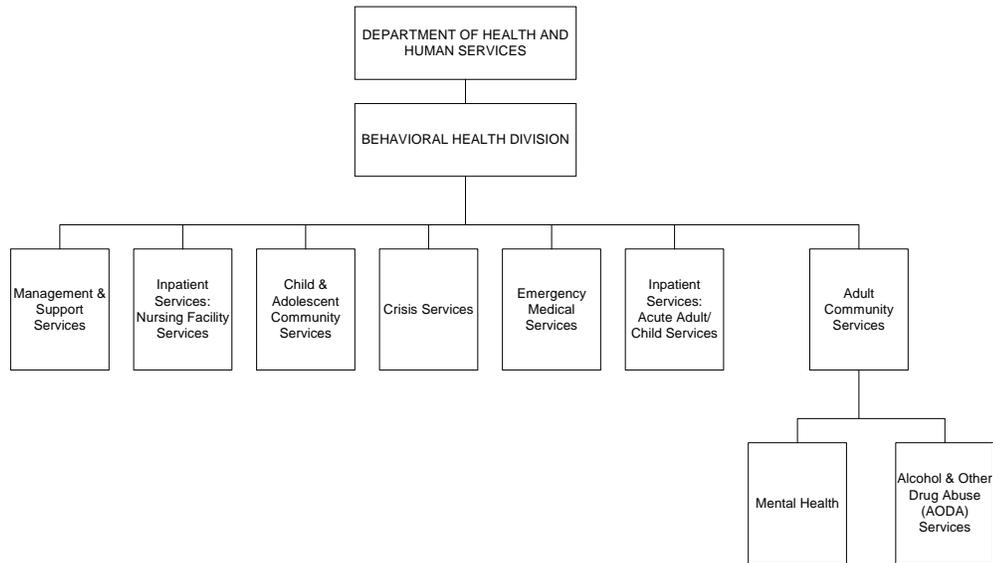


DHHS – Behavioral Health Division (6300)



MISSION

The Milwaukee County Department of Health and Human Services - 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 Department of Health and Human Services - 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

	2012	2011/2012 Change
Expenditures	185,307,008	(3,234,561)
Revenue	126,589,880	(2,646,484)
Levy	58,717,128	(588,077)
FTE's	837.4	(6.4)

Major Programmatic Changes

- Invest in additional Crisis Resource programs in the community
- Address on-going fiscal issues associated with reduced state revenues
- Implement recommendations from the Mental Health Redesign, including redeployment of resources to provide greater investments in community-based services
- Transition to an electronic medical records system
- Continue to align staffing with the evolving needs of the facility
- Achieve Joint Commission certification and invest in other quality improvement initiatives
- Explore and secure where possible enhanced Federal, State, and private grant revenues to mitigate State service cuts

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UNIT NO. 6300
FUND: General - 0077

OBJECTIVES

- Provide care and treatment for Milwaukee County residents with serious behavioral health disorders
- Promote clinical quality and safety for all patients as the highest priority
- Address on-going fiscal issues associated with revenues and staffing
- Continue investments to provide services in community-based settings
- Achieve Joint Commission (JC) certification
- Administer and coordinate all county-wide emergency medical services

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. BHD plans to revise the cost allocation in 2012.

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. 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 psychiatric hospital units with four specialized programs for adults and one specialized unit for children and adolescents. In 2012, BHD will implement the recommendations of the Gender Unit Work Group to reconfigure existing units to that of: two 24-bed adult units called General Acute Treatment Units, one 24-bed Women's-Option/Med-Psych Treatment Unit and one 12-bed Intensive Treatment Unit (ITU). 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 4 percent from 2009 with a total of 2,254 admissions in 2010. Approximately 70 to 80 percent of the admissions are considered involuntary. The median length of stay of the Acute Adult 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 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 lengths of stay have declined with the emphasis on community-based care through the Wraparound Program. In 2010, there were approximately 1,601 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

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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 second year of the "Access to Recovery – 3 (ATR)" grant. Along with 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 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 managed care entity under a contract with Medicaid for youth with serious emotional disturbance (SED) in Milwaukee County. Services are targeted to children and young adults up to age 24 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, age 16 to 24 with SED who need help obtaining mental health services, housing, employment, education, etc. as they transition to adulthood. The current total of available Wraparound slots per day is approximately 950. Child and Adolescent Community Services also operates the FISS Services Program for approximately 50 adolescents and their families who have a history of 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.

