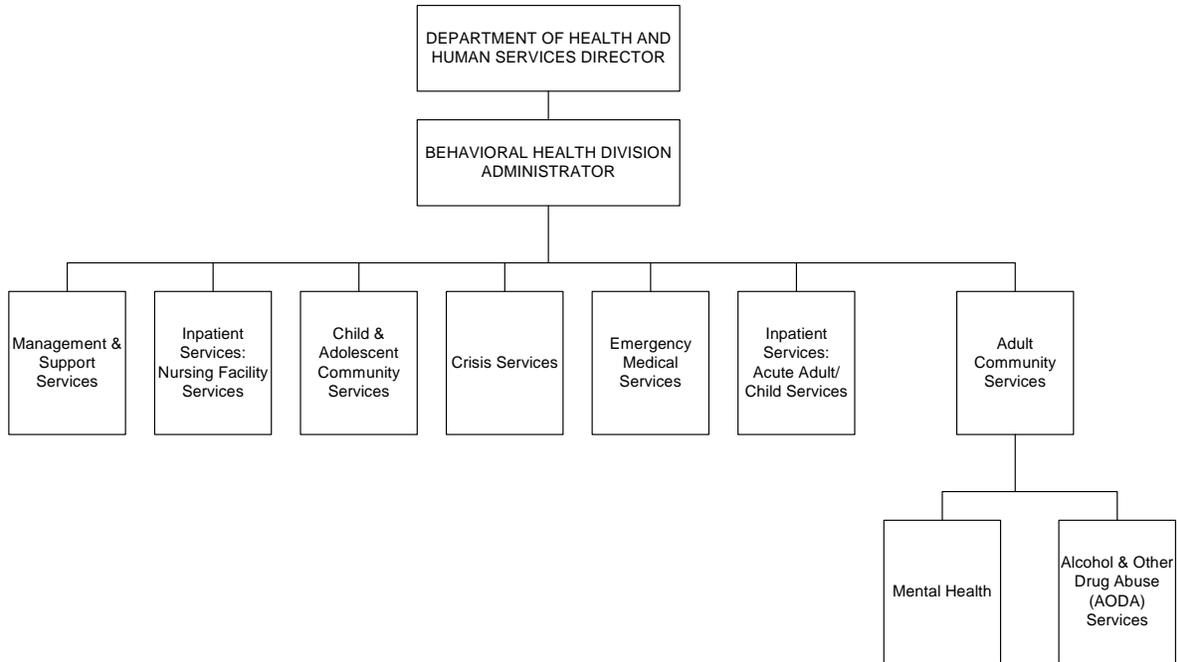


DHHS - BEHAVIORAL HEALTH DIVISION (6300)



MISSION

The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

VISION

The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

CORE VALUES

- Patient centered care
- Best practice standards and outcomes
- Accountability at all levels
- Recovery support in the least restrictive environment
- Integrated service delivery

Budget Summary

	2011	2010/2011 Change
Expenditures	188,541,569	2,152,811
Revenue	129,236,364	(1,060,085)
Levy	59,305,205	3,212,896
FTE's	843.8	16.1

Major Programmatic Changes

- Address On-going Fiscal Issues Associated with Reduced State Revenues
- Create Additional Resources to Maintain Regulatory Compliance and Increase Clinical Training and Quality Assurance
- Increase Staff to Patient Ratio and Environmental Surveillance Strategies to Enhance Patient Safety
- Increase Funding for Community-Based Services and Trauma Informed Care
- Provide Additional Staff to Enhance Capacity to Manage Finance and Operations

OBJECTIVES

- Continue to work towards The Joint Commission (TJC) Certification.
- Provide care and treatment for Milwaukee County residents with serious behavioral health disorders.
- Promote clinical quality and safety of all patients as the Department's highest priority.
- Increase resources for clinical training and quality assurance.
- Administer and coordinate all county-wide emergency medical services.
- Increase community-based outpatient service capacity.
- Address on-going fiscal issues associated with the loss of state revenues.

DEPARTMENTAL PROGRAM DESCRIPTION

Management/Support Services

Management/Support Services is comprised of centralized programs, services and related costs necessary for the overall operation of the Behavioral Health Division, such as Administration (including Clinical, Medical Staff, Quality Assurance and Utilization Review), Fiscal Management, Patient Accounts and Admissions, Management Information Systems, Dietary, and Medical Records. Management/Support Services has responsibility for management of the environment of care that is composed of maintenance and housekeeping, and other environmental services. Expenditures are allocated to the Inpatient Services/Nursing Facility, Inpatient Services/Acute Adult/Child, Adult Community, AODA, Adult Crisis, Child and Adolescent Programs and Emergency Medical Programs, according to Medicare and Medicaid cost allocation methodologies reflective of services consumed by the programs.

Inpatient Services: Nursing Facility Services

The Nursing Home Facilities are licensed Rehabilitation Centers under HFS132 and HFS134 that provide long-term, non-acute care to patients who have complex medical, rehabilitative, psychosocial needs and developmental disabilities, respectively. The Rehabilitation Center-Central is a 70-bed, Title XIX certified, skilled-care licensed nursing home. The facility consists of three units, which serve individuals with complex and interacting medical, rehabilitative and psychosocial needs that can be effectively treated in a licensed nursing facility. The Rehabilitation Center-Hilltop is a 72-bed Title XIX certified facility for the Persons with Developmental Disabilities. The facility provides active treatment programs and an environment specially designed for residents with dual diagnoses of developmental disability and serious behavioral health conditions.

Inpatient Services: Acute Adult/Child Services

Hospital Inpatient Services are provided in five licensed, 24-bed units. Four units include specialized programs for adults and one unit includes specialized programs for children and adolescents. The acute adult units provide inpatient care to individuals over age 18 who require safe, secure, short-term or occasionally extended hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service and rehabilitation therapy provide assessment and treatment designed to stabilize an acute psychiatric need and assist the return of the patient to his or her own community. Admissions to the acute hospital have decreased 7% from 2008 with a total of 2,337 admissions in 2009. Approximately 70-80 percent of the admissions are considered involuntary. Inpatient admission decreases have occurred while Psychiatric Crisis Service admissions have increased 28% from 2000 to 2009. The median length of stay of the adult acute hospital is seven days.

