

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Budget Summary

Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Variance
Expenditures¹					
Personnel Costs	\$63,170,918	\$61,989,082	\$61,159,771	\$65,702,327	\$4,542,556
Operation Costs	\$116,137,394	\$109,432,251	\$125,570,216	\$139,925,997	\$14,355,781
Debt & Depreciation	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$576,500	\$454,116	\$1,129,000	\$267,000	(\$862,000)
Net Crosscharge/Abatement	(\$289,232)	\$1,669,733	\$346,358	\$1,425,800	\$1,079,442
Total Expenditures	\$179,595,580	\$173,545,182	\$188,205,345	\$207,321,124	\$19,115,779
<i>Legacy Healthcare/Pension</i>	\$15,700,213	\$16,137,526	\$14,650,070	\$16,652,007	\$2,001,937
Revenues¹					
Direct Revenue	\$66,840,693	\$68,147,188	\$76,900,443	\$109,400,204	\$32,499,761
Intergov Revenue	\$53,655,546	\$52,099,001	\$52,491,931	\$40,535,209	(\$11,956,722)
Total Revenues	\$120,496,239	\$120,246,189	\$129,392,374	\$149,935,413	\$20,543,039
Tax Levy	\$59,099,341	\$53,298,993	\$58,812,971	\$57,385,711	(\$1,427,260)
Impact on Reserves Increase/(Decrease)	-	\$5,679,216	\$1,124,658²	-	(\$1,124,658)
Personnel³					
Full-Time Pos. (FTE)*	578.8	578.8	540.7	530.8	(9.8)
Seas/Hourly/Pool Pos.	18.4	18.4	5.2	7.8	2.6
Overtime \$	\$1,188,504	\$1,910,534	\$1,051,632	\$1,030,908	(\$20,724)

**The 2017 Budget FTEs include Vacancy & Turnover (VANDT) & Overtime (OT). The 2015 Budget, 2015 Actual, and 2016 Budget FTEs are restated to reflect this change. Program Area tables include these changes as well.*

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
- Psychiatric Crisis ER/Observation
- Adult and Child Acute Inpatient Services
- Community Services Branch
- Wraparound Milwaukee

¹ 2015 Budget and Actual Expenditures and Revenues include Central Rehab for which there is no longer a Service Area page included in the 2017 Budget document.

² The \$1,124,658 anticipated contribution to reserves is in Wraparound.

³ Personnel – Reduction in 2016 FTEs includes (50) FTEs from the closure of Central Rehab.

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2017 expenditures for Community Services increase \$25.6 million while expenditures for Inpatient and PCS ER/OBS decrease by \$1.2 million. Expenditures and revenues increase in the Community Access to Recovery Services Division due to investments in programs, which include:

- Increases to the Comprehensive Community Service (CCS) program with a projected enrollment of 800 by the end of 2017 and an increase of \$5.8 million in annual spending.
- BHD also supports the continued partnership with the Milwaukee County Housing Division's initiative to end chronic homelessness. This initiative was started on July 1, 2015, and has served 145 individuals as of June 2016.
- \$0.5 million is budgeted to provide operating costs at the Northside community hub.
- \$0.6 million for increase AODA residential capacity.
- \$10.9 million increased spending in Wraparound Milwaukee primarily related to an increase in enrollment to 1,350 in 2017.
- The newly created Intensive Outpatient Program will complement Milwaukee County's Day Treatment program by providing services to a similar population with shorter lengths of stay at a tax levy cost of \$0.6 million.

A new centralized Quality department is formed in 2017 bringing together experienced professionals from the Hospital and Community Access to Recovery Services divisions.

To truly transform into a healthcare system of high reliability, client satisfaction, quality and safety, the Behavioral Health Division continues to strengthen efforts and engage in purposeful activities in support of a **Quality Journey**. Mental Health Board governance and BHD Leadership remain committed to quality care and services, including increasing efforts to delineate contract performance expectations and increased monitoring, fostering a culture of safety, and supporting a continuous learning environment with an on-going emphasis on performance improvement. Efforts to centralize BHD quality-related functions with an emphasis on enhanced community services and client outcomes, delineated by measurement goals and benchmarks, are hallmarks of these continued efforts. Plans to eliminate barriers and individual program silos in favor of an integrated system of quality care and coordinated quality activities are currently underway. The goals include strengthening the quality approach to increase operational efficiency, support an environment of safety, reduce cost and create a healthcare system where a client is better cared for throughout the service continuum.