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 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 2010, there were nearly 53,000 clinical contacts in the various Crisis Services programs.

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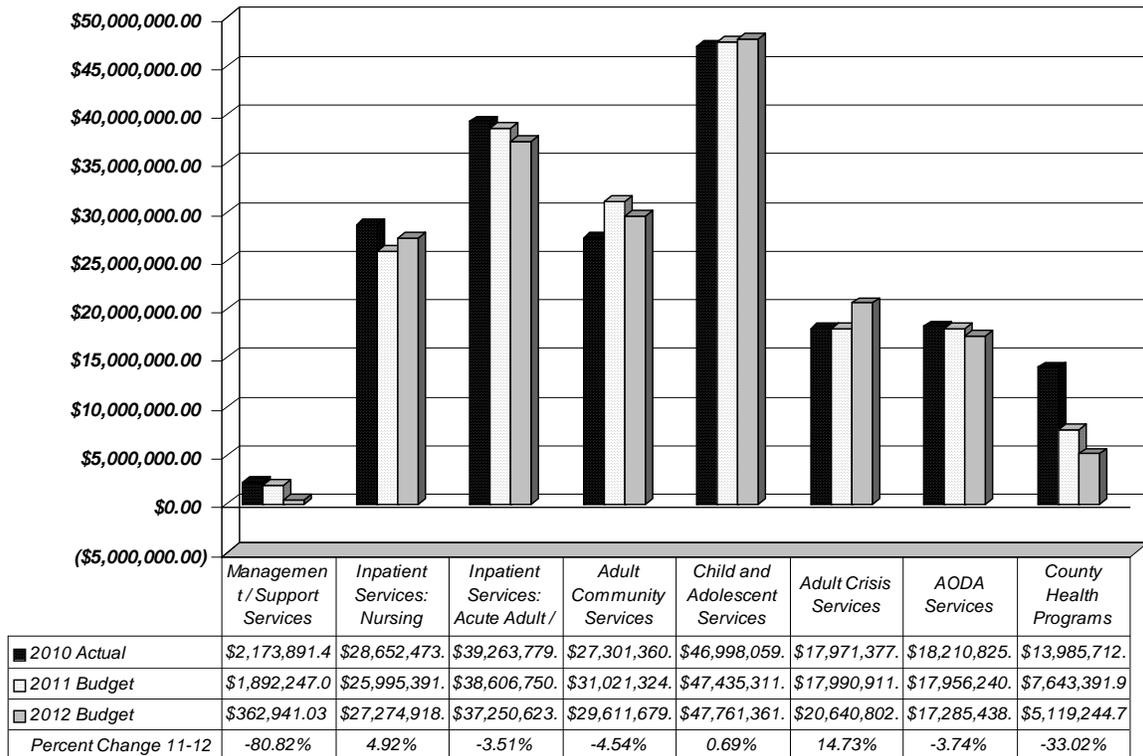
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Emergency Medical Services (EMS)

The Emergency Medical Services (EMS) is a Milwaukee County-managed and sponsored program designed to benefit the entire community. There are six major components: 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



2012 BUDGET

Approach and Priorities

- Address on-going fiscal issues created by decreased state revenues.
- Add resources for community-based services as part of the Mental Health Redesign and potential downsizing of the BHD facility.
- Continue investment in personnel and security to maintain and enhance safety and regulatory compliance.

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- Continue quality improvements and achieve Joint Commission certification.