The child and adolescent unit provides inpatient care to individuals age 18 and under that require secure short term or occasionally extended hospitalization. The child and adolescent acute unit continues to provide all emergency detention services for Milwaukee County as well as inpatient screening for Children's Court. In recent years, child and adolescent inpatient admissions have declined with the emphasis on community-based care through the Wraparound Program. In 2009, there were approximately 1,551 admissions to the child and adolescent unit.

Adult Community Services: Mental Health

Adult Community Services is composed of community-based services for persons with serious and persistent mental illness and for persons with substance abuse problems or a substance dependency. The majority of services in the mental health program area are provided through contracts with community agencies. The mental health program area is composed of several major programs for the medical and non-medical care of consumers in the community. These programs include Community Support Programs, Community Residential, Targeted Case Management, Outpatient Treatment and Prevention and Intervention Services. Services are designed to provide for a single mental health delivery system that reduces an individual's time institutionalized, promoting consumer independence and recovery. Community Services provides all services in the least restrictive and most therapeutically appropriate, cost-effective setting.

Adult Community Services: Alcohol and Other Drug Abuse (AODA)

Alcohol and Other Drug Abuse (AODA) Services includes funds for the first year of the "Access to Recovery - 3" (ATR) grant. Along with the TANF, AODA Block Grant and other State & local funds, ATR provides funding for the AODA system, which is now called Wiser Choice. The Wiser Choice AODA system provides access to a range of services, clinical treatment, recovery support coordination (case management) and recovery support services. The target population consists of: 1) adults seeking assistance in addressing their substance abuse disorder; 2) individuals that are involved with the state correctional system, including Milwaukee County residents returning to the community from the prison system and individuals on probation or parole and facing revocation; and 3) individuals that are involved in the local, Milwaukee County correctional system. Within these three populations are two priority sub-populations: pregnant women and women with children. Remaining purchase of service contracts are specifically for detoxification, prevention, intervention and central intake unit services.

Child and Adolescent Community Services

Child and Adolescent Community Services functions as a purchaser, provider and manager for the mental health services system for Milwaukee County youth and some young adults through the Wraparound Milwaukee Program, Family Intervention and Support Services (FISS) Program and New Healthy Transitions Initiative. Additionally, it provides mental health crisis intervention services to the Milwaukee Public School System, Bureau of Milwaukee Child Welfare and to any Milwaukee County family experiencing a mental health crisis with their child. The Wraparound Milwaukee Program functions as a unique special managed care entity under a contract with Medicaid for youth with serious emotional disturbance (SED) in Milwaukee County. Services are targeted to children and, new in 2011, young adults up to age 23 with severe emotional and mental health needs, involved with two or more child or adult serving systems and who are at risk of residential treatment or other institutional settings.

Wraparound Milwaukee consists of four programs with different target groups of SED youth: Regular Wraparound – Child Welfare or Delinquency and Court services referred youth who are court ordered into Wraparound; REACH – mostly referred through the school systems, these are non-court involved SED youth; FOCUS – collaborative program with Delinquency and Court Services for SED youth at risk of juvenile correctional placement; and Healthy Transitions Program (Project O'YEAH) -- for youth, 16-23 with SED who need help obtaining mental health services, housing, employment, education, etc. as they transition to adulthood. Child and Adolescent Community Services also operates the FISS Services Program for adolescents who have a history of truancy, parent/child conflicts and runaway behaviors. FISS Services, which is funded by the Bureau of Milwaukee Child Welfare, provides mental health and supportive services to divert youth from formal court intervention. In 2011, Wraparound Milwaukee will receive increased slots recently approved by the State and Medicaid. These additional slots will serve clients ages 19 and 20, which will help transition youth into adulthood.

Crisis Services

Crisis Services is composed of multiple programs that assist individuals in need of immediate mental health intervention to assess their problems and develop mechanisms for stabilization and linkage. The Psychiatric Crisis Service/Admission Center (PCS) serves between 12,000 and 14,000 patients each year. Approximately 65 percent of the persons receiving services are brought in by police on an Emergency Detention. The remaining individuals admitted are Milwaukee County residents who walk in and receive services on a voluntary basis. In

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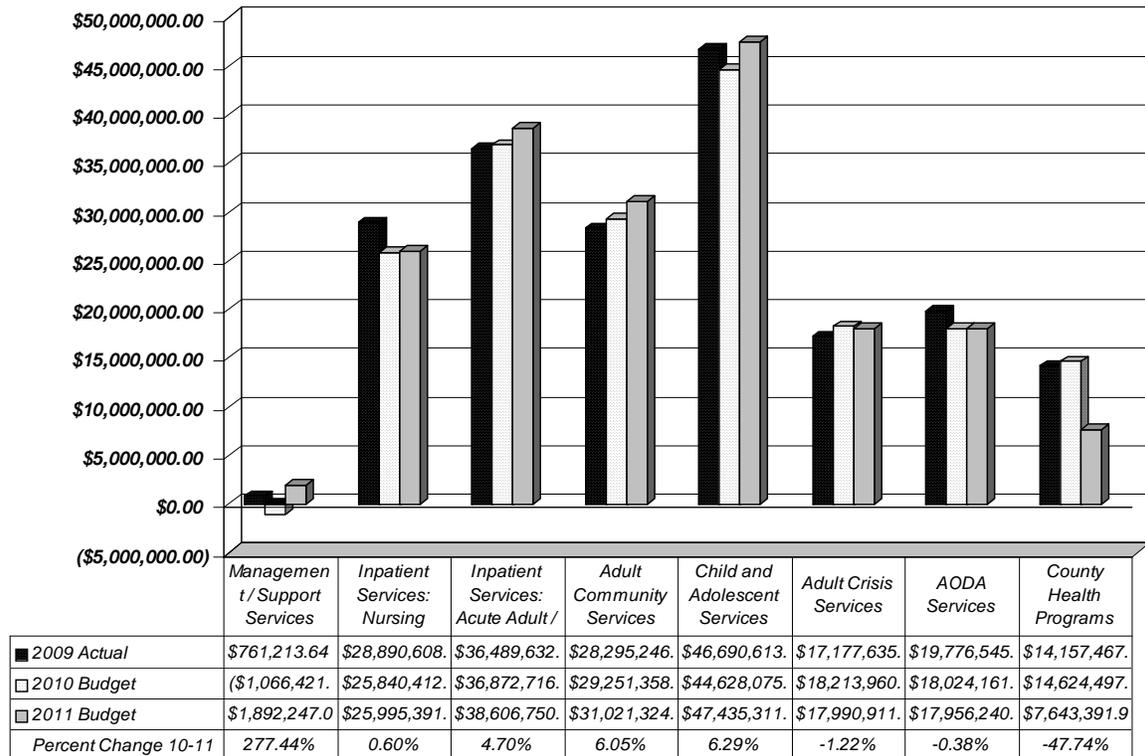
FUND: 0077

