Behavioral Health Division
2016 Preliminary Budget - First Pass
as of May 21, 2015

BHD 2016 Cost to Continue

	2015 ADOP	2016 Revised	Variance
Personnel Services			
JEQ Compensation Analysis		156,948	156,948
Equity Adjustment		260,000	260,000
2015 Fringe Structural Deficit	(465,021)	0	465,021
2015 Merit Increase		386,052	386,052
Performance Based Bonus		664,100	664,100
Misc Salary (OT, SS, Adj, Additional Pos)		509,827	509,827
Total Personnel Services	(465,021)	1,976,927	2,441,948
Fringe Active			
Health Care Expense	7,060,681	8,694,312	1,633,631
Pension	3,656,317	3,945,710	289,393
Total Fringe - Active	10,716,998	12,640,022	1,923,024
Fringe Legacy			
Health	8,474,419	7,569,812	(904,607)
Pension	7,225,794	6,539,696	(686,098)
Total Fringe - Legacy	15,700,213	14,109,508	(1,590,705)
2015 XC differential		289,232	289,232
Total BHD Cost to Continue	25,952,190	29,015,689	3,063,499

Behavioral Health Division
2016 Preliminary Budget - First Pass
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Budget Assumptions

- Performance Based Bonus
- Fringe Benefits
- Inpatient Services
- Hospital Facility Strategy
- Central Closure
- Census
  - Adult - 60
  - CAIS - 12

Budget Initiatives

- Chronic Homelessness
- Enhanced Crisis & Community Service Hub
- Develop a Post Acute Community Transition program focused on re-admission prevention
- Enhance Mobile Peer Support
- Expand Access by Developing Community Service Hubs
- Day Treatment - CCS
- EMR Investment
- Hospital Space Consolidation

Open Budget Items

- Enhanced Crisis & Community Service Hub
- Pharmacy Budget
- Comprehensive Community Services
- Retention & Recruitment Strategy
- Central Allocations Cross Charge

Behavioral Health Division (Combined Results)
2016 Preliminary Budget - First Pass
as of May 21, 2015

	BHD Combined			
	2014 ACT	2015 ADOP	2016 First Pass	2016/2015 Var
Revenue				
Revenue	101,262,075	98,159,653	99,180,157	1,020,504
BCA	22,016,595	22,336,586	22,336,586	-
Total Revenue	123,278,670	120,496,239	121,516,743	1,020,504
Expense				
Personnel Services	42,007,924	36,792,423	36,076,419	716,004
Fringe Benefits	26,838,393	26,378,495	25,404,868	973,627
Commodities/Services	21,688,758	17,337,901	17,679,042	(341,141)
Contract Services	84,547,797	98,799,493	100,804,828	(2,005,335)
Capital Outlay	581,203	576,500	693,567	(117,067)
Cross Charges	37,452,123	38,645,931	38,645,931	-
Abatements	(42,487,138)	(38,935,163)	(38,232,273)	(702,890)
Total Expenditures	170,629,060	179,595,580	181,072,382	(1,476,802)
Tax Levy	47,350,390	59,099,341	59,555,639	(456,298)
Contribution to Reserves	10,164,804			
	57,515,194	59,099,341	59,555,639	(456,298)
FTEs	670.5	578.8	508.7	

2016 Budget Initiatives

> Chronic Homelessness Investment

> Community Services Placement Investment

> Enhanced Crisis & Community Hub/Services

> Day Treatment - CCS Eligible

2016 Budget Open Items

> Enhanced Crisis & Community Hub/Services

> Pharmacy Budget

> Comprehensive Community Services

> Retention & Recruitment Strategy

Behavioral Health Division (Hospital Only)
2016 Preliminary Budget - First Pass
as of May 21, 2015

	BHD Hospital			
	2014 ACT	**2015 ADOP**	**2016 First Pass**	**2016/2015 Var**
Revenue				
Revenue	28,013,824	21,913,452	22,852,009	938,557
BCA	7,700,026	7,700,026	7,700,026	-
Total Revenue	35,713,850	29,613,478	30,552,035	938,557
Expense				
Personnel Services	34,207,950	29,974,409	29,274,914	699,495
Fringe Benefits	22,028,913	21,234,091	20,611,285	622,806
Commodities/Services	19,733,802	15,596,509	16,014,821	(418,312)
Contract Services	3,088,310	3,199,158	3,168,679	30,479
Capital Outlay	581,203	531,500	648,567	(117,067)
Cross Charges	31,921,591	32,585,189	32,585,189	-
Abatements	(31,879,204)	(29,064,573)	(28,368,873)	(695,700)
Total Expenditures	79,682,564	74,056,283	73,934,582	121,701
Tax Levy	43,968,714	44,442,805	43,382,547	1,060,258
FTEs	561.5	477.9	412.2	