Programmatic Impacts

- Coordinate, prioritize, and implement new mental health system design ideas through the Mental Health Redesign Task Force, including implementation of the Community Resource Investment initiative to increase adult community-based mental health services.
- Transition to an electronic medical records system that will streamline billing, reporting, and maintenance of patient health records.
- Reconfigure Acute Adult inpatient units consistent with the recommendations of the Gender Unit Work Group, and continue to explore possible downsizing of the Rehab Centers-Hilltop and the Child and Adolescent units within BHD where community capacity may be available.
- As State funding for Adult and Child and Adolescent Community Services is reduced, increase the amount of tax levy used to support core mental health services and scale back purchase of service contracts for adult AODA and Mobile Urgent Treatment Team services.
- Explore and secure where possible enhanced Federal, State, and private grant revenues to mitigate State service cuts.
- Redeploy existing personnel and create additional positions to align staffing with evolving facility needs.
- Increase funding for a security professional services contract and purchase additional security cameras and electronic locks to enhance patient safety.

Budget Highlights

State Budget Impact – Medical Assistance

Unknown

Included in the 2011-2013 State Biennial Budget is a \$500 million reduction to the Medical Assistance program to be implemented statewide over two years, though the budget does not identify how these savings will be achieved. Changes to eligibility requirements or funding reductions could have large implications for BHD as many areas within the division rely on Medicaid funding including: adult community services; inpatient and long-term care units; community-based programming such as Community Support Program (CSP); and Wraparound Milwaukee. BHD will continue to work with the State to minimize the impact of this change.

Mental Health Redesign and Community Resource Investment

\$3,033,062

Multiple efforts have been undertaken recently to study the existing mental health delivery system in Milwaukee County and offer recommendations for a possible redesign. In the spring of 2011, DHHS was given responsibility for establishing a Mental Health Redesign Task Force to be comprised of stakeholders from the public and private sectors, as well as providers, advocates and consumers. The Task Force will coordinate the recommendations put forth, and prioritize and implement the new mental health system design ideas and innovative strategies. Any savings achieved through closure or other initiatives in 2012 will be reprogrammed for community initiatives after BHD has achieved financial solvency.

In efforts to build community capacity that is vital to the framework of mental health redesign, BHD will implement a multifaceted initiative comprised of the following initiatives at a cost of \$3,033,062.

A community-based Crisis Stabilization program is created that will utilize Peer Specialists to provide support to clients as they transition from inpatient hospitalization back into their communities. Clients will be maintained in this program until they no longer require the service. BHD staff will provide clinical oversight, and a Stabilization Coordinator position is created in Adult Crisis Services, at a cost of \$75,870, to assist the Peer Specialists. BHD will acquire the Peer Specialists positions as well as a Peer Specialist Coordinator through purchase of service contracts in the amount of \$330,000.

Support is provided for an additional 8-bed crisis respite facility in the community by increasing purchase of service contracts by \$250,000. Two positions (1.5 FTE) of BH Emergency Service Clinician are created to provide clinical management of the new respite facility, at a cost of \$113,800.

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Further, \$330,000 will be used to develop additional community crisis options, including possible expansion of the crisis mobile team and \$1,400,000 will be used to support up to 2 new North Side Crisis Intervention Programs and assist with needs at the current South Side location. These north side programs will increase the level of service in the community for individuals experiencing psychiatric crisis as well as decrease the number of emergency detentions in Milwaukee County. One Quality Assurance Coordinator position is also created, at a cost of \$85,352, to coordinate and develop quality assurance/quality improvement plans and other strategic directives to ensure the highest quality of care is maintained in the new programs created through this initiative.

In conjunction with the Disabilities Services Division (DSD), a Developmental Disabilities-Mental Health Pilot Respite Program is also established to provide community treatment and supports to an identified group of individuals with a demonstrated high utilization of Adult Crisis Services. The Pilot will implement an Assertive Community Treatment model of care that is focused on prevention and primary care. DSD is planning to identify risk factors and explore implementation of additional community-based supports that may help to reduce the need for emergency services from Adult Crisis Services. To achieve these goals, four positions are redeployed from Targeted Case Management at a cost of \$338,040 and a purchase of service contract of \$110,000 is established. It is anticipated that this initiative will positively impact Adult Crisis Services' capacity and help to prevent costly inpatient admissions of individuals with developmental disabilities/mental health diagnoses.