addition to PCS, Crisis Services runs a Mental Health Crisis Walk-In Clinic, an Observation Unit, the Crisis Line, Mobile Crisis Teams, a Geriatric Psychiatry Team and two eight-bed Crisis Respite houses. A multi-disciplinary team of mental health professionals provides these services. In 2009, there were a total of over 50,000 clinical contacts between the various program components.

Emergency Medical Services (EMS)

The Emergency Medical Services (EMS) is a Milwaukee County-managed and sponsored program designed to benefit the entire community. There are seven major components: the Community Support component which provides an allocation to municipalities providing the paramedic transport units serving Milwaukee County; the Education/Training Center for initial and refresher paramedic education and other EMS-related courses; a Quality Assurance program which reviews and monitors service delivery; the Health Information Center which collects, enters and maintains patient care data; the Communication Center which is staffed with emergency medical communicators to coordinate on-line medical control and hospital notification for local and regional emergency calls; the Equipment and Supplies Center which orders and delivers supplies, monitors controlled substances, facilitates equipment repair and maintains compliance with Trans 309; and the AHA Community Training Center (CTC), which provides and coordinates Milwaukee County employee and public education for Cardio-Pulmonary Resuscitation (CPR), Automatic External Defibrillator (AED), Advanced Life Support (ALS) and Pediatric Advanced Life Support (PALS) courses. Medical direction and management for the EMS Division is provided through a professional services contract with the Medical College of Wisconsin (MCW).

Expenditures



2011 BUDGET

Approach and Priorities

- Address on-going fiscal issues created by decreased state revenues.
- Add resources for hiring, training, quality assurance, monitoring and security to maintain and enhance safety and regulatory compliance.
- Add resources for community-based services.
- Enhance capacity for management of finances and operations.
- Address recommendations from the Community Advisory Committee.

Programmatic Impacts

- As Medicaid reimbursements continue to be reduced, increase county tax levy and maximize alternative revenue sources to fund core mental health services.
- Provide additional staff, contract with consultants and purchase training software to maintain regulatory compliance and increase quality assurance.
- Create additional clinical positions and increase the overtime budget to enhance surveillance and fully fund the staffing replacement factor.
- Increase funding for the security professional service contract, hire a national safety expert and purchase additional security cameras and electronic locks to enhance patient safety.
- Support community-based services by sustaining the number of Crisis Respite Beds, increasing the number of slots for outpatient adult mental health services, and increasing the number of slots for the Wraparound program.
- Implement community-based Trauma Informed Care Initiative.
- Work with DHHS to implement the supportive housing initiative known as Empowerment Village-National which will contain 34 units set aside for consumers receiving services from BHD.

Budget Highlights

Wage and Benefit Modifications

(\$2,082,634)

This budget includes an expenditure reduction of \$2,167,745 based on the changes described in the non-departmental account for wage and benefit modifications (Org-1972). There is a corresponding revenue offset of \$85,111 for a total tax levy savings of \$2,082,634.

Medicaid Revenue Reduction

\$3,649,349

In the 2009-2011 biennial budget, the State of Wisconsin is faced with a \$600 million deficit in the Medicaid budget and, in recent years, has changed the reimbursement formula for inpatient stays. This deficit and recent state changes in the reimbursement formula has resulted in continued revenue loss for BHD. Under the previous reimbursement formula, the county received approximately \$5,400 per patient/per stay. Average stay was 2-2.5 days. Under the new formula for reimbursement, the county receives approximately \$1,200 per day, totaling approximately \$3,000 per patient/per stay.

Furthermore, BHD is beginning to see other insurance companies (T-19 HMOs and SSI Managed Care Agencies) change their payment schedule to reflect State Medicaid reductions. The insurance companies have also received decreased state Medicaid payments and are now passing those reductions onto local providers, adversely affecting BHD patient revenue.

In 2011, Medicaid patient care revenues, including decreases in T-19 HMO and SSI Managed Care revenue, are expected to reflect the \$3.6 million decline already being experienced in 2010.

While patient revenue from the State and other providers continues to decline, county personnel costs and medical expenditures continue to increase. The county has responded to the resulting structural deficit by rapidly increasing the annual property tax levy contribution. Between 2000 and 2009, county tax levy for BHD grew from