2016 Budget Initiatives

> Electronic Medical Records Investment

> Professional Service Fees - Revenue Maximization

> Space Consolidation

2016 Budget Open Items

> Pharmacy Budget

> Retention & Recruitment Strategy

> Central Service Allocations

Behavioral Health Division (CSB Only)
2016 Preliminary Budget - First Pass
as of May 21, 2015

BHD Community Service Branch

	2014 ACT	2015 ADOP	2016 First Pass	2016/2015 Var
Revenue				
Revenue	26,509,481	30,761,253	32,301,960	1,540,707
BCA	14,316,569	14,636,560	14,636,560	-
Total Revenue	40,826,050	45,397,813	46,938,520	1,540,707
Expense				
Personnel Services	5,563,858	4,212,562	4,099,529	113,033
Fringe Benefits	3,387,607	3,479,014	2,917,605	561,409
Commodities/Services	1,723,419	1,584,733	1,507,562	77,171
Contract Services	32,528,912	47,837,164	50,917,657	(3,080,493)
Capital Outlay		45,000	45,000	-
Cross Charges	3,532,875	3,694,259	3,694,259	-
Abatements	(48,327)	(70,000)	(70,000)	-
Total Expenditures	46,688,344	60,782,732	63,111,612	(2,328,880)
Tax Levy	5,862,294	15,384,919	16,173,092	(788,173)
FTEs	94.9	62.4	57.5	

2016 Budget Initiatives

> Enhanced Crisis & Community Services Hub

> Community Services Placement Investment

> Enhanced Crisis Prevention Services

>Mobile Peer Services

> Develop Post Acute Community Transition Program

> Day Treatment - CCS

2016 Budget Open Items

> Enhanced Crisis & Community Services Hub

Behavioral Health Division (WRAP Only)
2016 Preliminary Budget - First Pass
as of May 21, 2015

BHD WRAP

	2014 ACT	2015 ADOP	2016 First Pass	2016/2015 Var
Revenue				
Revenue	46,738,770	45,484,948	43,585,598	(1,899,350)
Reserves Contrib to/from			440,590	440,590
Total Revenue	46,738,770	45,484,948	44,026,188	(1,458,760)
Expense				
Personnel Services	2,236,116	2,605,452	2,701,976	(96,524)
Fringe Benefits	1,421,873	1,665,390	1,875,978	(210,588)
Commodities/Services	231,537	156,659	156,659	-
Contract Services	48,930,575	47,763,171	46,718,492	1,044,679
Capital Outlay				-
Cross Charges	1,997,658	2,366,483	2,366,483	-
Abatements	(10,559,607)	(9,800,590)	(9,793,400)	(7,190)
Total Expenditures	44,258,151	44,756,565	44,026,188	730,377
Tax Levy	(2,480,619)	(728,383)	-	(728,383)
FTEs	40.5	38.5	39.0	

2016 Budget Initiatives

2016 Budget Open Items

Proposal for BHD Structure for the Future

May 15, 2015

The Executive Team of BHD is proposing a new look and structure to the services of the Milwaukee County Behavioral Health Division. This new structure would embody the long term vision of the Mental Health Redesign Initiative, begun in 2010. It would be person centered, community based, recovery oriented and grounded in cultural intelligence given geographic distribution in this community.

Acute Services and PCS

One cornerstone of this structure is grounded in the RFP process for selected acute services. This process of exploring the delivery of services by an entity other than Milwaukee County has been recommended in two BHD analyses from the Public Policy Forum and HSRI, and the State Audit. The Mental Health Board has endorsed the exploration of such a consideration through an RFP process, which will begin mid 2015. If a proposal is accepted, Milwaukee County would continue to meticulously oversee the quality of services provided and financially support those clients and services for which the County is statutorially obligated. Services potentially to be transitioned include the psychiatric emergency room, acute inpatient services for adults, children and adolescents, and observation beds. A location of the building for these services is unknown at this time. It is unlikely (but yet possible) to be on the Milwaukee Regional Medical Campus.

Community Services including WRAParound Milwaukee

The remaining components of the Behavioral Health Division at that time will include the operational infrastructure of the Behavioral Health Division—particularly community services and WRAParound Milwaukee, along with some service delivery.