BHD will continue several of the community-based initiatives begun in 2011, including: expansion of clinical training for Trauma Informed Care (TIC) to all clinical staff within the Acute Inpatient Hospital; contracting in the community on a fee-for-service basis for psychotherapy services and trauma counseling sessions by a licensed therapist; and additional support for the crisis resource center and crisis respite beds.

Targeted Case Management Outsourcing

(\$136,552)

The caseload covered by BHD's Targeted Case Management (TCM) will be assumed by community providers through increases to purchase of service contracts. The initiative will produce savings of \$876,552 including personnel, other expenditures and revenue reductions. This is offset by \$740,000 for purchase of additional community slots, resulting in a tax levy savings of \$136,552. Savings from this initiative will be used to help fund the Community Resource Investment initiative. The following four TCM staff positions will be redeployed to cover other needs created through the Community Resource Investment initiative: 2.0 FTE Human Ser Wkr MH and 2.0 FTE Psych Soc Wkr. The following TCM staff positions will be abolished upon vacancy (this initiative will not result in any layoffs):

- 1.0 FTE Office Supp Asst 2 (\$48,752)
- 1.0 FTE Human Ser Wkr MH (\$83,180)
- 2.0 FTE Occupational Therapist (\$194,496)
- 2.0 FTE Community Service Nurse (\$206,288)
- 1.0 FTE Human Services Supv MH (\$87,242)

Destination 2012 – Joint Commission

\$134,052

The Division continues to work toward Joint Commission (JC) certification with a goal to submit the application in 2012. Various initiatives in the 2012 Budget reflect this goal and BHD's commitment toward meeting JC certification. This includes increasing funding by \$40,000 to a total of \$80,000 to retain consultation services to assist BHD leadership in compliance and completion of the JC application. Additionally, BHD is creating a new Office of Compliance to be tasked with leading BHD's efforts to achieve and maintain compliance with JC standards. Additional positions will be redeployed from within BHD to this new office. Also, as a part of these compliance efforts, BHD is creating a Director of Social Work position to be tasked with oversight and management of social work staff at a cost of \$94,052, including salary and fringe benefits.

Electronic Medical Records Implementation

(\$1,300,000)

BHD plans to continue implementation of an electronic medical records (EMR) system begun in 2011, with completion targeted for the end of 2012. BHD has a total of \$834,500 dedicated to this initiative in 2012, which includes funding for Accenture (reduced by \$1,300,000) through the transition to the EMR and any remaining

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implementation cost related to the new EMR. All other implementation costs will be incurred in 2011. Additional savings due to increased revenue, decreased use of IT consulting and elimination of up-front, one-time items associated with the EMR are anticipated in 2013.

Revenue Maximization **\$500,000**
The 2011 Budget included a \$1.5 million revenue increase, offset with a one-time \$200,000 contract expense, associated with the Revenue Maximization initiative. Based on actual experience in 2011 and anticipated savings due to this initiative, in 2012 revenues are reduced by \$1.2 million, which is offset by contract reductions of \$700,000, resulting in a tax levy increase of \$500,000.

Pharmaceutical Services **(\$363,812)**
As a part of its ongoing effort to review contracts for potential cost savings, BHD will evaluate its pharmaceutical services and make formulary changes that will result in an anticipated savings of \$400,000. This is partially offset by an increase for the pharmacy contract of \$36,188 based on the existing contract.

Cost Report Analysis **(\$230,000)**
In 2012, BHD will undertake a review of all elements of the Medicaid Cost Report and the Wisconsin Medicaid Cost Reporting (WIMCR) system to ensure Medicaid reimbursement from the State is maximized. To complete this project, BHD plans to use an outside consultant at a cost of \$20,000, which is offset by increased anticipated revenue of \$250,000, for a net revenue increase of \$230,000.