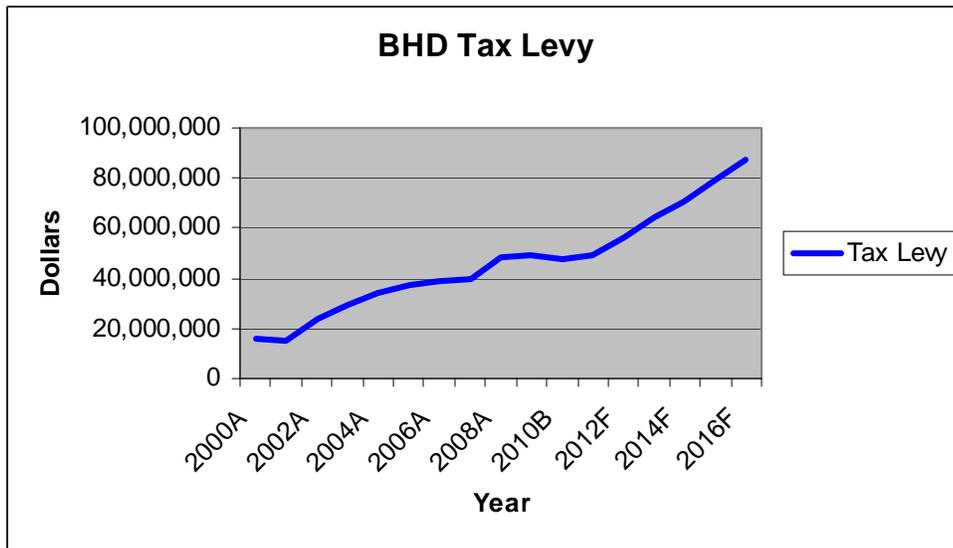
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\$16 million to \$49 million. Based on the County's 5-Year Fiscal Forecast, the tax levy contribution is expected to continue to grow from approximately \$49 million in 2009 to approximately \$87 million in 2016, assuming the same level of services provided currently are maintained. The 2011 budget includes more than \$3.6 million in additional tax levy to make up for the projected reduction in State Medicaid revenues.



Revenue Maximization

(\$1,300,000)

\$200,000 is budgeted to retain Cambridge Advisory Group to provide assistance in maximizing revenues received by BHD and streamlining the billing processes and procedures. Preliminary assessment indicates a levy reduction of \$1,300,000 is achievable.

GAMP

(\$6,800,000)

The State's 2009-2011 Biennial Budget authorized the State Department of Human Services to bill Milwaukee County for \$6.8 million; the amount previously budgeted by the County for the General Assistance Medical Program. The State utilized Milwaukee County's payment to provide matching funds for a federal grant. Milwaukee County is the only county in the State required to make such a payment. The County has met its obligations for the current State Budget with payments made in 2009 and 2010. Funding for continuation of this payment is not included in the 2011 Budget per advice from the Director, Department of Administrative Services, and Intergovernmental Relations Staff should work to ensure this requirement is not included in the next biennial budget.

Destination 2012 – Joint Commission

\$48,830

BHD continues to work toward The Joint Commission (TJC) Certification with a goal to submit the application in 2012. Various initiatives in the 2011 Budget reflect this goal and BHD's commitment toward meeting TJC by 2012. This includes funding of \$48,830 to obtain IT resources and consultation services from TJC to assist BHD leadership in compliance and application development.

Education Services and Quality Assurance Initiative

\$562,076

BHD continues to work diligently to meet all training, quality assurance, and regulatory requirements. To ensure compliance, additional resources are allocated to enhance training and quality of care and obtain Joint Commission standards. New on-line employee training system will be purchased for a cost of \$63,730.

The following six new positions within the Education and Quality Assurance sections are created: Create 2.0 FTE Program Analysts, 1.0 FTE RN 2 – Staff Development, 1.0 FTE Employee Educator and Trainer, and 2.0 FTE Quality Assurance Coordinators for a salary and active fringe benefit cost of \$498,346

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Security and Surveillance **\$485,000**

Funding for BHD's security contract is increased by \$300,000 to reflect actual utilization. An additional \$75,000 is budgeted to hire a nationally recognized, independent expert to provide technical assistance and review efforts that address safety issues. Efforts include the impact of new BHD safety protocols, current practices for assessment and treatment of patients with aggressive behaviors, unit staffing, strategies for reduction and eventual elimination of seclusion and restraints and staff/patient education.

Also, \$80,000 is included for a one-time investment of security cameras and \$30,000 for electronic card readers.

Enhanced Management Capacity **\$480,310**

In order to provide enhanced capacity to manage finances and operations, the following positions are created:

- 1.0 FTE Deputy BHD Administrative Director
- 1.0 FTE Accountant Manager
- 1.0 FTE Employee Outreach and Community Liaison
- 1.0 FTE Clerical Specialist MHD
- 1.0 FTE Staffing Assistant

Attorney Fees **\$150,000**

In 2011, an appropriation of \$150,000 is included for attorney fees based on prior actual utilization.

Major Maintenance **\$500,000**

Funding for major maintenance is increased by \$500,000 in order to ensure that adequate funding is available to address facility needs that may arise in 2011. The total budgeted amount for major maintenance capital outlay is \$850,000. In addition, there is \$895,040 budgeted for work performed by Facilities Management and 12.0 FTE BHD staff that work specifically on facilities maintenance.

Downsizing the Rehabilitation Center-Hilltop **\$0**

The Behavioral Health Division will work with the Disability Services Division (DSD) to develop a plan to downsize the 72-bed Rehabilitation Center-Hilltop Title XIX certified facility for Persons with Developmental Disabilities. The Department of Health and Human Services-Disabilities Services Division will provide options counseling to current Hilltop clients, exploring, where appropriate, placements in the community. The Director, Department of Health and Human Services shall provide quarterly informational reports to the Committee on Health and Human Needs regarding the progress of this initiative.

Day Hospital **(\$33,519)**

In 2010, BHD began to rent out the majority of the space in the Day Hospital facility to outside agencies to create more synergies for BHD programs and increase revenue. Current tenants are St Charles Youth and Family Services, Willowglen Community Care, and My Home, Your Home, Inc. The 3 current tenants generate approximately \$310,000 in rent revenue that helps to offset BHD utility expenses.

Clinical Positions **\$1,929,283**

BHD is focused on providing consistent staffing, redeployment of clinical staff, increased surveillance within clinical areas, and accounting for sick leave, vacation, FMLA and other time off in a more consistent manner. To that end, BHD has begun a new staffing model called "Environmental Surveillance Zones." This method of staffing and surveillance includes an increase in clinical staff to patient ratio within the Adult Acute Hospital. This increase will create additional surveillance capacity with the intended result of increased patient care and decreased incidents.

To implement the new surveillance zones and provide consistent staffing, the following clinical positions changes are made: Create 53.5 FTE Clinical Positions of which 46.5 FTE Clinical Positions are funded; and Abolish 4.0 FTE Nursing Coordinator and 1.0 FTE Nurse Prescriber Positions.

