BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

Budget Summary

Category	2012 Budget[1]	2012 Actual[1]	2013 Budget[1]	2014 Budget	2014/2013 Variance
Expenditures					
Personnel Costs	$62,731,585	$62,727,525	$62,522,938	$57,290,938	($5,232,000)
Operation Costs	$23,291,923	$23,346,150	$22,320,838	$20,821,142	($1,499,696)
Debt & Depreciation	$0	$0	$0	$0	$0
Capital Outlay	$410,000	$621,575	$421,875	$597,839	$175,964
Interdept. Charges	($325,874)	$274,876	($430,260)	($279,968)	$150,292
Total Expenditures	**$86,107,634**	**$86,970,126**	**$84,835,391**	**$78,429,951**	**($6,405,440)**
Revenues					
Direct Revenue	$27,160,615	$28,891,103	$27,312,381	$22,415,336	($4,897,045)
Intergov Revenue	$9,583,722	$9,333,150	$9,014,326	$8,793,978	($220,348)
Indirect Revenue	$0	$0	$0	$0	$0
Total Revenues	**$36,744,337**	**$38,224,253**	**$36,326,707**	**$31,209,314**	**($5,117,393)**
Tax Levy	**$49,363,297**	**$48,745,873**	**$48,508,684**	**$47,220,637**	**($1,288,047)**
Personnel					
Full-Time Pos. (FTE)	655.9	655.9	610.4	536.1	-74.3
Seas/Hourly/Pool Pos.	19.9	19.9	24.5	25.5	1.0
Overtime $	$3,038,028	$3,299,474	$3,065,508	$2,646,096	($419,412)

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 practices in collaboration with community partners.

Department Description: The Milwaukee County Department of Health and Human Services (DHHS) – Behavioral Health Division (BHD) consists of Psychiatric Crisis Services, Acute Inpatient Services and two Nursing Facilities.

For 2014, the Community Services Branch, Wraparound Milwaukee, and Emergency Medical Services are separated from BHD. This change will provide the opportunity to define roles and priorities within a complex mental health system with the idea of raising standards of care for all areas within a well-defined framework. All Milwaukee County behavioral health programming will move forward with a person-centered, recovery-oriented, trauma-informed and culturally sensitive approach to the people we serve with strong communication and coordination of services among the divisions.

Overview: A multi-year behavioral health redesign effort, began in 2011, seeks to transfer more inpatient services to a community care setting in order to provide the maximum amount of freedom and the highest quality

[1] 2012 Budget, 2012 Actual, and 2013 Budget figures have been restated to reflect to the transfer of Community Service Branch, Wraparound Milwaukee, and Emergency Medical Services.

of life for individuals utilizing behavioral health services. This initiative was affirmed by County Board resolution 11-516:

"BE IT RESOLVED, that the County Board adopts the following as County policy:

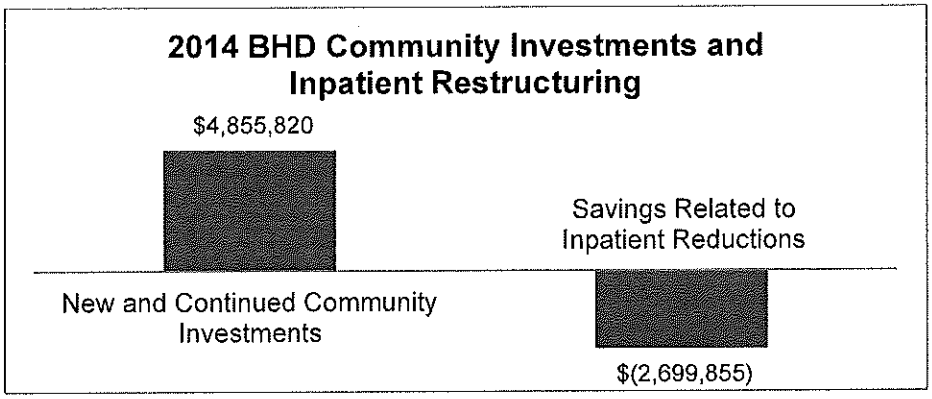
- *The current BHD facility is too large and reflects an inpatient focused model of care that is financially unsustainable in both the short and long term; if Milwaukee County continues to utilize an inpatient centered approach to delivering mental health services, our ability to maintain current service levels will be eroded by rising health care costs and client outcomes will deteriorate even further.*

- *Milwaukee County needs to reallocate how it spends its mental health dollars by transferring the majority of our system dollars into community-based services; these services can be provided by the private sector or a mix of private and publicly run options; the current inpatient focused system uses almost two-thirds of Milwaukee County's available system funds, leaving approximately one-third of the county's funds for community services; successful community-based care systems are most cost-effective and achieve better client outcomes than inpatient focused systems; in these systems, more than half to two-thirds of system funds are spent in the community; achieving this resource shift is more crucial to the future of mental health care in our community than the decision of whether Milwaukee County should build a new mental health facility on the County Grounds.*

- *A further delay of system improvements cannot be tolerated.*

- *The county must commit to continued funding of mental health care services at current levels with any savings produced as a result of the transition to a community-based service delivery model reinvested into the program to allow for expanded community services."*

With the adopted policy in mind, the 2014 budget continues reductions to Acute Inpatient, starts reductions to Rehab Center Central, and closes The Center for Independence and Development (formerly Hilltop). These initiatives are complemented with aggressive investments in community behavioral health services totaling $4.8 million detailed in this and DHHS' narrative. BHD and DHHS are making a significant investment in expanding and enhancing community based services, which will bring increased state and federal revenue into the system. Additionally, Family Care Managed Care Organizations will invest millions of dollars to provide high quality services to BHD clients to ensure a successful transition to the community. Overall, the investments made by the County with additional resources from State and Federal sources and Family Care will enhance services and increase the investment made in community based mental health services.



Milwaukee County remains committed to providing person-centered, trauma informed, and culturally competent inpatient services. To maintain staff experience and expertise during the restructuring, retention package for employees remaining at BHD until their employment status is affected by the redesign process will be developed and submitted to the County Board for approval.

Strategic Program Area 1: Management & Support Services

Strategic Outcome: High Quality, Responsive Services

What We Do: Activity Data			
Activity	**2012 Actual**	**2013 Budget**	**2014 Budget**
This program area does not have activity data.			