The **BHD Quality Plan** will continue to serve in 2017 as the Behavioral Health Division's call to action. BHD strives to continuously assess and improve the quality of the treatment and services it contracts and provides. All services and programs within the service continuum including community and inpatient services will continue to 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.

The Behavioral Health Division's approach to quality improvement is based on the following principles:

- **Customer Satisfaction Focus.** High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations.
- **Recovery-Oriented Philosophy of Care.** Services are characterized by a commitment to expanding choice, as well as promoting and preserving wellness. This approach promotes maximum flexibility, the choice to meet individually defined goals and permits person-centered services.

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- **Employee Empowerment.** Effective programs involve people at all levels of the organization in improving quality.
- **Leadership Involvement.** Strong leadership, direction, support of quality assurance and support of quality improvement activities by the Governing Board, Chief Executive Officer, Executive Team and the Medical Staff Leadership are key. The involvement of organizational leadership assures that quality improvement initiatives are consistent with our mission and strategic plan.
- **Data Informed Practice.** Successful Quality Improvement processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.
- **Statistical Tools.** For continuous improvement of care, tools and methods that foster knowledge and understanding are needed. BHD, like Continuous Quality Improvement organizations, will use defined analytic tools such as run charts, cause and effect diagrams, flowcharts, histograms, and control charts to turn data into information.
- **Prevention over Correction.** Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes, rather than fix processes after the fact.
- **Continuous Improvement.** Processes must be continually assessed, reviewed and improved. Small incremental changes do make an impact, and providers can almost always find an opportunity to make things better.

BHD will continuously strive to ensure that:

- The treatment provided incorporates evidence based, effective practices.
- The treatment and services are appropriate to each patient's needs, and available when needed.
- Risk to patients, providers and others is minimized, and errors in the delivery of services are prevented.
- Patient's individual needs and expectations are respected.
- The patient or those whom they designate have the opportunity to participate in decisions regarding their treatment.
- All care and services are provided with empathy, understanding, caring and trauma informed focus.
- Procedures, treatments and services are provided in a timely and efficient manner, with appropriate coordination and continuity across all phases of care and with all providers of care.

In 2017, The Milwaukee County Department of Administrative Services will provide financial and policy research support to the Milwaukee County Mental Health Board.

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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	2015 Actual	2016 Budget	2017 Budget
This program area does not have activity data.			

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Variance
Expenditures	\$32,554,724	\$30,695,000	\$32,717,094	\$38,435,460	\$5,718,366
Abatement	(\$29,064,573)	(\$30,412,692)	(\$31,299,810)	(\$37,581,262)	(\$6,281,452)
Revenues	\$1,666,137	\$883,449	\$1,411,187	\$854,200	(\$556,987)
Tax Levy	\$1,824,014	(\$601,142)	\$6,097	(\$2)	(\$6,099)
FTE Positions	137.1	137.1	130.9	135.1	4.2

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Overtime Costs / Personal Services Costs	3.1%	1.7%	1.6%
Revenue dollars / fiscal staff	\$5,090,600	\$4,280,407	\$4,953,922
Patient revenue collected / Billed revenue	39.6%	33.4%	51.2%

Strategic Implementation:

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

Personnel expenses increase \$1.4 million for fringe benefits and \$0.76 million for salaries including a 1% annual increase.

Other expenditure increases in 2017 include \$2.5 million to explore new Electronic Medical Records solutions and \$0.7M for enhanced security and building maintenance expenses.

Due to the inclusion of vacancy and turnover in the program area FTE Positions table and consolidation of personnel from the Community Services and Wraparound departments into the new Quality department, the management/operations area increases by 4.2 FTEs in 2017.

