAP will move from their existing space by the end of 2015.

Revenues realized through the State Plan Amendment are decreased by \$212,000.

BHD will continue to strengthen its hospital quality by obtaining and maintaining **Joint Commission Accreditation** and through aggressive efforts to hire and retain quality nursing personnel and managers to ensure inpatient service accountability and quality. This includes strategies to improve coordination of human resources as well as continual review of nurse staffing and scheduling processes that impact patient safety, employee satisfaction and fiscally accountable practice.

Implementation and enhancements to the Electronic Medical Records (EMR) system will continue in 2016 by optimizing workflows, standardizing data entry, and eliminating all paper forms.

Implementation of enhanced pharmacy technologies including new Pyxis machines, barcoding, e-prescribing and RX Connect. This new technology will improve patient safety by implementing a closed loop medication administration process, and will reduce pharmacy costs by purchasing and owing drug inventory, streamlining automated processes and improve the demand forecasting and inventory management of drugs.

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Due to the recent redesign efforts at BHD, including the complete closure of the long-term care facilities, 9.1 FTEs were eliminated in 2015.

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Strategic Program Area 2: Adult Crisis Services

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2014 Actual	2015 Budget	2016 Budget
<i>Psychiatric Crisis Services</i>			
Admissions	10,698	10,681	9,500
<i>Access Clinic</i>			
Number of Clients Served	3,541	6,576	1,428
<i>Crisis Mobile</i>			
Number of Mobiles Completed	2,008	1,806	2,100
Number of Mobiles Requested by Law Enforcement	266	463	688

How We Do It: Program Budget Summary					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Var
Expenditures	\$20,120,206	\$21,537,136	\$23,663,850	\$25,907,849	\$2,243,999
Revenues	\$10,711,680	\$12,798,112	\$11,522,653	\$11,911,882	\$389,229
Tax Levy	\$9,408,526	\$8,739,024	\$12,141,197	\$13,995,967	\$1,854,770
FTE Positions	78.9	78.9	118	122.3	4.3

How Well We Do It: Performance Measures			
Performance Measure	2014 Actual	2015 Budget	2016 Budget
Percent of clients returning to PCS within 90 days	34%	27%	27%
Percent of Time on Waitlist Status	9%	5%	10%
Clients transferred to private facilities from PCS	12%	23%	12%

Strategic Implementation: Adult Crisis Services include:

- Psychiatric Crisis Service (PCS) Emergency Room
- Observation Unit
- Access Clinic
- Crisis Line
- Crisis Mobile Team (CMT)
- Crisis Assessment Response Team (CART)
- Community Consultation Team (CCT)

Expenditures increase from the closure of the long term care unit, and cross charges previously absorbed have been spread to the remaining units.

Due to the continued decrease of uninsured individuals seeking service from the Access Clinics, medication costs have been decreased by \$589,177 in 2016.

In 2016, Crisis Services will implement a new initiative to provide prevention services within the community by providing follow-up with patients within 24 hours of discharge to decrease risk of harm, to ensure patients connect with and transition to outpatient services, and to decrease the rate of recidivism. In an effort to accomplish these goals, a new service will be added to the Crisis Mobile Team (CMT) to provide enhanced crisis prevention services,

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post-acute community based strategies, and mobile peer services. This increase in prevention services will include telephone contact with patients post-discharge from BHD Acute Inpatient, Psychiatric Crisis Services, and Observation Unit within 24 hours. This team will also have the capability to provide mobile follow-up and “bridge services” as needed to connect people to resources and to assist with system navigation. This initiative will decrease risk of harm, ensure patients transition to outpatient services, and decrease the rate of recidivism. Two Behavioral Health Emergency Service Clinicians (BHESC) are added to the service to team with Certified Peer Specialists (CPS) through the Community Linkages and Stabilization Program (CLASP) offered through La Causa. Estimated costs for two BHESC are \$200,000 and La Causa-CLASP contract increase by \$95,000.

An additional BHESC position is being requested to be added to the Crisis Assessment Response Team (CART) which is a partnership with the Milwaukee Police Department (MPD). MPD has applied for a grant to support a police officer for a third team for CART in 2016, and BHD has committed to providing the BHESC position for this team.

Wisconsin Medicare Reimbursement (WIMCR) revenue in Crisis Services is increased by \$611,171 in 2016. Other revenue accounts are reduced based on actual experience.