How We Do It: Program Budget Summary					
Category	**2012 Budget**	**2012 Actual**	**2013 Budget**	**2014 Budget**	**2014/2013 Var**
Expenditures	$24,830	$1,852,500	$1,292,227	$1,987,920	$695,694
Revenues	$1,769,607	$1,243,717	$3,998,629	$3,245,324	($753,305)
Tax Levy	($1,744,777)	$608,783	($2,706,402)	($1,257,404)	$1,448,999
FTE Positions	181	181	175.3	151.7	-23.6

How Well We Do It: Performance Measures			
Performance Measure[2]	**2012 Actual**	**2013 Budget**	**2014 Budget**
Overtime Costs / Personal Services Costs	5.2%	4.9%	4.6%
Overhead cost / BHD FTE	$33,311	$34,283	$32,377
Overhead cost / Revenue	14.5%	16.4%	19.5%
Utility Costs / Occupied Sqft	$3.74	$3.88	$3.86
Facilities Cost / Occupied Sqft	$17.47	$15.66	$14.06
Revenue dollars / fiscal staff	$6,194,934	$5,941,168	$4,172,217
Patient revenue collected / Billed revenue	30.1%	31.0%	39.5%

Strategic Implementation:
151.7 FTE's are provided for fiscal management, patient accounts and admissions, management information systems, dietary and medical records, and environment of care for the entire facility.

In 2014, BHD continues to work toward Joint Commission (JC) accreditation to ensure a focus on the provision of quality services. 1.0 FTE Physician Quality Officer (PQO) is created to lead quality improvement programs throughout the hospital. 2.0 FTE positions related to quality assurance are abolished to partially offset the costs of this position. This position would serve as a physician leader to hospital quality improvement programs. The PQO will work closely with infection control, pharmacy, nursing, and other projects, peer review issues, and development of plans of correction. A contractual relationship may be pursued with the Medical College of Wisconsin in the event that an external review is indicated to be necessary.

Due to the recent redesign efforts at BHD, including the 2013 closure of 24 beds in the Center for Independence and Development and 24 beds on the Acute Adult units, and continued inpatient reductions in 2014, 15.0 FTE Management and Support Services positions will be abolished on January 1, 2014. Additionally, 1.0 FTE

[2] Management and Support Services performance measures include oversight of BHCS and EMS as well as BHD inpatient and crisis programs.

Pharmacy Services Director will be unfunded on January 1, 2014. 1.0 FTE Staffing Assistant will be abolished July 1, 2014 as need for support positions continues to decrease. BHD will transfer the 2.0 FTE Payroll Assistant to the Comptroller's Office and 1.0 FTE Contract Services Coordinator to DHHS as a part of efforts to increase efficiencies through centralized services.

Nursing Program Coordinators will be responsible for unit-based supervision in 2014, which eliminates the need for RN 3 – MH as a unit supervisor. This results in the abolishment of 6.5 FTE RN 3 positions and the creation of 5.0 FTE Nursing Program Coordinators for a total savings of $97,026. Additionally, 1.0 FTE Advanced Practice Nurse Prescriber is created to provide clinical support to inpatient units.

The implementation of the Electronic Medical Records (EMR) system is targeted for completion by the end of 2014. EMR funding is decreased by $180,103 to a total of $1,857,397. This includes funding for hosting fees for the new EMR system, support for the current IT system through the transition to the EMR, dedicated IMSD technical support for the new system, project management consultation and other costs related to the new EMR.

Based on actual spending and projections, contract amounts for pharmacy, food, security, x-ray, dental and laboratory work are adjusted for an overall decrease of $323,680 in tax levy. This decrease is primarily in the pharmacy area where BHD and the Comptroller's Office reviewed costs and made changes to achieve savings in this contract.

Wisconsin Medicaid Cost Reporting (WIMCR) revenues are reduced by $700,000 to $1,950,000 to reflect actual experience.

$45,000 is reduced from funds for architectural consulting, key cards and security cameras based on prior year investments to get successful systems in place.

$245,378 is provided to install 45 security cameras at BHD to maintain a safe and therapeutic environment for patients and staff.

Service Commodities for Professional Services Non-Recurring are reduced by $77,968.

A $5,000 appropriation is included in support of the SafeRide Milwaukee Program. SafeRide is a multi-county program, begun in 1985 by the Tavern League of Wisconsin, in conjunction with the Wisconsin Department of Transportation (WisDOT). SafeRide aims to cut alcohol-related motor vehicle collisions and accompanying injuries and deaths.

Strategic Program Area 2: Adult Crisis Services

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	**2012 Actual**	**2013 Budget**	**2014 Budget**
Psychiatric Crisis Services			
Admissions	12,672	11,650	11,068
Access Clinic			
Number of Patients Served	6,536	6,576	6,576
Crisis Respite			
Number of Admissions	390	425	425
Crisis Mobile			
Number of Mobiles Completed	1,475	1,564	1,642
Number of Mobiles Involving Law Enforcement	180	185	370
Number of Crisis Plans	136	404	500
Number Crisis Calls Answered	32,638	33,166	33,000

How We Do It: Program Budget Summary					
Category	**2012 Budget**	**2012 Actual**	**2013 Budget**	**2014 Budget**	**2014/2013 Var**
Expenditures	$20,792,456	$18,757,072	$20,200,965	$21,155,153	$954,188
Revenues	$12,002,522	$12,525,506	$11,340,126	$10,711,680	($628,446)
Tax Levy	$8,789,934	$6,231,566	$8,860,839	$10,443,473	$1,582,634
FTE Positions	91	91	106.2	110	3.8

How Well We Do It: Performance Measures			
Performance Measure	**2012 Actual**	**2013 Budget**	**2014 Budget**
Percent of clients returning to PCS within 90 days	32%	29%	27%
Percent of Time on Waitlist Status	6%	5%	5%
Clients transferred to private facilities from PCS	16%	20%	23%
Stabilization House Occupancy Rate	78%	80%	80%

Strategic Implementation:
109.5 FTE's are provided to operate the Psychiatric Crisis Service Emergency Room, Access Clinic, Crisis Line, Crisis Mobile Team, and Crisis Stabilization Centers. In 2014, BHD will establish a new Community Consultation Team (CCT) to provide support to individuals who are transitioning from the Center for Independence and Development (CID) (formerly Hilltop) to the community, support to their providers, staff consultation services and development for providers, and crisis services. Once the CID closure is complete, the team will focus on crisis services and continued educational programming for service providers to successfully support these individuals in their placements and address the needs of the developmentally disabled (DD) population. 1.0 FTE RN 2 – MH is funded and 1.0 FTE Clinical Psychologist III is created to start this project. A Developmental Disability Specialist,

BH Clinical Psychologist I, and BH Clinical Program Director of Psychology are transferred to this program upon closure of the CID on November 1, 2014.

A Crisis Service Coordinator and a Quality Assurance Coordinator are created in Crisis Services related to managing, supervising, and maintaining quality of various new initiatives and expanded services. A Psychiatric Social Worker – Pool is created to provide greater staff flexibility among clinical staff. 3.5 vacant FTE's are abolished based on departmental needs.