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Strategic Program Area 2: Psychiatric Crisis ER/Observation

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
Psychiatric Crisis Services			
Admissions	10,173	9,500	9,000

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$16,941,126	\$18,603,139	\$19,286,873	\$18,019,019	(\$1,267,854)
Revenues	\$11,522,653	\$11,688,408	\$11,911,882	\$11,468,783	(\$443,099)
Tax Levy	\$5,418,473	\$6,914,731	\$7,374,991	\$6,550,236	(\$824,755)
FTE Positions	81.0	81.0	87.2	78.0	(9.2)

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Percent of clients returning to PCS within 30 days	25%	27%	25%
Percent of Time on Waitlist Status	16.1%	10%	25%
Clients transferred to private facilities from PCS	8.2%	12%	10%

Strategic Implementation: Psychiatric Crisis ER/Observation includes:

- Psychiatric Crisis Service (PCS) Emergency Room
- Observation Unit

Due to the decrease in the number of admissions, revenue decreases by \$443,099 in 2017.

Expenditures decrease \$1,267,854 due to lower administrative and overhead cross charges, resulting from the reallocation of cross charges as Inpatient Services level off or decline and Community Services continue to grow. Patient expenses for drugs and outside medical services also decreased by \$316,158. Increased salaries and benefits of \$790,213 to attract and retain Psychiatrists and other clinical staff partially offset the reduced overhead and expenses.

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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	2015 Actual	2016 Budget	2017 Budget
Acute Adult Inpatient			
Average Daily Census	48	60	54
Number of Admissions	962	1,275	900
Number of Patient Days	17,538	20,148	19,710
Average Length of Stay (Days)	17.2	13.5	22
Child and Adolescent Inpatient Services			
Average Daily Census	9.8	12	12
Number of Admissions	919	890	930
Number of Patient Days	3,594	4,030	4,380
Average length of Stay (Days)	4.0	3.6	4.7

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$36,374,950	\$37,629,829	\$41,543,025	\$36,835,056	(\$4,707,969)
Revenues	\$14,606,010	\$18,976,788	\$17,089,423	\$20,456,205	\$3,366,782
Tax Levy	\$21,768,940	\$18,653,040	\$24,453,602	\$16,378,851	(\$8,074,751)
FTE Positions	204.9	204.9	198.7	192.8	(5.9)

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Acute Adult Inpatient			
Percent of clients returning to Acute Adult within 30 days	11.2%	12.2%	11%
Patients Responding Positively to Satisfaction Survey	72.4%	75%	75%
Child and Adolescent Inpatient Services			
Percent of children who return to CAIS within 30 days	15.9%	9.5%	15%
Patients Responding Positively to Satisfaction Survey	70.5%	78%	73%

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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 2017 with a projected 90% occupancy rate. 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 provides assessment and treatment. This approach is designed to stabilize any patient with acute psychiatric needs and assist the return of the patient to their 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 decrease \$4,707,969 primarily due to lower administrative and overhead crosscharges from the reallocation of crosscharges as Inpatient Services level off or decline, and continued growth in Community Services.

Revenue increases \$3,366,782 due to a reduction in write-offs for uninsured patients, improved collection efforts, and increased Medicaid reimbursement rates.

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

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

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

Service Provision: Mandated

Strategic Outcome: Self-Sufficiency / Quality of Life

How We Do It: Program Budget Summary⁵					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$112,262,021	\$106,406,016	\$125,958,163	\$151,612,851	\$25,654,688
Revenues	\$90,882,761	\$86,996,532	\$98,979,882	\$117,156,225	\$18,176,343
Tax Levy	\$21,379,260	\$19,409,484	\$26,978,281	\$34,456,625	\$7,478,344
FTE Positions	124.1	124.1	129.1	132.7	3.6

How Well We Do It: Performance Measures⁶			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Average Satisfaction Survey Score	87%	76%	77%
Reduction in past 6 months psychiatric bed days	60.3%	61%	62%
Reduction in past 30 days alcohol or drug use	82.5%	83%	84%
Reduction in homelessness or in shelters	77.3%	78%	79%
Increase in employment	34.0%	34%	34%

Strategic Implementation:

As an integral part of the behavioral health care continuum in Milwaukee, BHD continues efforts to provide a “new front door” for behavioral health care. These efforts increase access to services for individuals, their families, and loved ones by being more centrally located in the community. The 2017 budget includes \$0.5 million in Northside Hub operating costs to develop, implement, and operate a service delivery system that provides direct (assessment, crisis stabilization, peer support, etc.) and referral services based upon individuals’ needs.