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Approximately two-thirds of the new nursing positions are Nursing Assistants and approximately one-third are Registered Nurses. Of the new clinical positions, 30 FTEs are located in Acute Adult/Child Inpatient Services, 14.5 FTEs are located in the Inpatient Nursing Home Facilities and 9.0 FTEs are located in Adult Crisis Services. The detailed position changes are as follows:

Nursing Facility Services:

- Create: 7.0 FTE Nursing Assistant 1 MH, 1.0 FTE Psych LPN and 1.0 FTE RN 3 MH
- Fund: 1.0 FTE RN 3 MH
- Create – Unfunded: 4.0 FTE Nursing Assistant 1 MH
- Abolish Upon Vacancy: 1.0 FTE Nursing Program Coordinator

Acute Adult Services:

- Create: 18.0 FTE Nursing Assistant 1 MH, 1.0 FTE Unit Clerk, 1.0 FTE Nursing Program Supervisor and 3.0 FTE RN 3 MH
- Fund: 1.0 FTE RN 3 MH
- Create – Unfunded: 7.0 FTE Nursing Assistant 1 MH
- Abolish Upon Vacancy: 2.0 FTE Nursing Program Coordinators

Crisis Services:

- Create: 5.0 FTE Nursing Assistant 1 MH, 1.0 FTE Unit Clerk and 1.0 FTE RN 3 MH, 1.0 FTE Staff Psychiatrist (Note: the Staff Psychiatrist position is funded at .55 FTE reflected in a V&T increase for a savings of \$92,064).
- Fund: 1.0 FTE RN 3 MH
- Abolish Upon Vacancy: 1.0 FTE Nursing Program Coordinator and 1.0 FTE Adv Prac Nursing Prescriber

Community Services:

- Unfund: 1.0 FTE vacant Psychiatric Social Worker
- Fund: 1.0 FTE Clinical Psychologist 3

Position Reconciliation

(\$333,630)

As part of an on-going initiative to reconcile positions within the human resources and budget systems, the following position actions are included in 2011: Abolish 1.0 FTE Community Nurse Specialist, .5 FTE Occupational Therapist 2, 1.0 FTE Music Therapy Program Coordinator, .5 FTE Pysch Social Worker, 1.0 FTE BH Emergency Service Clinician (RN) and 1.5 FTE BH Emergency Service Clinician. Fund 1.0 FTE RN 2 – Utilization Review and create 1.0 FTE RN 1 (Pool) for a total cost savings of \$333,630 for salaries and active fringe benefits. All abolished positions are vacant and not needed by the department.

Overtime Reconciliation

\$675,075

As part of an on-going effort to align budgeted expenditures with actual experience, overtime is increased in 2011. The majority of overtime is used to provide staffing associated with coverage for sick leave, vacation, FMLA use and other time off on patient care units. This increase in overtime is based on 2008, 2009 and 2010 actual experience.

State Mental Health Institute

\$0

Revenues and expenditures are maintained at the 2010 levels for all children and adult patients placed in the State Mental Health Institutes.

Child & Adolescent Community Services

\$0

The 2011 Budget authorizes \$46,867,588 in expenditures for Wraparound Milwaukee including \$2,182,077 of increased revenues and corresponding expenditure authority to support the following programs:

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- Wraparound Milwaukee will serve a projected average daily enrollment of 1,000 children in 2011 in all of its programs, which includes a new program with 100 slots for children over 18 years of age in the new Youth in Transition grant-funded program.
- The FOCUS program will serve up to 47 youth who would otherwise be committed to Juvenile Corrections.
- The FISS program will serve approximately 65 families per month.
- The Wraparound Milwaukee REACH program will serve approximately 225 youth. BHD plans to request an additional 100 slots for REACH in 2011.

Community AODA Contracts

\$0

Appropriations for purchase of service contracts within the Adult Community Services AODA network are increased by over \$500,000 in 2011 primarily due to the award of three new grants in early 2010. Increased contractual expenditures are completely offset with increased revenues.

An appropriation of \$5,000 is maintained at the 2010 Budget level for the Safe Ride of Milwaukee County program, whose other sponsors include the Tavern League of Wisconsin and Business Against Drunk Driving.

In 2011, Potawatomi revenue is maintained at 2010 Budget level of \$887,203, with \$500,000 dedicated to AODA Services and \$337,203 to support client services within the community.

Access to Recovery

\$0

Access to Recovery 3 is a continuing federal grant, passed through the State of Wisconsin to Milwaukee County, BHD, Adult Community Services. The Access to Recovery 2 was a 3-year grant from the state to the county totaling \$14.4 million or \$4.8 million/year. Based upon a preliminary notification, Milwaukee County will receive a total of \$13.1 million over the 4 federal fiscal years 9/30/10-09/29/2014. The annual allocation is approximately \$3.3 million/year. As a result of the decrease in grant funding, 1.0 FTE Quality Assurance Specialist AODA position is unfunded and other expenditures are reduced to fully offset the revenue loss.

Realign Detox Services

(\$200,000)

The Detox program will utilize a nationally recognized patient placement model for care. Current Detox services are provided through a purchase of services contract. The contractor is reimbursed by the county based on the type of bed that is provided to a patient. Medical beds are reimbursed at \$299/day and social beds are reimbursed at \$50/day. Social beds can only be used for patients that are experiencing alcohol-only and/or sedative intoxication. Utilizing current admission standards, a contractor may assign a walk-in or police-delivered intoxicated individual to a medical bed even if they may be appropriately placed in a social bed.

New admission criteria based on nationally recognized standards of care clarify the intent of each type of bed resulting in more appropriate assignments. Utilizing the updated admission criteria, BHD will adjust its contract with the provider to request more social Detox beds while reducing the number of medical Detox beds, providing more appropriate levels of patient services. No reduction in the total number of beds available will result from this modification to the county's contract.

Revenue Associated with Section 1915(i) of the Social Security Act

\$0

1915(i) is a continuing federal revenue source from the Center for Medicare and Medicaid Services. States apply to be eligible providers under their regular State Medicaid Plans and choose the needs-based criteria used to establish the thresholds of program eligibility. The State has determined that Milwaukee County would pay 100% of the required local match. Since service may only be limited by the eligibility criteria, not budget controls, it is critical that the State define eligibility criteria in a manner that is fiscally sustainable for Milwaukee County.