A MPD Crisis Mobile Team was created in 2013. This collaboration allows clinicians to work directly with law enforcement in serving as first responders to Emergency Detention (ED) calls. The goal of this team is to find alternative ways to help individuals in crisis stabilize in the community, ultimately reducing involuntary treatment ED's. In 2014, this team is expanded with the creation of 1.0 FTE Behavioral Health Emergency Service Clinician and a contract with MPD for two dedicated police officers for a total cost of $115,327.

$249,184 is invested to expand the capacity of the Crisis Mobile Team to provide assessments to individuals in the community 24-hours-a-day. A .50 FTE RN II UR position is created to provide additional coverage of the crisis line. If any call is deemed to be emergent, requiring immediate assessment, the BHD staff will then dispatch two contracted on-call clinicians. This model has been successfully implemented in Dane County. The vendors' clinical staff will receive the full BHD clinician training. Each member of the Crisis Mobile Team will also receive additional training related to addressing the behavioral health, medical and cognitive needs of elderly individuals in Milwaukee County.

In accordance with the goals of the Mental Health Redesign efforts, BHD will invest $250,000 in July 2014 to create a second Access Clinic on the Southside of Milwaukee to help meet increased demand and address community needs in an accessible location.

A new rate methodology applied by the State of Wisconsin for Medicaid reimbursement of emergency room services results in a reduction of $628,446 for Medicaid reimbursement for Psychiatric Crisis Services (PCS) in 2014. Starting in the first quarter of 2013, the State converted to an Enhanced Ambulatory Patient Grouping (EAPG) rate system. The new EAPG rate is calculated off of a base rate which is adjusted according to the patient's diagnosis.

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

Strategic Outcome: **Self-sufficiency**

What We Do: Activity Data			
Activity	**2012 Actual**	**2013 Budget**	**2014 Budget**
Acute Adult Inpatient			
Average Daily Census	69	62	54
Number of Admissions	1,638	1,463	1,200
Number of Patient Days	24,912	22,721	20,000
Average Length of Stay (Days)	14	14	14
Child and Adolescent Inpatient Services			
Average Daily Census	7	8	6
Number of Admissions	1,350	1,347	1,250
Number of Patient Days	2,349	2,713	2,500
Average length of Stay (Days)	2	2	2

How We Do It: Program Budget Summary					
Category	**2012 Budget**	**2012 Actual**	**2013 Budget**	**2014 Budget**	**2014/2013 Var**
Expenditures	$37,681,850	$36,339,573	$36,746,719	$33,696,594	($3,050,125)
Revenues	$12,534,373	$14,068,113	$10,718,143	$10,968,733	$250,590
Tax Levy	$25,147,477	$22,271,460	$26,028,576	$22,727,861	($3,300,715)
FTE Positions	220.7	220.7	186.9	183.7	-3.2

How Well We Do It: Performance Measures			
Performance Measure	**2012 Actual**	**2013 Budget**	**2014 Budget**
Acute Adult Inpatient			
Percent of clients returning to Acute Adult within 90 days	24%	20%	19%
Staff Completed De-escalation (Mandt) Training	69%	72%	100%
Patients Responding Positively to Satisfaction Survey	68%	70%	72%
Child and Adolescent Inpatient Services			
Percent of children who return to CAIS within 90 days	21%	17%	17%
Staff Completed De-escalation (Mandt) Training	57%	74%	100%
Patients Responding Positively to Satisfaction Survey	72%	75%	75%

Strategic Implementation:
In response to declining census, success of community-based crisis services, partnerships with other community hospital providers, and recommendations from the Mental Health Redesign Task Force, BHD will continue to

downsize the number of beds in 2014. This follows several recent successful bed reductions on Acute Adult units in 2012. Three beds on an Acute Treatment Unit were reduced in August 2012, and another 18 beds were reduced in December 2012, to close one of the four Acute Adult Inpatient units. The configuration of the remaining three Acute Adult Inpatient Units includes one 21-bed Women's Treatment Unit, one 15-bed Intensive Treatment Unit, and one 21-bed Acute Treatment Unit. This initiative may result in additional savings, but none are budgeted in order to provide a safety net if the downsizing does not occur as quickly as anticipated.

Based on continued need to provide therapeutic resources, and maintain compliance with state and federal regulations, 1.0 FTE Occupational Therapist Pool, 0.5 FTE Music Therapist, 0.5 FTE Advanced Practice Nurse Prescriber and 0.5 FTE Advanced Practice Nurse Prescriber-Pool are created.

As part of these downsizing efforts, BHD will conduct a community capacity demand study on or before April 1, 2014. The capacity demand study will be conducted by a third party with behavioral health delivery and health systems planning expertise and shall contain the following components:

- Projection of public and private inpatient and outpatient service demand based on population, acuity, age, payer mix, average length of stay, reimbursement, care delivery and management models and seasonal fluctuation projections.

- Assessment of the impact of the BHD redesign initiatives and the budget investments in community-based, crisis, care management and other services, on reducing inpatient and outpatient demand.

- Assessment and projection of private provider's current and planned capacity by acuity, age, payer mix, seasonal factors, provider recruitment and retention, geography and scope of services.

- Determination of the total number, type and distribution of beds and outpatient services that Milwaukee County will need to retain, develop and/or reconfigure in the future to meet community need.

BHD should also develop a surge capacity contingency plan by patient acuity ensuring that backup services and resources are in place for times of high demand if bed demand exceeds capacity.

BHD will also conduct a review of the fiscal and programmatic impacts of outsourcing the Child and Adolescent Inpatient Unit in 2015. If appropriate, BHD will develop a request for proposal to obtain information regarding community capacity for these services.

Based on the success of the EMR and changes within the billing area of BHD, overall patient revenues are increased by $750,000. This reflects a renewed emphasis on cost recovery and increased use of technology to maximize revenues at BHD.