BHD also supports the continued partnership with the Milwaukee County Housing Division’s initiative to end chronic homelessness. This initiative was started on July 1, 2015, and to date has served 145 individuals. An additional \$250,000 is included in the Housing Division to support this initiative.

CARSD consists of three separate program areas:

1. Community Mental Health and Community Crisis Services
2. Community AODA Services
3. Wraparound Milwaukee

Internal overhead charges to CARSD increase by \$12.2 million in 2017 primarily due to refined allocation methodology.

⁴ For 2017, the Crisis Mobile Team and Access Clinic have been moved to this area from Psychiatric Crisis Services to more accurately reflect their role as in providing community based services. The financials have been restated as in previous years to reflect this change.

⁵ In 2017, the Crisis Mobile Team and Access Clinic are moved to this area from Psychiatric Crisis Services to more accurately reflect their role as a community organization. The financials have been restated for previous years to reflect this change.

⁶ These performance measures relate to both Community Mental Health & Crisis Services and Community AODA Services narrative sections.

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CARS: Community Mental Health and Community Crisis Services

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
<i>Crisis Mobile Team</i>			
Mobiles Completed	2,609	2,100	2,920
<i>Adult Day Treatment</i>			
Capacity	24	24	24
<i>Intensive Outpatient Program</i>			
Capacity	0	0	24
<i>Targeted Case Management</i>			
Average Enrollment	1,443	1,443	1,553
<i>Community Support Program</i>			
Average Enrollment	1,267	1,267	1,267
<i>Comprehensive Community Services</i>			
Average Enrollment	233	560	800
<i>Community Recovery Services</i>			
Average Enrollment	42	35	35

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$52,537,922	\$43,994,147	\$65,509,827	\$78,492,217	\$12,982,389
Revenues	\$33,306,701	\$26,267,847	\$40,272,798	\$47,691,600	\$7,418,802
Tax Levy	\$19,231,221	\$17,726,300	\$25,237,029	\$30,800,616	\$5,563,587

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
CCS: Tax levy per capacity	\$1,522	\$3,225	\$2,572
CRS: Tax levy per capacity	\$44,930	\$36,141	\$32,777
CSP: Tax levy per capacity	\$5,006	\$5,173	\$7,543
TCM: Tax levy per capacity	\$2,246	\$2,672	\$3,188
Crisis Mobile: Tax levy per mobile	\$1,150	\$2,052	\$1,391

Strategic Implementation: Community Access to Recovery Services (CARS) is the community-based mental health and substance abuse system for adults in Milwaukee County. CARS provides a variety of services to help adults with mental illness achieve the greatest possible independence and quality of life by assessing individual needs and facilitating access to appropriate community services and supports.

In support of that mission, CARS is working to increase enrollment in Community Comprehensive Services (CCS), which is a Medicaid entitlement that provides a coordinated and comprehensive array of recovery services, treatment, and psychosocial rehabilitation services that assist individuals to utilize professional, community, and natural supports to address their needs. The CCS program goal is to serve 800 participants by the end of 2017. This is anticipated to increase expenses by \$5.8 million and revenue by \$5.0 million.

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Targeted Case Management (TCM) is a service to support individuals with serious and persistent mental illness to live as independently as possible in the community. As these services are transitioned to a fee-for-service network it is recognized that an increase in funding is required for both enrollment and network capacity issues. In 2017, TCM expenses increase by \$432,352 to serve at least 110 more individuals. This is offset with an anticipated \$149,058 in Medicaid revenue. This increase in ability to serve will result in individuals no longer to be served by TCM and will increase the ability to serve individuals identified for services by the Housing First Initiative.

To meet the increased demand and referrals for services to CARS, 5.0 FTE Administrative Coordinator staff are added to CARS. Three of these staff members will also work to review clinical authorizations for ongoing services for different mental health programs as BHD increases oversight and approvals for services.