The recommendation is to transition the physical space needed to either two or three sites, away from the Milwaukee Regional Medical Campus. This could include an administrative space (Location A), and two separate clinical or delivery spaces – one on the north side in a zip code that has high usage and on a bus line (Location B), and one on the south side, in a zip code with high usage and on a bus line (Location C). The south side location may be optimized by residing in a building that is already supported by a BHD partner. It is feasible to consider the administrative (Location A) space to be a part of either Locations B or C. The rationale for a north side and a south side center is regarding cultural intelligence, visibility in the community, and the movement patterns of Milwaukee residents.

Many BHD services would be contracted, managed and overseen by an administrative entity housed at Location A. These services and staff would include:

Milwaukee County BHD Administration

BHD Contract oversight and compliance oversight

BHD Billing and finance

Community Services Administration

WRAParound Milwaukee Administration

Authorization and registration for behavioral health services

BHD Quality Department

Call Center and triage on enrollment

EHR support for BHD

CCT-- Community Consultation Team home base

MUTT Mobile Urgent Treatment Team for Children and Adolescents base

Location B-- Northside Location—could include:

This site would be open 24 hours, and would be the larger site for services

Mobile crisis—adults

Access Clinic for the north side

CLASP or a Peer Run center—Drop in Center

Intensive Outpatient Services and Program (New, or provided through another partner vendor)

Day Treatment (one location)

Adult Care Coordination

Wraparound Medication Clinic

Crisisline

Warmline

Location C – Southside Location—could include:

Open 24 hours

Mobile Crisis – adults

Access Clinic for the south side

CLASP – Peer Run Center -- Drop in Center

Intensive Outpatient Services and Program (New or provided by a partner organization)

Adult Care Coordination

Wraparound Medication Clinic

Other Entities and Locations

CART Teams reside in the other community locations

Crisis Resource Centers and Crisis Stabilization would exist in their current locations. Adjacencies to other services would be significant.

Timeline and Transitions

We are proposing that this model be integrated into the Facility Planning Process and group. The space plans being developed could inform the appropriate size, space, adjacencies, and locations for these two or three locations for Community Services including WRAParound.

We are further suggesting that these community locations be explored, for move sometime in 2016. This would of course need to be built into the 2016 Strategic Plan and budget.

NOTE:

We continue to seek feedback on this plan and recommendations. These ideas also need further thoughtful development. Further, any implementation steps have not yet been fully explored. This plan is the beginning of moving in this direction.

Behavioral Health Division – Equity Adjustments

- Equity Adjustments allow for employee experience or time with an organization to be factored into a pay adjustment
  - Typically used when new pay ranges have been assigned
  - Allows for employees to be better distributed across the pay range
  - Typically* stop at the midpoint of the pay range
    - Midpoint of the range is the average pay for the position based on market data
    - *In rare cases, such as with BHD RN's, the calculation is stopped at 75%tile of the range to assure greatest distribution of employees across the range.
  - Very formulaic approaches are used to assure results are objective
  - Employees in any state of written discipline are not eligible

Equity Adjustments – Sample Calculation

- Equity calculations typically include some combination of total experience in a position and/or experience with an employer
- The key is determining the formula to be applied
- All calculations are based on the minimum of the pay range
- Standard Equity Calculation
  - (years "experience" x percentage) + minimum
- Provides projected pay rate, if the employees pay is above this amount then no increase, if below, then adjusted up to the recommended rate
- With no adjustments moving pay above the midpoint of the range

Equity Adjustment – RN's

- As a general compensation practice in healthcare, Registered Nurse equity calculations look at total RN experience
- BHD leadership asked we also give credit for years experience with Milwaukee County
- How the RN calculation works
  - (years RN experience based on licensure x 1.5%) +
    (years BHD experience x .5%) +
    minimum of the new range
- Provides projected pay amount, if the employees pay is above this amount then no increase, if below, then adjusted up to the recommended amount
- With no adjustments moving pay above the 75%tile of the range

Equity Adjustment – C.N.A.'s

- C.N.A. equity calculations typically give credit for total years experience
- BHD leadership asked we also give credit for years experience with Milwaukee County
- How the C.N.A. calculation works
  - (years C.N.A. experience based on licensure x 1%) +
    (years BHD experience x .5%) +
    minimum of the new range
- Provides projected pay rate, if the employees pay is above this amount then no increase, if below, then adjusted up to the recommended rate
- With no adjustments moving pay above the midpoint of the range

Cost of these adjustments

- Total Costs
  - Rn's - $159,482.93 Annually
  - C.N.A. - $94,302.64 Annually

- Based on the available data and the above cost summary, we would recommend making these adjustments effective the fourth quarter of 2015. This would result in the cost for this year being one quarter of those above.