Strategic Program Area 4: Inpatient Services - Nursing Facility Central

Strategic Outcome: **Self-sufficiency**

What We Do: Activity Data			
Activity	**2012 Actual**	**2013 Budget**	**2014 Budget**
Average Daily Census	65	66	56
Number of Admissions	14	16	0
Number of Patient Days	23,736	24,171	20,440

How We Do It: Program Budget Summary					
Category	**2012 Budget**	**2012 Actual**	**2013 Budget**	**2014 Budget**	**2014/2013 Var**
Expenditures	$13,089,851	$13,466,651	$13,170,490	$11,799,508	($1,370,982)
Revenues	$3,590,335	$3,736,089	$3,638,335	$3,200,613	($437,722)
Tax Levy	$9,499,516	$9,730,562	$9,532,155	$8,598,895	($933,260)
FTE Positions	86.5	86.5	83.5	75.5	-8

How Well We Do It: Performance Measures			
Performance Measure	**2012 Actual**	**2013 Projection**	**2014 Budget**
Number of elopements from locked unit	0	0	0
Number of resident-to-resident altercations	44	30	0
Total discharges	18	18	30
Total admissions	18	3	0
Staff completed de-escalation (Mandt) training	80%	80%	100%
Staff completed fall prevention training	48%	67%	100%

Strategic Implementation:
BHD will reduce the number of licensed beds in Rehabilitation Center-Central to a total of 48. The Division will work closely with Family Care and Service Access to Independent Living (SAIL) to secure community placements for 24 clients by July 1, 2014. As a result of the behavioral health redesign, 20.0 FTE positions are being abolished on July 1, 2014.

This redesign initiative will result in a savings of $591,367 including personnel, dietary, pharmacy, security, other expenditure reductions and reduced patient revenue which will be redirected toward new community initiatives. BHD is eligible to receive an enhanced Medicaid rate from the State during the period of restructuring, which is assumed in the savings figure above. The full impact of the savings will be realized in 2015.

Strategic Program Area 5: Inpatient Services - Nursing Facility Hilltop

Strategic Outcome: **Self-sufficiency**

What We Do: Activity Data			
Activity	**2012 Actual**	**2013 Budget**	**2014 Budget**
Average Daily Census	64	56	28
Number of Admissions	4	5	0
Number of Patient Days	23,382	20,440	10,128

How We Do It: Program Budget Summary					
Category	**2012 Budget**	**2012 Actual**	**2013 Budget**	**2014 Budget**	**2014/2013 Var**
Expenditures	$14,518,649	$16,251,693	$13,424,990	$9,790,775	($3,634,215)
Revenues	$6,847,500	$6,650,828	$6,631,474	$3,082,964	($3,548,510)
Tax Levy	$7,671,149	$9,600,865	$6,793,516	$6,707,811	($85,705)
FTE Positions	96.5	96.5	81.7	40.6	-41.1

How Well We Do It: Performance Measures			
Performance Measure	**2012 Actual**	**2013 Projection**	**2014 Budget**
Number of patient falls	166	124	60
Number of elopements from locked unit	0	0	0
Number of resident-to-resident altercations	184	118	50
Total Discharges	7	16	54
Staff Completed De-escalation (Mandt) Training	85%	85%	100%
Staff Completed Fall Prevention Training	67%	63%	90%

Strategic Implementation:
Furthering an initiative that started in 2011, BHD will be closing the Center for Independence and Development (formerly Rehabilitation Center-Hilltop) in stages, reducing the number of licensed beds and ultimately closing the facility by November 2014. The Department will provide semi-annual Relocation Reports to the Finance, Personnel and Audit Committee, following Wisconsin Statute 51.06 (8) standards for intermediate care facilities (defined in 42 USC1396d) and nursing homes (Wisconsin Statute 50.01). The report shall contain information collected on relocation or diversion of individuals who are Medical Assistance eligible or recipients from nursing homes, intermediate care facilities for the mentally retarded, and centers for the developmentally disabled.

The report shall include the following information:

1. Impact of relocations and diversions on the health and safety of the individuals relocated or diverted.
2. Extent of involvement of guardians or family members of the individuals in efforts to relocate or divert the individuals.
3. Nature and duration of relocations or diversions that specified the locations of relocated or diverted individuals after home or community placement annually.

4. Accounting of costs and savings of relocations and diversions and the resulting reduction in capacity of services. Accounting shall include savings per individuals as wells as the collective savings of relocations and diversions.
5. Costs under the Medical Assistance program administration, housing, and other services, including nursing, personal care, and physical therapy services that are associated with the relocations and diversions.
6. Extent of Medical Assistance provided to relocated or diverted individuals that is in addition to Medical Assistance provided under Wisconsin Statute 46.27(11). 46.275. 46,277 or 46.278, as family care benefit under Wisconsin Statute 46.278, as family care benefit under Wisconsin Statute 46.2805, or under any other home-based or community based program for which the department has received a waiver under 42 USC 2396n.
7. Staff turnover rates for nursing homes, intermediate care facilities for the mentally retarded, and centers for the developmentally disabled in communities in which an individual relocated or diverted from a nursing home, intermediate care facility for the mentally retarded, and centers for the developmentally disabled currently resides.

Furthermore, the BHD and the Family Care Department will perform quarterly audits of community placement facilities and will submit informational reports to the Health and Human Health Committee.

The Division will work closely with the Disabilities Services Division, the State of Wisconsin Division of Long Term Care and area Care Management Organizations to secure community placements for these clients in the proposed time frame.

As a result of the restructuring and closure, 4.5 FTE's are abolished as of Jan. 1, 2014. 26 FTE's are abolished May 1, 2014. Three positions are transferred to the Community Consultation Team (See Crisis Services Program Area) and the remaining 23 positions are abolished upon closure.

The November 1, 2014 closure of Hilltop results in a savings of $758,863 including personnel, dietary, pharmacy, security, other expenditure reductions and reduced patient revenue. These funds are reinvested back into the community with details in the Appendix Table. These phased-in 2014 reductions result in a total annual reduction of 67 FTEs. BHD is eligible to receive a relocations reimbursement payment from the State during the period of restructuring, which is assumed in the savings figure above. The full impact of the savings will be realized in 2015.

BHD expects $825,000 less in revenue from Care Management Organizations related to the closure and existing rate structures.

BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

General Administration Budgeted Positions				
Title Code	**2013 Budget**	**2014 Budget**	**2014/2013 Variance**	**Explanation**
Adm Asst NR	0	1	1	Transfer In
Admin Coord - Training	1	0	-1	Abolish
Admin Spec - MH NR	1	1	0	
Adv Prac Nurse Prescriber	0	1	1	Create
BH Clinical Psychologist III	0.8	0.8	0	
BH Med Dir - Forensic Services	1	1	0	
BH Staff Psychiatrist Hourly	0	0.2	0.2	2013 Action*
Clerical Asst 1	1	1	0	
Clerical Spec MHD	3	3	0	
Clinsafety And Riskmngtnurs	1	1	0	
ED Services Prog Coord	1	1	0	
ExDir2AsscDirClincalCompliance	1	1	0	
Exdir2-Assoc Admin of Nursing	1	1	0	
Exdir2-Assthospadm2-Mhc	0	1	1	Transfer In
Exdir2-Dep Admin BHD	1	1	0	
ExDir3ChiefPsychologist -BHD	1	1	0	
Exdir3-Mh Administrator	1	1	0	
Executive Assistant MH	1	1	0	
Infect Contrl Practitnr	1	1	0	
Integrated Service Coor	1	0	-1	Abolish
Medical Service Manager	1	1	0	
Nursing Adm Coord-PR 29M	1	1	0	
Nursing Adm Coord-PR 29MN	1	1	0	
Nursing Prog Coord	1	1	0	Create 1.0 / Abolish 1.0
Overtime	2	1.9	-0.1	
Payroll Asst	2	0	-2	Transfer Out
Physician Quality Officer	0	1	1	Create
Pol&Pro Coord Clin Compliance	1	1	0	
Prog Analyst MH	3	2	-1	Transfer Out
Psychiatric Soc Wkr Mgr	1	1	0	
Qual Assur Client Rights	1	1	0	
Qual Assur Coord	2	2	0	
Qual Imprvt and Risk Coord	1	1	0	
Qual Imprvt Coord BHD	2	1	-1	Abolish
RN 2 - Staff Development	4	3	-1	Abolish
RN 2 - Utiliz Review	3	3	0	
RN 3 MH	12.5	6	-6.5	Abolish
RN 3 MH Pool	1	1	0	
Salary Adjustment	2.7	4.3	1.6	
Secretary	1	1	0	
Special Premium	0.7	0.7	0	
Utilization Review Coor	1	1	0	
Vacancy & Turnover	-5.7	-7.8	-2.1	
TOTAL	57	47.1	-9.9	

*2013 Actions present in these tables indicate either 2013 County Board Resolutions of cleanup from position changes made in the 2013 Adopted Budget.

BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

Long-Term Care Budgeted Positions				
Title Code	**2013 Budget**	**2014 Budget**	**2014/2013 Variance**	**Explanation**
Adm Asst NR	1	0	-1	Transfer Out
Adv Prac Nurse Prescriber	1	1	0	
Asst Hosp Admtr 1	1	1	0	
BH Clinical ProgDir Psychology	2	1.8	-0.2	Transfer Out
BH Clinical Psychologist I	1.2	0.8	-0.4	2013 Action 0.2 / Transfer 0.2
BH Clinical Psychologist III	0.5	0.5	0	
BH Staff Psychiatrist	1	0.9	-0.1	Abolish
Cert Occ Therapy Asst	8	5.3	-2.7	Abolish
Clerical Asst 1	1	0	-1	Abolish
Clerical Asst 2	2	1.9	-0.1	Abolish
Devlpmtl Disabilty Spec	2.5	0.8	-1.7	2013 Action 0.5 / Transfer 0.2 / Abolish 1.0
Music Therapist	1.8	0.5	-1.3	2013 Action 0.3 / Abolish 1.0
Nursing Asst 1 Mh	89.4	64	-25.4	2013 Action 6.8 / Abolish 18.6
Nursing Prog Coord	1.5	1.8	0.3	Create 1.0 / Abolish 0.7
Occupational Therapist	5	3.8	-1.2	Abolish
Overtime	21	14	-7	
Psych LPN MHC	17.8	11.6	-6.2	2013 Action 1.3 / Abolish 4.9
Psych Soc Wkr	3	2.5	-0.5	Abolish
Rehab Services Supvr	1	1	0	
RN 1	10.8	10.3	-0.5	2013 Action 3.6 / Abolish 4.1
RN 2 - MDS	1	1	0	
RN 2 - MH	9.7	3.3	-6.4	2013 Action 5.1 / Abolish 1.3
Salary Adjustment	0.1	0	-0.1	
Shift Differential	2.8	1.9	-0.9	
Special Premium	0.2	0.1	-0.1	
Unit Clerk	3	2.3	-0.7	Abolish
Vacancy & Turnover	-9.7	-6.3	3.4	
TOTAL	179.6	125.8	-53.8	

BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

Acute Inpatient Budgeted Positions				
Title Code	**2013 Budget**	**2014 Budget**	**2014/2013 Variance**	**Explanation**
Adv Prac Nurse Presciber-Pool	7	7.5	0.5	Create
Adv Prac Nurse Prescriber	2	2.5	0.5	Create
BH Clinical ProgDir Psychology	5.2	4.8	-0.4	2013 Action
BH Clinical Psychologist III	0.5	0.5	0	
BH House Physician 3	2.3	2.3	0	
BH Med Dir - Adult	1	1	0	
BH Med Prog Director - CATC	1.5	1.5	0	
BH Staff Psychiatrist	5.2	5	-0.25	2013 Action
Exdir1-Acuteinptsvsdir	1	1	0	
Music Therapist	1.5	2	0.5	Create
Nursing Asst 1 Mh	57.2	48.5	-4.2	2013 Action
Nursing Asst MH Pool	6.2	5.2	-0.25	2013 Action
Nursing Prog Coord	2.2	4	1.8	Create 2.0 / 2013 Action 0.2
Occ Therapist Pool	0	0.5	0.5	Create
Occupational Therapist	6.2	6	-0.2	2013 Action
Overtime	22.2	19.1	-0.7	
Psych Soc Wkr	9.5	8.2	-0.5	2013 Action
Psych Soc Wkr Pool	0.5	0.5	0	
Rehabilitation Coordinator	0.5	0.5	0	
RN 1	54.6	52.3	0.7	2013 Action
RN 2 - MH	6.5	4.4	-1.3	2013 Action
RN Pool	0.7	0.7	0	
Salary Adjustment	0	0.5	0.5	
Secretarial Asst	1	1	0	
Secretary	1	1	0	
Shift Differential	3.7	3.9	0.5	
Special Premium	0.3	0.3	0	
Spirituality Integ Cooed-hrly	0.5	0.5	0	
Unit Clerk	13	12.5	-0.5	2013 Action
Vacancy & Turnover	-11.2	-12.9	-3.3	
TOTAL	201.8	195.7	-6.1	

BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

Crisis Services Branch Budgeted Positions				
Title Code	**2013 Budget**	**2014 Budget**	**2014/2013 Variance**	**Explanation**
Adv Prac Nurse Presciber-Pool	2	2	0	
Adv Prac Nurse Prescriber	1.5	1.5	0	
BH Clinical ProgDir Psychology	1.8	1.2	-0.6	2013 Action 0.8 / Transfer In 0.2
BH Clinical Psychologist I	0	0.2	0.2	Transfer In
BH Clinical Psychologist III	1	2	1	Create
BH Emer Serv Clinician	12	14	2	Create 1.0 / 2013 Action 1.0
BH Emer Serv Clinicn RN	6.5	6.5	0	
BH Med Dir - Crisis Services	1	1	0	
BH Med Prog Director - CATC	0.5	0.5	0	
BH Stabilization Coordinator	1	0	-1	2013 Action
BH Staff Psychiatrist	10.9	10.9	0	
Clerical Asst 1	1	1	0	
Devlpmtl Disabilty Spec	0	0.2	0.2	Transfer In
Exdir1-Psychcrisissvsdi	1	1	0	
House Physician 2 Hrly	4	4	0	
Human Ser Wkr	1	0	-1	Abolish
Human Ser Wkr MH	0.5	0	-0.5	Abolish
Nursing Asst 1 Mh	18	18	0	
Nursing Prog Coord	1	2	1	Create
Occupational Therapist	1	1	0	
Office Supp Asst 2	1	1	0	
Overtime	6.3	6.3	0	
Psych Crisis Srvs Coord	1	2	1	Create
Psych Postdoc Fellow	2	2	0	
Psych Soc Wkr	3.5	1.5	-2	Abolish
Psych Soc Wkr Pool	0	1	1	Create
Qual Assur Coord	0	1	1	Create
RN 1	20	24	4	2013 Action
RN 2	0	1	1	2013 Action
RN 2 - MH	7	2	-5	2013 Action 6.0 / Fund 1.0
RN 2 - Utiliz Review	2	3.5	1	2013 Action
Secretary	1	1	0	
Special Premium	1.2	1.2	0	
Unit Clerk	3	3	0	
Vacancy & Turnover	-10.6	-11.3	-0.2	
TOTAL	103.1	106.2	3.1	

BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

Management Services Budgeted Positions				
Title Code	2013 Budget	2014 Budget	2014/2013 Variance	Explanation
Accountant 2	1	1	0	
Accountant 3	1	1	0	
Accountant 4-NR	1	1	0	
Accting Manager	1	0	-1	Abolish
Accts Rec Supv-Billing	1	1	0	
Adm Asst	2	2	0	
Adm Asst NR	1	1	0	
Admin Spec - MH NR	3	2	-1	Abolish
BH Clinical ProgDir Psychology	0	0.2	0.2	2013 Action
Clerical Asst 1	13	10	-3	Abolish 1.0 / 2013 Action 2.0
Clerical Asst 1 Hr	0.5	0.5	0	
Clerical Spec MHD	1	1	0	
Clothing Supply Clk 1	2	1	-1	Abolish
Clothing Supply Clk 2	2	2	0	
Contract Serv Coord	1	0	-1	Transfer Out
Dietitian 1	2	2	0	
Dietitian Supervisor	1	1	0	
Disribution Assistant	1	1	0	
Emerg Mgmt Coordinator	1	0	-1	Abolish
Environmental Svc Adm	0	1	1	2013 Action
Exdir1-Fiscal Servs Dir	1	1	0	
Exdir2-Assocmhadmtr Fis	1	1	0	
Exdir2-Assthospadm2-Mhc	1	0	-1	Transfer Out
Fiscal And Budget Mgr Chp	1	1	0	
Fiscal Asst 1	1	1	0	
Fiscal Asst 2	13	12	-1	Abolish
Fiscal Mgt Analyst 3	1	1	0	
Fiscal Spec	4	5	1	2013 Action
Hosp Maint Wrkr MHC	12	11	-1	Abolish
Housekeeper 1 Nr	3	2	-1	Abolish
Human Ser Wkr	4	3	-1	Abolish
Materials Distrib Clerk	1	1	0	
Mechanical Mtce Supt	1	1	0	
Mechanical Utility Engn	1	1	0	
Med Rec Adm Mhc	1	1	0	
Med Rec Coord (BHD)	2	2	0	
Med Rec Supv	1	0	-1	Abolish
Office Supp Asst 2	14.5	15.5	1	2013 Action
Operations Coord	1	0	-1	2013 Action
Operatting And Mtce Supv	1	1	0	
Overtime	5.2	5.2	0	
Pharmacy Svcs Dir	1	0	-1	Unfund
Pharmacy Tech	1	1	0	
Prog Anlayst MH	0	1	1	Transfer In
Qual Mangmt Admin Asst	1	1	0	
-RC-Disribution Assistant	1	1	0	
Safety & Train Spec Hospital	1	0	-1	Abolish
Salary Adjustment	0.1	0.1	0	

Secretarial Asst	2	2	0	
Sewing Mach Oper 2	1	1	0	
Shift Differential	0.3	0.3	0	
Staffing Assistant	6	4.5	-1.5	Abolish*
Stores Clerk 1	2	2	0	
Vacancy & Turnover	-10.4	-7.1	3.3	
Volunteer Coord-Hrly	1	1	0	
TOTAL	113.2	102.2	-11	

*Abolish 0.5 FTE July 1, 2014

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 12/31/12
878	MHD – Research Fund		$216,691
	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 this fund are made by the Research Committee at BHD.		
	Expenditure	Revenue	
	$25,000	$25,000	
879	MHD – Patient Activities and Special Events		$95,654
	This fund is comprised of various trusts, which stipulate the expenditures should be made to provide for patient activities and special events.		
	Expenditure	Revenue	
	$10,100	$10,100	

Legacy Health Care and Pension Expenditures				
2012 Budget	2012 Actual	2013 Budget	2014 Budget	2014/2013 Variance
$11,052,758	$12,340,349	$12,602,042	$14,332,137	$1,730,095

Appendix Table

2014 Budget - Community Investments (DHHS and BHD)

January 1, 2014

Expand BHD's partnership with the Milwaukee Police Department for the **Crisis Mobile Team**, by adding one clinician to work directly with law enforcement in serving as first responders to ED calls with the goal of reducing involuntary Emergency Detentions.	$	115,327
Start a **Peer Run Drop in Center** that will operate on evenings and weekends to increase the existing peer services contracts.	$	278,000
Add **quality assurance staff** - which includes one position dedicated to Crisis Services in January.	$	81,214
Continue implementing the **Community Recovery Services (CRS)** program, which is a co-participation benefit for individuals with a severe and persistent mental illness that connects clients to necessary recovery services, such as supported employment and housing, to promote independence. This includes the creation of three positions.	$	275,000
Continue the **expanded case management**, including additional TCM slots.	$	125,000
Maintain funding for **Families Moving Forward**, focusing on the African American community.	$	150,000
Invest in a new partnership with the **UCC/16th street clinic** to focus on the Latino community.	$	45,000
Add resources specifically for clients moving out of **Rehab-Centers Central**, including 20 additional CSP slots, more group home beds and other additional supports such as adult family homes and other needed services.	$	793,174
Add **ACT/Integrated Dual Disorder Treatment (IDDT)** models, which are evidence based, to the existing CSP programs to improve and expand services for clients enrolled in that program.	$	416,800
Include a **cost of living adjustment** for all CSP providers that have been level funded since 2000. BHD will continue to review and consider COLA increases for other service areas in future years.	$	738,731