The newly created Intensive Outpatient Program will complement Milwaukee County's Day Treatment program by providing services to a similar population with shorter lengths of stay. This program will provide service to a greater number of individuals and further contribute to the existing continuum of care. This is anticipated to serve a capacity of 24 individuals at an annual tax levy cost of \$0.6 million.

In 2016, an expansion of the Crisis Resource Centers (CRC) occurred to expand services on third shift. This expansion provided enough funding to develop and implement clinical services on third shift five nights per week at the CRC-North. In 2017, services at both CRC-North and CRC-South will expand third shift to seven days per week. This will include both clinical and peer support services at an estimated cost of \$330,000.

In 2013, the BHD Crisis Services joined with the City of Milwaukee Police Department (MPD) to create an expansion program of the Crisis Mobile Team. This expansion – the Crisis Assessment Response Team (CART) – consisting of a single mobile team clinician and a single police officer partnered together as a mobile team in the community. Due to success in decreasing the need for involuntary care, CART was expanded in 2014 and again in 2016. The 2017 Budget creates three additional CART teams with partial funding offset from the MacArthur Foundation and psychiatric crisis services coordinator positions for a net tax levy increase of \$218,208. BHD will review CART implementation progress mid-year and determine the feasibility of adding a fourth CART team in 2017.

Contingent on meeting performance standards, a purchase of service agreement with Warmline, Inc. is increased to \$50,000.

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Community Mental Health Financials by Major Program Area				
Activity	2015 Actual	2016 Budget	2017 Budget	Variance
<i>Crisis Mobile Team</i>				
Expense	\$3,246,812	\$4,308,178	\$4,624,954	\$316,776
Revenue ⁷	\$247,367	-	\$299,850	\$299,850
Tax Levy	\$2,999,445	\$4,308,178	\$4,325,104	(\$16,926)
<i>Adult Day Treatment</i>				
Expense	\$2,609,360	\$2,993,100	\$2,524,135	(\$468,965)
Revenue	\$1,872,799	\$1,887,069	\$1,899,752	\$12,683
Tax Levy	\$736,562	\$1,106,031	\$624,383	(\$481,648)
<i>Intensive Outpatient Program</i>				
Expense	-	-	\$867,603	\$867,603
Revenue	-	-	\$224,946	\$224,946
Tax Levy	-	-	\$642,657	\$642,657
<i>Targeted Case Management</i>				
Expense	\$3,564,226	\$5,453,257	\$6,839,307	\$1,386,050
Revenue	\$323,370	\$1,597,405	\$1,983,749	\$386,344
Tax Levy	\$3,240,856	\$3,855,852	\$4,855,558	\$999,706
<i>Community Support Program</i>				
Expense	\$8,166,378	\$14,481,415	\$17,263,767	\$2,782,352
Revenue	\$1,823,850	\$7,926,639	\$8,462,056	\$535,417
Tax Levy	\$6,342,528	\$6,554,776	\$8,801,711	\$2,246,935
<i>Comprehensive Community Services</i>				
Expense	\$2,131,360	\$7,875,007	\$14,184,583	\$6,309,576
Revenue	\$1,871,023	\$6,617,250	\$11,628,000	\$5,010,750
Tax Levy	\$260,337	\$1,257,757	\$2,556,583	\$1,298,826
<i>Community Recovery Services</i>				
Expense	\$2,903,323	\$1,734,706	\$1,927,011	\$192,305
Revenue	\$1,016,279	\$469,755	\$819,261	\$349,506
Tax Levy	\$1,887,044	\$1,264,951	\$1,107,750	(\$157,201)

⁷ Crisis Mobile revenue was previously budgeted in a separate cost center.