During the State's application process, BHD Adult Community Services management used eligibility criteria to identify the number of individuals who would be eligible for services in Milwaukee County. Because the county is required to pay a 40% match to the federal funds, BHD utilized adjusted needs based enrollment criteria that

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would result in a number of program participants that would not exceed the level of county funds available to pay the local match component.

Shortly after receiving notice of 1915(i) certification in 2010, the Patient Protection and Affordable Care Act (PPACA) was passed by Congress. There were two significant changes of the PPACA that will impact 1915(i) effective October 1, 2010; namely that (1) States will no longer be able to limit the number of 1915(i) clients except through the functional eligibility criteria, making this a true "entitlement", and (2) 1915(i) services must now be provided statewide. Federal law prohibits waiting lists for this program since it is an entitlement for eligible individuals.

Under broad eligibility requirements the potential number of individuals in Milwaukee County would greatly exceed the amount of funds available to pay the required county match. Milwaukee County has asked the State to adjust the functional eligibility criteria. Using more restrictive criteria already embedded into the current eligibility formula and limiting the qualifying diagnosis to those associated with severe and persistent mental illness would target services to those with the greatest need and allow the county to mitigate its financial exposure.

The Behavioral Health Division shall continue to work with the State to either further narrow the functional eligibility and/or replace/reduce Milwaukee County's local commitment with State funding. If the department is successful in achieving the aforementioned results, the Division shall return to the Committee on Human and Human Needs with a written implementation plan, prior to moving forward with this initiative. A total of \$1.5 million is included in Org. 1945 – Appropriation for Contingencies related to this initiative.

Trauma Informed Care Training

\$150,000

The 2011 Budget includes \$150,000 to expand clinical training for Trauma Informed Care (TIC). All 3 shifts of clinical staff within the Acute Inpatient Hospital will receive annual TIC training.

BHD will contract with a community service provider to take the lead for the coordination of the TIC Training including assessing training needs of BHD staff and conducting clinical staff training to develop core competencies on TIC. Existing peer support specialists and discharge planners in the Adult Acute Hospital will also be trained in TIC to enhance discharge.

In June 2011, BHD will collect and analyze data to determine the clinical and cost effectiveness of the TIC training on patient outcomes.

Additional Outpatient and Community Care Services

\$360,000

BHD Adult Community Services will contract in the community on a fee for service basis for psychotherapy services and trauma counseling sessions by a licensed therapist for an additional 250 patients, each could receive a prior authorization for up to 12 therapy sessions and the related medication costs annually.

BHD along with the Community Advisory Council will establish a sub-group to develop a plan, training, and a cost analysis to expand the use of peer support-specialists in the Community Support Program (CSP) and Targeted Case Management (TCM) programs. This sub-group will provide a recommendation to the Advisory Council for consideration. During contract renewals, BHD will incorporate language in the Community Support Program and Targeted Case Management contracts that addresses the use of Peer Specialists trained in trauma informed care.

Crisis Resource Center

\$50,000

The Crisis Resource Center (CRC) was established with the partnership and support of the Milwaukee Mental Health Task Force, BHD Adult Community Services, Greater Milwaukee Foundation, Robert Wood Johnson Foundation and other community partners. The CRC provides short-term intervention, peer support, helps link individuals to ongoing community support and services, and serves as a diversion to costly inpatient services. The county provides \$200,000 annually to support the CRC. As initial grant funding comes to an end, Milwaukee

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FUND: 0077

County will be providing an additional \$50,000 of tax levy in 2011 to continue this important community-based service.

Crisis Respite Beds

\$500,000

In 2005/2006, BHD entered into a contract for 16 Crisis Respite Beds in two community residential buildings. Each building is staffed by community providers, which include mostly non-medical staff. The beds are used for patients whose level of acuity has subsided but not to a point where they are ready to be released from care. The beds were created as a way to reduce the waiting for those who needed acute county beds and private emergency rooms. They also serve as a way to decrease the amount of time patients spend institutionalized.

In 2011, BHD will use \$500,000 of tax levy for costs associated with 16 crisis respite beds in the Adult Crisis Services area to replace grant funding that has been eliminated. The availability of these crisis resources has allowed BHD to effectively manage the census on the adult inpatient hospital units, which in turn, has alleviated delays in transferring individuals in psychiatric crisis from local general hospital emergency departments to BHD Psychiatric Crisis Services.

Crisis Bed Analysis

\$0

The Behavioral Health Division shall survey the need for crisis beds in Milwaukee County to alleviate strain on the Psychiatric Crisis Service Admission Center (PCS) and build capacity for stabilization and linkages to services in the community. This study shall include researching the development of a Crisis Resource Center in the northern portion of Milwaukee County. The Director, Department of Health and Human Services shall provide quarterly informational reports to the Committee on Health and Human Needs regarding the progress of this initiative.

Emergency Medical Services (EMS)

\$22,568

All EMS functions are maintained at the 2010 Budget level of approximately \$6,900,000 for the communication center, training facility, and financial support to municipalities. To provide more flexibility for EMS staff trainings, .6 FTE Paramedic Trainer (Hourly) is created for a total cost of \$22,568. All EMS fees remain at the 2010 level for 2011.