July 1, 2014

Open a **Southside Access Clinic** in July 2014 to help meet increased demand and also to address community needs by having a second location for services that individuals can more easily access.	$	250,000
Apply for funds to implement **Comprehensive Community Services (CCS),** which is a Medicaid psychosocial rehabilitation benefit.	$	-

Phased in over 2014

In partnership with the Division of Housing, BHD plans to offer a new **housing pilot program** specifically aimed at AODA clients, to provide a safe living environment coupled with Targeted Case Management (TCM) services for individuals who are in the early stages of recovery from a substance use disorder.	$	100,000
Expand the capacity to **provide mobile assessments to individuals in the community to 24 hour coverage**. If any call was deemed to be emergent, requiring immediate assessment, the BHD staff would then dispatch two on-call clinicians. This on call service would be provided by a contracted vendor. The vendors' Clinical staff would receive the full BHD Clinician training. Each member of the Mobile Crisis Team will receive additional training in related to address the behavioral health, medical and cognitive needs of elderly individuals in Milwaukee County.	$	200,000
The Housing Division's **Pathways To Permanent Housing** program is funded on an annual basis and provides transitional housing including intensive care management and the presence of a robust level of peer specialist resources and expertise in 2014. $276,250 is transferred from BHD to Housing and an additional $70,000 in increased tax levy is invested.	$	70,000
The Housing Division plans to implement a new initiative to create **40 permanent supportive housing scattered site units** to serve BHD consumers. The Housing Division will work with existing landlords to secure these units and the service model will include peer specialists to supplement the work of case managers.	$	400,000
Establish a **Community Consultation Team** specifically for individuals dually diagnosed with both a developmental disability and mental health issue. This includes the creation/transfer of 5 positions throughout 2014.	$	247,452
BHD and DSD will develop a **Crisis Resource Center** that will be available to individuals with Intellectual/Developmental Disabilities and a co-occurring mental illness. The primary goal of this program is to provide intensive support to assist an individual in acquiring the necessary skills to maintain or return to community living following behavioral or symptoms changes leading to crisis destabilization.	$	250,000
To assist BHD clients moving into the community, BHD will provide **prescriber availability** as a part of the Day Treatment program. This service will help provide continuity and outpatient services for individuals who are relocated from Hilltop and Rehab Central in order to avoid more intensive services. This will be a short-term initiative to help clients move to the community and allow time for a prescriber base to be developed.	$	65,578
An evening and weekend on-call **Crisis Response Team (CRT)** for individuals with ID/DD and MH clients is created through a partnership with the agency selected to run the DSD CRC. The main responsibilities of the on-call workers will be to answer crisis calls, provide support and guidance, and on-site assessment and intervention if needed.	$	154,544
The Housing Division will also fund **two case managers** to provide services to approximately 50 veterans who are disabled and homeless.	$	100,000
TOTAL INVESTMENT IN 2014	**$**	**4,855,820**

Strategic Program Area 5: Behavioral Health Community Services

Strategic Outcome: Self-sufficiency / Quality of Life

What We Do: Activity Data			
Activity	**2012 Actual**	**2013 Budget**	**2014 Budget**
Adult Day Treatment			
Number of Visits	3,888	3,888	3,888
AODA – clients seen for:			
Detoxification – All Levels	5,925	5,939	6,334
Outpatient Treatment	1,959	2,384	2,574
Medication Assisted Treatment	250	171	175
Family Intervention Support Services			
Patients Served	453	550	550
CATC Wraparound			
Patients Served	1,097	1,155	1,205
Wraparound, Non-court ordered			
Patients Served	495	446	475
Mobile Urgent Treatment			
Patients Seen	1,201	1,785	1,785

How We Do It: Program Budget Summary					
Category	**2012 Budget**	**2012 Actual**	**2013 Budget**	**2014 Budget**	**2014/2013 Var**
Expenditures	$95,029,678	$92,266,709	$85,071,067	$101,363,698	$16,292,631
Revenues	$89,140,522	$87,724,072	$77,050,672	$91,110,212	$14,059,540
Tax Levy	$5,889,156	$4,542,564	$8,020,395	$10,253,486	$2,233,091
FTE Positions	130.8	130.8	130.5	135.1	4.6

How Well We Do It: Performance Measures			
Performance Measure	**2012 Actual**	**2013 Budget**	**2014 Budget**
Provider agencies completed a NIATx[3] change project	50%	55%	60%
Average Satisfaction Survey Score	75%	70%+	70%+
Percent of outpatient clients screened for Medicaid and placed with a Medicaid certified agency	14%	22%	23%
Average Dollars expended per Community Support Program slot			
County-run (2013 Capacity of 337)	$9,822	$11,911	$13,930
Non-County-run (2013 Capacity of 963)	$3,832	$3,832	$3,832
Wraparound			
Average Daily Number of REACH enrollees	293	320	350
Consumer Satisfaction (5.0 Scale)	4.05	4.15	4.20
Percent of total youth in Wraparound Programming using Residential Treatment Care	20.6%	17.5%	15.0%

Strategic Implementation:
In the past, the Behavioral Health Division consisted of two major divisions - one that focused on inpatient, institutional services (ie. the hospital) and the other focuses on community-based services (ie. Community Services Branch). Both are critical aspects of Milwaukee County's mental health system.

The 2014 Budget creates two distinct divisions under DHHS: Behavioral Health Community Services Division (BHCS), including Wraparound Milwaukee and the Community Services Branch, and the Behavioral Health Division, including Psychiatric Hospital, Emergency Room and Long Term Care units, each with its own leadership. The goal is to raise the standards of care for both areas, while clearly defining the roles of each. This separation will create a more manageable workload for the leaders of each Division.

The Community Services Branch and Wraparound Milwaukee will focus on providing community based mental health and substance use disorder services with a focus on aiding mental health consumers in leading healthy, productive lives in the community. They will develop and manage a comprehensive, coordinated, community-based system that serves children, adolescents, and adults to provide the necessary continuum of care across the lifespan. Wraparound Milwaukee's well established and award-winning processes for quality assurance and quality improvement will expand to the rest of the community services the County provides.

The Psychiatric Inpatient Hospital, Emergency Room and Long Term care units will focus on providing safe, high quality and effective services, meeting all regulatory requirements for each service area and continue to transition clients to community placements through person- centered individualized plans.

Each of these areas will have a dedicated leader who will focus on that specific division. Although each division will have its own identity to show its importance, focus and strategy; communication, continuity of care, coordination and operational efficiencies will continue and also be enhanced whenever possible. Both divisions will move forward with a person-centered, recovery oriented, trauma informed and culturally sensitive approach to the people they serve with strong communication and coordination of services among the divisions.