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CARS: Community AODA Services

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
Detoxification			
Admissions	5,091	5,400	5,000
AODA Residential			
Capacity	96	96	112
Day Treatment - AODA			
Average Enrollment	60	60	60
Outpatient – Substance Abuse			
Admissions	853	850	850
Recovery House			
Average Enrollment	33	33	33
Recovery Support Coordination			
Average Enrollment	227	230	230
Recovery Support Services			
Average Enrollment	1,007	1,000	1,000

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$14,967,534	\$13,750,024	\$13,827,399	\$15,408,225	\$1,580,826
Revenues	\$12,091,112	\$11,977,157	\$12,040,593	\$12,140,593	\$100,000
Tax Levy	\$2,876,422	\$1,772,867	\$1,786,806	\$3,267,632	\$1,480,826

Strategic Implementation: Milwaukee County’s community AODA services is an alcohol, drug treatment, and recovery service system. These services are open to Milwaukee County residents ages 18-59 with a history of alcohol or drug use. Priority is given to families with children and pregnant women (regardless of age). Milwaukee County BHD has a provider network for AODA residential services that provides a continuum of services which include traditional residential, medically monitored residential, and co-occurring biomedically monitored residential. Due to the increased demand for residential AODA treatment services, the 2017 Budget increases AODA residential capacity from 96 to 112 beds at a cost of \$613,748.

The 2017 Budget includes \$100,000 to enhance opioid epidemic strategies. This will enable BHD to purchase Narcan, an antidote for treating narcotic overdose, and provide training for its use. This is offset by an anticipated \$100,000 in grant revenue. Additionally, BHD CARS supports the use of Medication Assisted Treatment (MAT). MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders. CARS integrated the use of MAT beginning with methadone treatment services over 15 years ago. CARS has integrated the use of Vivitrol in the last three years. CARS utilizes a wraparound approach by not only assisting with the referral and/or placement of a person who is interested in receiving MAT, but provides a Care Manager to partner in the development of an Individual Recovery Plan (IRP).

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Financials by Major AODA Service Area				
	2015 Actual⁸	2016 Budget	2017 Budget	Variance
Detoxification	\$2,577,775	\$2,572,145	\$2,572,145	-
AODA Residential	\$3,189,009	\$3,042,032	\$3,655,780	\$613,748
Recovery House	\$137,258	\$142,625	\$142,625	-
Outpatient – Substance Abuse	\$481,819	\$432,888	\$432,888	-
Recovery Support Coordination	\$1,433,274	\$1,423,960	\$1,423,960	-
Prevention	\$2,392,061	\$2,518,091	\$2,399,976	\$(118,115)
RSS	\$1,104,547	\$1,339,699	\$1,339,699	-
Other (Training, etc)	\$669,451	\$715,775	\$766,775	\$51,000

⁸ Data from CMHC/Avatar

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
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CARS: Wraparound Milwaukee

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
Family Intervention Support Services			
Number of Clients Served	919	750	800
Wraparound			
Average Total Enrollment	1,189	1,144	1,350
Average Daily Number of REACH enrollees	413	425	550
Mobile Urgent Treatment			
Number of Clients Seen (face-to-face)	1,560	1,800	1,750

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	44,756,565	\$48,661,844	\$46,620,937	\$57,712,409	\$11,091,472
Revenues	45,484,948	\$48,751,527	\$46,666,491	\$57,324,032	\$10,657,541
Tax Levy	(\$728,383)	(\$89,683)	(\$45,554)	\$388,377	\$433,931

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Family Satisfaction with Care Coordination (5.0 Scale)	4.6	4.6	4.6
Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	62%	75%	75%
Percentage of youth who have achieved permanency at disenrollment	58%	70%	70%
Average level of “needs met” at disenrollment (1-5)	3.2	>3.0	>3.0

Strategic Implementation:

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. In 2017, enrollment is expected to continue to increase. The expectation for 2017 is a daily enrollment of 1,350 children and their families.

Wraparound added 3.0 FTE to enhance their Wraparound Wellness Clinic by providing prescriber and other clinical services for enrollees. This is being done to respond to both increased enrollment as well as enhancements which provide more holistic care in coordinating the physical health care needs of the youth. The Wellness Clinic has also experienced an increase in utilization due to the increased enrollment into the CORE program, designed to respond to youth experiencing their first episode of psychosis.