Other Revenue Adjustments **\$263,511**
BHD conducted a review of revenues and made various adjustments based on actual experience. Matching Federal revenue for Income Maintenance work within BHD is reduced by \$127,995 based on notification reduced funding from the State. Dietary revenues are reduced by \$141,396, and TRIP revenues are increased by \$5,880. In addition, patient care revenues are realigned based on actual experience. This has no tax levy impact but does result in a shift of revenue from Inpatient – Acute to Inpatient – Nursing Facilities.

Psychiatry and Psychology Salaries **\$468,239**
Salary and benefit expense will increase by \$468,239 due to the implementation of position and other actions to reduce critical vacancies in Psychiatry and Psychology.

Department of Human Resources – Position Consolidation **(\$0)**
The 2012 Budget creates a new Department of Human Resources (HR) in order to provide a more coordinated and efficient use of County Resources. As a result, Human Resources staff that were budgeted and deployed throughout various County departments are now budgeted and allocated centrally within the new HR Department. 1.0 FTE Management Assistant – HR and 1.0 FTE HR Coordinator MHD are transferred to the HR Department.

Elimination of Step Increases for 2012 for Employees in Certain Pay Grades **(\$465,800)**
This budget includes an expenditure reduction of \$465,800 based on the elimination of step increases for 2012, as provided for in Chapter 17 of the Milwaukee County General Ordinances, for employees in certain pay grades. (See Appendix B for pay grades affected).

Management and Support Services

Security and Surveillance **(\$656)**
BHD includes \$1,088,148 for contracted security services in 2012. This includes an increase of \$170,000 based on 2010 actual utilization, partially offset by a reduction of \$110,656 due to prior year investments in security cameras that will eliminate the need for manned security posts in specific areas of the facility. The total change in the security contract is an increase of \$59,344. In addition, the investment in security cameras and electronic card readers begun in 2011 will be continued in 2012, though the ongoing amount of funds needed is reduced by

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\$60,000 to a total of \$50,000. All of these initiatives will continue to promote safety within the BHD facility in a cost-effective manner.

Environment of Care Investments **(\$350,000)**

In 2010 and 2011, significant repairs and major maintenance were performed throughout the BHD facility; therefore, the need for additional environmental improvements is lessened, and funding is reduced by \$350,000 in 2012. In addition, BHD has a skilled trades cross charge of \$854,739 for work performed by Facilities Management and dedicates 17.0 FTE of BHD staff that work specifically on facilities maintenance.

In addition, BHD is creating one position of Emergency Preparedness Coordinator that will work on JC requirements as well as focus on emergency planning for DHHS as a whole. The \$87,242 cost of this position is partially offset by the abolishment upon vacancy of 1.0 FTE Clerical Assistant 2 position within DHHS, for a savings of \$63,638. This results in a total cost of \$23,604 that is shared between DHHS and BHD. Moreover, DHHS is transferring to BHD an Operations Coordinator position responsible for operations at the BHD facility, and BHD is transferring to DHHS an Executive Assistant CHP that assists with DHHS operations. These transfers, with a net cost to BHD of \$31,604 in salary and active fringe benefits, are intended to improve management and services coordination between BHD and DHHS.

BHD is increasing its use of DTPW Sheet Metal and Steamfitter positions by .5 FTE each to reflect actual experience. This cost is included in the total skilled trades cross charge mentioned above.

Fleet Management Restructuring **(\$10,000)**

BHD will centralize management of its vehicle fleet and create a vehicle pool to ensure maximum availability and utilization of all vehicles. The centralization will also allow BHD to study whether future reductions to the size of the fleet are possible without impacting important community services. To begin, in 2012, BHD will sell two vehicles to achieve a one-time savings of \$10,000.

Dietary Initiative **(\$500,000)**

BHD plans to implement department-wide cost saving measures in dietary services, including reducing the price of snacks and meal supplements and changing the way food is served within BHD. Expenditures are decreased by a total of \$500,000 for BHD.

Contract Changes **(\$253,581)**

Various professional services contracts are adjusted for services within fiscal and central administration, psychiatry and medical service fees, and support services. These changes are based on actual utilization in 2010 and 2011 and anticipated needs in 2012 and result in savings of \$253,581.