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FUND: 0077

AHA Courses Offered by the Community Training Center			
Service	2010 Fee	2011 Fee	2010/2011 Change
Basic Life Support (CPR) Health Care Provider	\$75	\$75	\$0
Basic Life Support (CPR) Health Care Provider (skill testing only)*	\$55	\$55	\$0
Basic Life Support (CPR) in conjunction with ACLS	\$50	\$50	\$0
Advanced Cardiac Life Support (per person)	\$250	\$250	\$0
Advanced Cardiac Life Support (per person) (Skill testing only)*	\$125	\$125	\$0
Pediatric Advanced Life Support (per person)	\$280	\$280	\$0
Advanced Life Support Instructor (per person)	\$175	\$175	\$0
Pediatric Advanced Life Support Instructor/Person	\$175	\$175	\$0
Basic Life Support (CPR) Instructor/Person	\$125	\$125	\$0
Automatic Electronic Defibrillator (per person)	\$50	\$50	\$0
Heartsaver CPR	\$50	\$50	\$0
Children and Infant CPR	\$50	\$50	\$0
Heartsaver/First Aid	\$65	\$65	\$0
EMS Courses Offered by the Education Center Service			
Service	2010 Fee	2011 Fee	2010/2011 Change
Paramedic Course (per person)	\$8,000	\$8,000	\$0
Paramedic Refresher Course (8 Hour Block)	\$125	\$125	\$0
EMT/B mini Refresher Course (6 Hour Block)	\$50	\$50	\$0
Paramedic Continuing Education Units per person (per hr)	\$35	\$35	\$0
National Registry Exam			
Practical only	\$300	\$300	\$0
Practical Retakes per station	\$40	\$40	\$0
Basic IV Tech Course	\$500	\$500	\$0
Basic IV Refresher Course	\$125	\$125	\$0
First Responder Course	\$325	\$325	\$0
First Responder Refresher Course	\$200	\$200	\$0
Observational Ride along/8 hour day**	\$75	\$75	\$0
Other Services Offered by the Emergency Medical Department			
Service	2010 Fee	2011 Fee	2010/2011 Change
Quality Assurance-fee is based on every 1,000 runs in system	\$2,700	\$2,700	\$0
Data Management-fee is based on every 1,000 runs in system	\$6,000	\$6,000	\$0
Medical Director-fee is based on every 1,000 runs in system	\$9,000	\$9,000	\$0
Administrative Fee-system charged at 20% of total system run fees above	20%	20%	\$0

* Offered to the public as well as EMS providers.

** Activities offered by Emergency Medical Services (EMS)

Capital Investments

The project below is included in the 2011 Capital Improvements Budget.

- WO444 – Sheriff/BHD Electronic Medical Records, \$500,000

ADOPTED 2011 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300

FUND: 0007

EXPENDABLE TRUST ACCOUNTS

The following, for informational purposes, 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.

<u>Org. Unit</u>	<u>Description of Expendable Trust</u>	<u>Projected Balances as of 12/31/10</u>
701	BHD – Research Fund	\$206,000
	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.	
	<u>Expenditure</u>	<u>Revenue</u>
	\$25,000	\$25,000
702	BHD – Patient Activities and Special Events	\$137,500
	This fund is comprised of various trusts, which stipulate the expenditures should be made to provide for patient activities and special events.	
	<u>Expenditure</u>	<u>Revenue</u>
	\$10,100	\$10,100

ADOPTED 2011 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300

FUND: 0077

BUDGET SUMMARY				
Account Summary	2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Personal Services (w/o EFB)	\$ 50,063,236	\$ 44,040,807	\$ 46,274,412	\$ 2,233,605
Employee Fringe Benefits (EFB)	28,855,790	31,240,737	31,134,762	(105,975)
Services	13,639,051	19,297,355	22,101,275	2,803,920
Commodities	10,380,474	6,206,972	7,192,724	985,752
Other Charges	83,115,361	79,528,596	75,087,830	(4,440,766)
Debt & Depreciation	0	0	0	0
Capital Outlay	87,128	209,700	850,000	640,300
Capital Contra	0	0	0	0
County Service Charges	39,069,173	43,021,655	44,894,928	1,873,273
Abatements	(32,971,362)	(37,157,064)	(38,994,362)	(1,837,298)
Total Expenditures	\$ 192,238,851	\$ 186,388,758	\$ 188,541,569	\$ 2,152,811
Direct Revenue	62,355,883	60,786,083	59,465,549	(1,320,534)
State & Federal Revenue	59,687,027	59,366,026	59,845,225	479,199
Indirect Revenue	8,958,794	10,144,340	9,925,590	(218,750)
Total Revenue	\$ 131,001,704	\$ 130,296,449	\$ 129,236,364	\$ (1,060,085)
Direct Total Tax Levy	61,237,147	56,092,309	59,305,205	3,212,896

PERSONNEL SUMMARY				
	2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Position Equivalent (Funded)*	893.2	827.7	843.8	16.1
% of Gross Wages Funded	94.9	92.9	92.7	(0.1)
Overtime (Dollars)	\$	\$ 2,393,964	\$ 3,072,780	\$ 678,816
Overtime (Equivalent to Position)	85.9	46.4	57.3	10.9

* For 2009 Actuals, the Position Equivalent is the budgeted amount.

** For 2010 and 2011, budgeted overtime figures do not include reductions described in Org 1972. For 2011, this amount equals (\$499,504).