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Former BHD Service Areas

Rehab Centers – Hilltop and Central					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
Expenditures	\$10,527,332	\$10,623,890	\$0	\$0	\$0
Revenues	\$1,818,678	\$1,701,011	\$0	\$0	\$0
Tax Levy	\$8,708,654	\$8,922,879	\$0	\$0	\$0
FTE Positions	50.1	50.1	0	0	0

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Behavioral Health Division Budgeted Positions				
Position Titles	2016 Budget	2017 Budget	Variance	Explanation
Accountant	1	0	(1)	2016 Current Year Action
Accountant 4-NR	1	0	(1)	Abolish
Accounts Receivable Supervisor	1	0	(1)	Reclass to Patient Account Manager
Administrator BH	1	1	0	
Administrator EnvironmentalSvc	1	1	0	
Administrator Financial BHD	1	1	0	
Administrator Medical Records	1	1	0	
Advanced Nurse Prescriber	5	6	1	Create
Advocate Clients Rights	1	1	0	
Analyst Heath Data	0	1	1	Reclass from Program Analyst
Analyst Quality Assurance	0	1	1	Reclass from Program Analyst
Analyst Technical Support	4	1	(3)	Reclass to Analyst QA
Assistant Administrative	6	5	(1)	Abolish
Assistant Clerical	10.5	1	(9.5)	Abolish
Assistant Director Nursing	1	1	0	
Assistant Distribution	2	2	0	
Assistant Executive BHD	0	4	4	Create
Assistant Medical Billing	0	7	7	Create
Assistant Office	21	11	(10)	Abolish
Assistant Purchasing	2	1	(1)	Abolish
Associate Accountant	1	1	0	
Associate Director Wraparound	1	1	0	
BH House Physician 3	2	0	(2)	Reclass
Chaplain	0.7	0.7	0	
Chief Administrative Officer	1	1	0	
Chief Director Medical	1	1	0	
Chief Nursing Officer	0	1	1	Reclass
Chief Officer Clinical	1	1	0	
Chief Officer Quality	1	0	(1)	Abolish
Chief Psychologist	1	1	0	
Clerk Accounts Receivable	11	3	(8)	Abolish
Clerk Clothing Supply	2	1	(1)	Abolish
Clerk Health Unit	15.5	13	(2.5)	Abolish
Clerk Medical Records	0	5	5	Create
Clerk Supply	2	2	0	
Clinician Emergency Services	17	20	3	Create
CNA	97.5	111	13.5	Create
Coder Medical Records	0	1	1	Current Year Action
Compliance Officer	0	1	1	Create

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Behavioral Health Division Budgeted Positions				
Position Titles	2016 Budget	2017 Budget	Variance	Explanation
Coord Emergency Mgmt & Supply	1	0	(1)	Reclass
Coordinator Administrative	13	20	7	5.0 Create, 2.0 2016 Current Year Action
Coordinator Billing	7	7	0	Create
Coordinator Care Management	5	5	0	
Coordinator Community Relation	1	1	0	
Coordinator Community Service	1	1	0	
Coordinator Contract Services	1	1	0	
Coordinator Education	1	1	0	
Coordinator Grant Program	1	1	0	
Coordinator Health Prevention	1	1	0	
Coordinator Integrated Service	9	7	(2)	Reclass
Coordinator Psych Crisis Svcs	2	3	1	Create
Coordinator Quality Assurance	4	4	0	
Coordinator Quality Improvement	2	2	0	
Decorator Facilities	1	1	0	
Deputy Administrator Community	0	1	1	Reclass
Deputy Administrator Inpatient	1	0	(1)	Abolish
Deputy Administrator Outpatient	1	0	(1)	Abolish
Dietitian	1	1	0	
Dir Clinical Prog Psych BH Hr	0.1	0	0	Abolish
Dir Provider Srv Contracts BHD	0	1	1	Create in 2016
Director ClinicalProgramPsyc	10	10.5	0.5	Create
Director Community Services	1	1	0	
Director Financial Services	1	1	0	
Director Medical	5.5	4	(1.5)	
Director Nursing	1	0	(1)	Reclass
Director of Approv/Authoriz	0	1	1	Create
Director Wraparound Program	1	1	0	
Electrical Mech Supv	0	1	1	Create
Engineer Mechanical Utility	1	0	(1)	Abolish
Evaluator Program	2	2	0	