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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	2014 Actual	2015 Budget	2016 Budget
Acute Adult Inpatient			
Average Daily Census	55	60	60
Number of Admissions	1095	1,142	1,275
Number of Patient Days	19,913	21,900	20,148
Average Length of Stay (Days)	16	16.4	13.5
Child and Adolescent Inpatient Services			
Average Daily Census	9	11	12
Number of Admissions	951	1,005	890
Number of Patient Days	3,250	4,380	4,030
Average length of Stay (Days)	3.5	3.4	3.6

How We Do It: Program Budget Summary					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Var
Expenditures	\$33,696,594	\$32,796,608	\$36,374,950	\$41,543,025	\$5,168,075
Revenues	\$10,968,733	\$14,853,270	\$14,606,010	\$17,089,423	\$2,483,413
Tax Levy	\$22,727,861	\$17,943,338	\$21,768,940	\$24,453,602	\$2,684,662
FTE Positions	183.7	183.7	202.8	189.2	(13)

How Well We Do It: Performance Measures			
Performance Measure	2014 Actual	2015 Budget	2016 Budget
Acute Adult Inpatient			
Percent of clients returning to Acute Adult within 30 days	12.2%	12.2%	12.2%
Patients Responding Positively to Satisfaction Survey	70%	72%	75%
Child and Adolescent Inpatient Services			
Percent of children who return to CAIS within 30 days	14.4%	N/A changed from 90	9.5%
Patients Responding Positively to Satisfaction Survey	72%	75%	78%

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Strategic Implementation:

BHD's inpatient services are provided in four licensed psychiatric hospital units with three specialized programs for adults, and one specialized unit for children and adolescents. Adult units include one 21-24 licensed bed adult unit called the Acute Treatment Unit (ATU), one 21-24 licensed bed Women's Treatment Unit (WTU) and one 18 bed Intensive Treatment Unit (ITU). A projected total of 60 of the licensed adult beds will be available in 2016. All units provide inpatient care to individuals who require safe, secure, short-term or occasionally extended psychiatric hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service and rehabilitation therapy provide assessment and treatment designed to stabilize any patient with acute psychiatric needs and assist the return of the patient to his or her own community. The WTU program provides specialized services for women recovering from complex and co-occurring severe mental health disorders. The ITU program provides a safe, supportive environment for those individuals with mental health conditions who are at high risk for aggressive behavior and in need of intensive behavioral and pharmacological interventions. The Child and Adolescent (CAIS) unit provides inpatient care to individuals age 18 and under. The CAIS unit also provides emergency detention services for Milwaukee County as well as inpatient screening for Children's Court.

Expenditures increased primarily due to an increase in administrative and overhead cross charges, resulting from the closure of long term care unit in 2015. Cross charges previously absorbed by the long term care unit are spread to the remaining units.

Revenue increases \$2,483,413 due to improved collection efforts and an initiative to charge professional fees for services which were previously not billed.

The Behavioral Health Division has implemented improvements to ensure the health, safety and welfare of those served as well as to maintain compliance with all conditions of participation for state psychiatric hospitals as established by the Centers for Medicare and Medicaid.

BHD continues to build interdisciplinary teams through involved recruitment strategies, retention strategies, and ongoing education and development. In addition BHD worked diligently to attract and retain highly qualified nursing management staff and utilized LEAN processes to improve scheduling practices.

The **BHD Quality Plan** will continue to serve in 2016 as the Behavioral Health Division's call to action and to continuously assess and improve the quality of the treatment and services it provides. All services and programs within the service continuum including inpatient services will incorporate measurement and data represented in **Balanced Scorecards for Key Performance Indicators** and include attention to:

- Improving the Patient Experience - Customer Satisfaction and Well-being.
- Patient Outcomes.
- Service Utilization Data.
- Quality Assurance and Improvement Activities.
- Required Public Data Reporting and Benchmark Comparisons.
- Workforce Development.
- Financial Impact and Cost.

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Strategic Program Area 4: Community Access to Recovery Services Division (CARSD)

Service Provision: Mandated

Strategic Outcome: Self-Sufficiency / Quality of Life

What We Do: Activity Data			
Activity	2014 Actual	2015 Budget	2016 Budget
Adult Day Treatment			
Number of Visits	12,883	12,883 ³	12,883
AODA (Alcohol and Other Drug Abuse) – clients seen for:			
Detoxification – All Levels	6,776	5,566	5,400
Outpatient Treatment	2,049	2,500	2,300
Medication Assisted Treatment	103	180	180
Family Intervention Support Services			
Number of Clients Served	696	800	750
Wraparound			
Number of Clients Served	1,153	1,205	1,300
Wraparound, Non-court ordered			
Number of Clients Served	552	500	550
Mobile Urgent Treatment			
Number of Clients Seen	1,650	1,800	1,800

How We Do It: Program Budget Summary					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Var
Expenditures	\$102,398,645	\$91,078,735	\$105,539,297	\$119,338,217	\$13,798,920
Revenues	\$91,110,212	\$88,215,020	\$90,882,761	\$98,979,882	\$8,097,121
Tax Levy	\$11,288,433	\$2,663,196	\$14,656,536	\$20,358,335	\$5,701,799
FTE Positions	31.1	31.1	103.2	100.1	(3.1)