ADOPTED 2011 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300

FUND: 0077

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Position Reconciliation						
Community Nurse Specialist	44560	Abolish	(1)	(1.00)	Adult Community	\$ (55,883)
OT 2	53410	Abolish	(1)	(0.50)	Acute Adult	(28,530)
Music Therapy Prog Coord	53910	Abolish	(1)	(1.00)	Acute Adult	(47,656)
Psych Social Worker	56900	Abolish	(1)	(0.50)	Adult Crisis	(23,877)
BH Emer Svc Clinician (RN)	44606	Abolish	(1)	(1.00)	Adult Crisis	(55,079)
BH Emer Service Clinician	59025	Abolish	(2)	(1.50)	Adult Crisis	(71,632)
RN 2 - Util Review	44760	Fund	0	1.00	Adult Crisis	55,079
RN 1 Pool	44510	Create	1	0.50	Adult Community	40,500
Ed. Svcs. And QA Positions						
RN2 - Staff Development	44700	Create	1	1.00	Management Svcs	\$ 55,079
Program Analyst	08421	Create	2	2.00	Management Svcs	78,438
Employee Educator & Trainer	Z0012	Create	1	1.00	Management Svcs	55,883
Quality Assurance Coord	58026	Create	2	2.00	Management Svcs	110,506
Clinical Position						
Nursing Asst. 1 MH	43840	Create	7	7.00	Nursing Services	\$ 165,816
Nursing Asst. 1 MH	43840	Create - Unfunded	4	0.00	Nursing Services	0
Psych LPN	43890	Create	1	1.00	Nursing Services	36,902
RN 3 MH	44570	Fund	0	1.00	Nursing Services	55,883
RN 3 MH	44570	Create	1	1.00	Nursing Services	55,883
Nursing Program Coord*	45110	Abolish	(1)	(1.00)	Nursing Services	(77,351)
Unit Clerk	02000	Create	1	1.00	Acute Adult	26,242
Nursing Asst. 1 MH	43840	Create	18	18.00	Acute Adult	448,332
Nursing Asst. 1 MH	43840	Create - Unfunded	7	0.00	Acute Adult	0
RN 3 MH	44570	Fund	0	1.00	Acute Adult	55,883
RN 3 MH	44570	Create	3	3.00	Acute Adult	167,649
Nursing Program Supervisor	Z0010	Create	1	1.00	Acute Adult	55,883
Nursing Program Coord*	45110	Abolish	(2)	(2.00)	Acute Adult	(154,703)
Unit Clerk	02000	Create	1	1.00	Adult Crisis	26,242
Nursing Asst. 1 MH	43840	Create	5	5.00	Adult Crisis	118,440
RN 3 MH	44570	Fund	1	1.00	Adult Crisis	55,883
RN 3 MH	44570	Create	1	1.00	Adult Crisis	55,883
Nursing Program Coord*	45110	Abolish	(1)	(1.00)	Adult Crisis	(77,351)
Staff Psychiatrist	50770	Create	1	1.00	Adult Crisis	142,728
Adv Prac Nurse Prescriber*	45760	Abolish	(1)	(1.00)	Adult Crisis	(71,352)
Non-Clinical Positions						
Staffing Assistant	51615	Create	2	1.00	Management Svcs	\$ 33,371
Clerical Specialist MHD	01293	Create	1	1.00	Management Svcs	32,008
Accounting Manager	04605	Create	1	1.00	Management Svcs	62,130
Subtotal Page 1						\$ 1,327,229

*Abolish Upon Vacancy

ADOPTED 2011 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300

FUND: 0077

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Deputy BHD Administrator	Z0027	Create	1	1.00	Management Svcs	95,000
Employee Outreach and Comm Liaison	Z0011	Create	1	1.00	Management Svcs	59,789
Psych Social Worker	56900	Unfund	0	(1.00)	Adult Community	(47,755)
Clinical Psychologist 3	57021	Fund	1	1.00	Adult Community	63,517
Paramedic Trainer (Hourly)	54810	Create	1	0.60	EMS	22,242
Quality Assurance Specialist	58030	Unfund	0	(1.00)	AODA	(33,428)
Subtotal Page 2						\$ 159,365
Subtotal Page 1						\$ 1,327,229
Total						\$ 1,486,594

* Abolish Upon Vacancy

ORGANIZATIONAL COST SUMMARY					
DIVISION		2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Management / Support Services	Expenditure	\$ 761,214	\$ (1,066,421)	\$ 1,892,247	\$ 2,958,668
	Revenue	1,144,825	1,455,179	2,855,123	1,399,944
	Tax Levy	\$ (383,611)	\$ (2,521,600)	\$ (962,876)	\$ 1,558,724
Inpatient Services: Nursing Facility Services	Expenditure	\$ 28,890,609	\$ 25,840,412	\$ 25,995,392	\$ 154,980
	Revenue	10,444,978	8,868,138	9,317,835	449,697
	Tax Levy	\$ 18,445,631	\$ 16,972,274	\$ 16,677,557	\$ (294,717)
Inpatient Services: Acute Adult / Child Services	Expenditure	\$ 36,489,632	\$ 36,872,716	\$ 38,606,751	\$ 1,734,035
	Revenue	13,339,952	15,741,897	13,654,373	(2,087,524)
	Tax Levy	\$ 23,149,680	\$ 21,130,819	\$ 24,952,378	\$ 3,821,559
Adult Community Services	Expenditure	\$ 28,295,246	\$ 29,251,358	\$ 31,021,324	\$ 1,769,966
	Revenue	32,227,151	28,945,861	26,427,368	(2,518,493)
	Tax Levy	\$ (3,931,905)	\$ 305,497	\$ 4,593,956	\$ 4,288,459
Child and Adolescent Services	Expenditure	\$ 46,690,613	\$ 44,628,075	\$ 47,435,311	\$ 2,807,236
	Revenue	46,577,368	45,487,832	47,669,909	2,182,077
	Tax Levy	\$ 113,245	\$ (859,757)	\$ (234,598)	\$ 625,159
Adult Crisis Services	Expenditure	\$ 17,177,635	\$ 18,213,960	\$ 17,990,912	\$ (223,048)
	Revenue	7,931,045	11,937,422	12,002,522	65,100
	Tax Levy	\$ 9,246,590	\$ 6,276,538	\$ 5,988,390	\$ (288,148)
AODA Services	Expenditure	\$ 19,776,545	\$ 18,024,161	\$ 17,956,241	\$ (67,920)
	Revenue	17,124,766	16,504,120	16,381,589	(122,531)
	Tax Levy	\$ 2,651,779	\$ 1,520,041	\$ 1,574,652	\$ 54,611
County Health Programs	Expenditure	\$ 14,157,467	\$ 14,624,497	\$ 7,643,392	\$ (6,981,105)
	Revenue	2,211,635	1,356,000	927,645	(428,355)
	Tax Levy	\$ 11,945,832	\$ 13,268,497	\$ 6,715,747	\$ (6,552,750)

* The 2009 Actuals for Emergency Medical Services reflect all County Health Program financials.

All departments are required to operate within their expenditure appropriations and their overall budgets. Pursuant to Section 59.60(12), Wisconsin Statutes, "No payment may be authorized or made and no obligation incurred against the county unless the county has sufficient appropriations for payment. No payment may be made or obligation incurred against an appropriation unless the director first certifies that a sufficient unencumbered balance is or will be available in the appropriation to make the payment or to meet the obligation when it becomes due and payable. An obligation incurred and an authorization of payment in violation of this subsection is void. A county officer who knowingly violates this subsection is jointly and severally liable to the county for the full amount paid. A county employee who knowingly violates this subsection may be removed for cause."