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Behavioral Health Division Budgeted Positions				
Position Titles	2016 Budget	2017 Budget	Variance	Explanation
Exdir1-Psychcrisissvdi	1	0	(1)	Abolish
Housekeeper	2	2	0	
Liason Childrens Court	1	1	0	
Manager Accounting	1	1	0	
Manager Adminstration Svcs BHD	0	1	1	Reclass
Manager Case Management UR	0	1	1	2016 Current Year Action
Manager Clinical Program	1	1	0	
Manager Comm Support Programs	0	1	1	2016 Current Year Action
Manager Facilities Op BHD	0	1	1	Reclass
Manager Intake Services	0	1	1	Reclass from Integrated Services Coord
Manager Integrated Services	1	1	0	
Manager Medical Services	1	1	0	
Manager Nurse	7	7	0	
Manager Operations Fiscal	1	1	0	
Manager Patient Access	1	1	0	
Manager Program	4	6	2	Program Coord CATC
Manager Transitional Services	0	1	1	Reclass from Integrated Services Coord
Mechanical Mtce Supt	1	0	(1)	Reclass
Med Staff Coordinator	1	1	0	
Mgr Pgm Provider Network	0	1	1	Reclass from Prog Coord CATC
Officer Safety	1	1	0	
Patient Accounts Manager	0	1	1	Reclass from Accounts Receivable Supervisor
Physician	0	2	2	Reclass
Physician Hourly	11	5	(6)	Abolish
Plumber Supv	0	1	1	Create
Prog Coord - CATC	2	0	(2)	Reclass
Psychiatrist Child	0	3.5	3.5	Create
Psychiatrist Inpatient	0	6.5	6.5	Reclass 5.0,Create 1.50
Psychiatrist Staff	13.8	8.8	(5)	Reclass
Psychiatrist Staff - Hourly	5.3	1.8	(3.5)	Abolish
Psychological Associate	1	1	0	
Psychologist	7.5	8.1	0.6	Create
Psychology Postdoc Fellow	2	2	0	
QA Coordinator	1	1	0	
QA QI Manager	1	1	0	
Representative Admissions	0	8.4	8.4	Create
Representative Legal Services	3	3	0	
RN	99	89.5	(9.5)	Abolish 10.5, Create 1.0
RN Educator	3	3	0	

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

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Behavioral Health Division Budgeted Positions				
Full Time Position Titles	2016 Budget	2017 Budget	Variance	Explanation
RN Infection Control	1	1	0	
RN Manager Quality Improvement	1	1	0	
RN Risk Management	1	1	0	
RN Utilization Review	6.5	7.5	1	Create
Specialist Collections	0	1	1	Create
Specialist Compliance	5	5	0	
Specialist Credentialing	0	3	3	Reclass from Clerical Spec MHD
Specialist Developmental Disab	1	1	0	
Specialist Provider Network	1	1	0	
Sr Accountant	0	2	2	Create
Sr Analyst Budget	3	2	(1)	Reclass
Sr Assistant Executive	1	1	0	
Sr Revenue Cycle Analyst	0	1	1	Reclass
Staffing Assistant	4	0	(4)	Abolish
Supervisor Maintenance	1	1	0	
Supervisor Medical Records	2	2	0	
Supervisor Nursing	6	4.5	(1.5)	Abolish
Supervisor Office Management-	3	1	(2)	Abolish 1.0, Reclass 1.0
Technician Quality Assurance	1	1	0	
Therapist Music	3	3	0	
Therapist Occupational	10	11	1	Create
Worker Maintenance	9	10	1	Create
Worker Psych Social	16.5	17	0.5	Create
Supervisor Nursing Pool	1.1	2	0.9	Fund
Psych Social Wkr Pool	1.5	2.86	1.36	Fund
Advanced Nurse Prescriber Pool	0.9	0.62	(0.28)	Unfund
Occupational Therapist Pool	0.5	1	0.5	Fund
RN Pool	1.1	1.2	0.1	Fund
CNA Pool	0.05	0.1	0.05	Fund
Full-Time Total	539.4	545.9	6.5	
Part-Time Total	5.2	7.8	2.6	
Grand Total	544.6	553.7	9.1	