How Well We Do It: Performance Measures			
Performance Measure	2014 Actual	2015 Budget	2016 Budget
Provider agencies completed a NIATx change project	42%	62%	63%
Average Satisfaction Survey Score	78%	75%	76%
Percent of outpatient clients screened for Medicaid and placed with a Medicaid certified agency	20%	40%	41%
Wraparound			
Average Daily Number of REACH enrollees	351	400	425
Family Satisfaction with Care Coordination (5.0 Scale)	4.7	4.6	4.6
Percent of Total Youth in Wraparound Programming Using Residential Treatment Care	28.1%	17.0%	17.0%

³ The 2015 Adopted Budget projected 3,888 visits. This has been adjusted to 12,883 based on a new tracking methodology showing total numbers of client visits (usually 3-4 per day) rather than each day of treatment.

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Strategic Implementation:

Community Access to Recovery Services (CARS) is the community-based mental health and substance abuse system for adults in Milwaukee County. Wraparound Milwaukee is a unique managed care program operated by the Milwaukee County Behavioral Health Division to provide comprehensive, individualized and cost effective care to children with complex mental health and emotional needs.

BHD is implementing a new structure that includes placement of services in more centrally located sites within the community. This could include an administrative space that would contain CARS, Wraparound and other administrative oversight services, as well as separate clinical or service delivery spaces: one on the north side and one on the south side of Milwaukee \$1.2 million is budgeted for the development of a north-side location.

In addition to centralizing direct services into the community, CARS also continues to remain committed to increasing the capacity for individuals to live successfully in the community with needed services. The CARS 2016 budget has several initiatives to expand the continuum of services within Milwaukee County:

Continue implementation of Comprehensive Community Services (CCS) with the goal of enrolling 560 individuals by the end of 2016. CARS will also transition several individuals to receive services thru CCS instead of CRS in 2016. To assist in the continued expansion of CCS, CARS will add an Administrative Coordinator position. The budget includes \$7.7 million in expenses, with \$6.6 million in revenue related to CCS.

Invest in additional group home resources to meet the needs of individuals with complex co-occurring issues Two Community Based Residential Facilities (CBRF) with Horizons/Matt Talbot will be added to serve individuals with complex mental health issues and presenting behavioral issues at an expense of \$2 million. Two additional CBRF's will be added: one to serve individuals with co-occurring mental health and substance use issues and one to specialize in on - care for women who have experienced trauma at an expense of \$1.4 million. An Integrated Services Coordinator position will be added to CARS for the oversight of all the CBRF's.

\$750,000 will be dedicated to the End Chronic Homelessness initiative. These funds will be utilized to support the Housing First model of services in Milwaukee to assist individuals with mental health issues as they receive housing. This initiative will be a joint effort of BHD and the Housing Division.

Revenues and expenditures are increased by \$723,885 to \$9.5 million as CSB continues to process provider claims to Medicaid. This has no net effect on tax levy.

\$54,000 to fund training of additional Peer Specialists in Milwaukee County.

\$290,000 will provide additional peer support and clinician services through a community provider.

In September 2014, the Access to Recovery grant for treatment and recovery support services for individuals with substance use disorder termed and was not re-issued by SAMHSA. To counteract this, BHD included \$1.5 million in tax levy as a partial replacement to the grant in 2015. Clients previously receiving support with ATR funding have been successfully transferred to programs under other funding sources, and many are now insured through the ACA. As a result, the tax levy replacement funds related to ATR have been reduced by \$1.1 million in 2016.

BHD's Adult Drug Treatment Court grant is set to expire in September 2015. BHD has applied for continuation of this grant, but due to the competitive nature of this federal grant from SAMHSA, BHD will continue the services of the drug treatment courts whether or not Milwaukee County is the recipient of the federal grant. Assisting individuals involved in the criminal justice system access treatment for substance abuse issues is important to BHD's mission, resulting in \$272,000 in tax levy to replace the grant funds in 2016.

WIMCR revenue in CARSD is increased by \$1,110,277 in 2016.

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\$150,000 is provided for phased implementation of third shift coverage at Northside Crisis Resource Center in order to complete a data-driven evaluation of the demand, effectiveness, and fiscal feasibility of providing 24/7 services. Efforts are already underway to move this initiative forward in 2015.

Community-based crisis service contracts are transferred to CARSD in 2016. This includes Crisis Resource Centers (CRC), Community Linkages and Stabilization Program (CLASP), and respite stabilization homes.

In Wraparound Milwaukee, contract service expenditures increase by \$1.25 million based on updated enrollment figures. Revenue is increased by \$1,201,379 from expected capitated rate increases and actual experience. 1.0 FTE Program Coordinator and 1.0 FTE Supervisor Office Manager are added, and 1.0 FTE clerical position is eliminated. Wraparound is budgeting a \$1.1 million contribution to reserves in 2016.