Community Services Branch

[3] NIATx is a nationally-recognized model of process improvement designed specifically for behavioral health care settings to improve access to and retention in treatment.

$416,800 will be invested to add pilot locations of Assertive Community Treatment (ACT) and Integrated Dual Disorder Treatment (IDDT) models to four CSP programs to improve and expand services for clients enrolled in that program. Both ACT and IDDT are evidence-based treatment approaches, and are effective with individuals with a serious mental illness and a co-occurring substance use disorder. In addition, due to CSP providers being level funded since 2000, a cost of living adjustment of $738,731 is included to align services with actual costs. BHD will continue to review and consider COLA increases for other service areas in future years. The total cost of these initiatives is $1,155,531 in 2014.

Funding for the two Crisis Resource Centers is reduced by $350,000 to a total of $750,000 to account for the billable per diem rate allowable under Medicaid and to more closely align the funding for both of the two Crisis Resource Centers. This will not result in decreased services or number of beds.

A peer run drop-in center will be created to operate in the evenings and on weekends starting April 2014. This center will provide support to individuals with mental illness and/or co-occurring substance use disorders. BHCS also plans to increase the existing peer services contracts by $143,000 to better align services with actual costs. The increased funding will result in expanded service provision to peers and is a result of input from community stakeholders. The total cost of these two programs is $278,000.

In 2013, BHCS developed a plan to implement CRS, a co-participation benefit for individuals with a severe and persistent mental illness that connects clients to necessary recovery services to promote independence. Services include supported employment, housing and the utilization of peers as providers. In 2014, BHCS will continue to grow CRS with the creation of 3.0 FTE to administer the program. Expenditures for this program are increased by $1,870,682. This is off-set by $1,595,682 in anticipated revenue. $275,000 in start-up costs are dedicated to this program from tax levy.

A component of the State's 2013-2015 Mental Health Initiative is the statewide expansion of the Comprehensive Community Services (CCS) Medicaid psychosocial rehabilitation benefit. The Medical Assistance (MA) program will reimburse a county for both the non-federal and the federal share of the MA allowable CCS costs if the county agrees to provide the benefit on a regional basis according to criteria (yet to be) established by the State Department of Health Services. BHCS plans to apply for this benefit, which would begin in July 2014. This initiative has no tax levy impact.

In 2013, BHD (now BHCS), expanded case management services through the use of one-time funds by adding slots to the Targeted Case Management (TCM) program. In 2014, this investment is maintained with a $125,000 increase to tax levy.

For some individuals seeking behavioral health services, the quality of the services they receive may be negatively impacted by the lack of cultural competence in service delivery. To specifically address the needs of African American and Latino consumers, $195,000 is added to providing various behavioral health preventative strategies through community partners with expertise in culturally specific treatment approaches.

BHCS will work closely with BHD's Rehab Centers Central team to assist in moving clients from Rehab Center Central into appropriate community placements. To achieve this, BHCS has included $88,356 for 20 additional contracted CSP slots, $276,250 for group home beds, and $428,568 for additional supports such as adult family homes and other needed services for a total investment of $793,174.

In 2013, BHCS began billing Medicaid for various crisis services. As a result, $225,000 in additional revenue is included in the 2014 budget which is based on actual experience.

The cost for the expanded crisis respite was included in the 2013 BHD Budget as part of the $3 million Mental Health Redesign Initiative. Of the total budget for this initiative, $250,000 was earmarked for the Mental Health Pilot Respite program component. In 2013, a fund transfer was executed from BHD to DSD to fund four additional crisis respite home beds for a total of eight. The 2014 Budget is adjusted to reflect this change.

Based on the 2013-2015 State budget BadgerCare expansion, BHCS reduces outpatient contracts by $250,000 based in 2014. The BadgerCare expansion will allow more individuals who were previously uninsured to have access to Medicaid health insurance coverage. In addition, BHCS will explore transitioning the existing outpatient providers to a fee-for service-network in order to give clients greater choice among provider coverage.

In 2013, the Housing Division developed a new initiative called the Pathways to Permanent Housing program. This program provides transitional housing including intensive care management and the presence of a robust level of peer specialist resources and expertise. In the 2014 Budget, $276,250 is transferred from BHCS to Housing to reflect the support provided by BHCS for this program.

To assist BHD clients moving into the community, BHCS will provide prescriber availability as a part of the Day Treatment program. This service will help provide continuity and outpatient services for individuals who are relocated from Hilltop and Rehab Central in order to avoid more intensive services and ensure clients receive the medications they need. This will be a short-term initiative to help clients move to the community and allow time for a prescriber base to be developed. Tax levy is increased $65,578.

$45,000 is provided for improvements to the 16th street Day Treatment facility.

In the past, 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. This grant funding is scheduled to end in September 2014, which could result in a loss of $3.2 million annually. In 2014, BHCS will develop a long-term funding strategy to address the anticipated loss of funding. The 2014 Budget includes decreased revenue and the related expenditures for the last quarter of 2014 which result in no levy change but will significantly impact services. This program enrolls an average of 300 clients per month.

In partnership with the Housing Division, BHCS plans to offer a new housing pilot program specifically aimed at AODA clients. The program is expected to provide a safe living environment coupled with Targeted Case Management (TCM) services for approximately 50 individuals who are in the early stages of recovery from a substance use disorder. The $100,000 cost of this program is funded through $100,000 in reductions to the HIV prevention services for the AIDS Resource Center of Wisconsin.

Wraparound Milwaukee

The Wraparound Milwaukee Program, as a special managed care or HMO model, delivers behavioral health and supportive services to children with severe emotional and mental health needs and their families. By the end of 2014, daily enrollment in Wraparound Milwaukee is projected to increase by approximately 150 youth. The continual increase in enrollments is primarily due to the increases in the voluntary REACH program and also due to the removal of the Medicaid enrollment cap in the Wraparound HMO.

The increase in enrollment results in over $12.2 million in additional client expenditures, which is offset by revenues for behavioral health services provided by Wraparound. In addition, overall expenditures are increased to reflect actual experience and to cover the cost of maintenance and equipment for the program. This increase in expenditures is completely off-set by a corresponding increase in the capitation and crisis payments from Medicaid, along with additional increases in State Child Welfare payments.

1.0 FTE Clinical Program Manager is created to provide clinical oversight of the growing number of high risk juvenile sex offenders and other delinquent youth with serious emotional needs (now over 200). The position will also assist in the design and implementation of more evidence-based practices among provider agencies and develop additional evaluation studies monitoring reduction in recidivism and improved clinical functioning. This position is 100% offset with Medicaid revenue.