Group Purchasing Organization Principles **(\$35,443)**

A reduction of 5 percent or \$35,443 is expected in Commodities expense by joining and implementing Group Purchasing Organization principles.

Advertising Expense **(\$20,000)**

Services expense is reduced by \$20,000 in Advertising expense to reflect past operating expenditure levels.

Day Hospital **\$0**

BHD will continue to rent out the majority of the unused 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 three current tenants generate approximately \$350,000 in rent revenue that helps offset BHD utility expenses.

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Administrative Position Changes

(\$30,528)

To better align staffing with the facility's needs, the following changes are made: create 1.0 FTE Director of Medical Staff Services (\$94,052), create .50 FTE Clerical Assistant I Hourly (\$14,450), and unfund upon vacancy 1.0 FTE Sewing Machine Operator II (\$55,940) and 1.0 FTE Medical Staff Coordinator (\$83,090).

Inpatient Services: Nursing Home Facilities

Hilltop Downsizing

\$0

In 2011, BHD began implementing an initiative to study the downsizing of units from the Rehab Centers Hilltop. BHD and the Disabilities Services Division have formed a workgroup, which has met multiple times in 2011 and reports to the Board regularly regarding progress made on this initiative. The workgroup will continue to work to identify community-based options for the potential relocation of Hilltop clients in 2012. Any savings achieved through closure or other initiatives in 2012 will be reprogrammed for community initiatives after BHD has achieved financial solvency.

Inpatient Services: Acute Adult/Child Services

Inpatient Unit Reconfigurations

\$0

BHD's primary focus is on providing patient centered care in a safe setting. To that end, in 2012, BHD will engage in detailed planning and implementation of the findings of the Gender Unit Work Group regarding reconfiguration of Acute Adult inpatient units. Specifically, a reconfiguration of the four Acute Adult inpatient units would create a 12-bed Intensive Treatment Unit (ITU) that is expected to be predominantly male, a combined Women's-Option/Med-Psych Treatment Unit, and two remaining mixed gender units designated as General Acute Treatment Units. The number of beds will be reduced from 24 to 12 on the ITU, and it is expected that staffing will remain at the current 2011 level in order to accommodate the greater level of acuity of the patients that will be assigned to the ITU. Any savings achieved through closure or other initiatives in 2012 will be reprogrammed for community initiatives after BHD has achieved financial solvency.

Future of Children and Adolescent Inpatient Services

\$0

BHD will conduct a thorough review of the fiscal and programmatic impacts and community options available related to a possible closure of the Child and Adolescent inpatient unit in 2013. If deemed appropriate, BHD will develop a Request For Proposals to solicit information regarding community capacity for a child and adolescent unit in 2013.

State Mental Health Institutes

\$230,000

Funding is increased over the 2011 level by \$230,000 to a total of \$990,000 for all children and adult patients placed in the State Mental Health Institutes based on actual experience. The State charges BHD \$330,000 annually per patient placed at one of the Institutes.

Clinical Positions

(\$373,916)

Staffing needs in Nursing Administration and the Psychiatry Department have evolved over time; therefore, BHD is abolishing 1.0 FTE CNA Coordinator (\$69,944) and 1.0 FTE Medical Director Acute (\$260,168). In addition, as part of an on-going initiative to reconcile positions within the Human Resources and budget systems, BHD will abolish 0.5 FTE vacant Occupational Therapist (\$43,804) position. Total savings for this initiative are \$373,916, including salary and active fringe benefits.

Adult Community Services: Mental Health

Revenue Reductions

\$703,223

The State's 2011-2013 Biennial Budget reduces funding for adult mental health community services by \$703,223 in 2012 stemming directly from the 10 percent General Purpose Revenue cut. BHD has been shifting focus to community-based mental health services and, although the State is reducing funding in this area, BHD

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determined that it would be counter-productive to reduce services by a like amount. Therefore, this cut in State funding results in a tax levy increase but will not result in any service reductions.

Potawatomi Revenue **\$0**
In 2012, Potawatomi revenue is maintained at \$837,203, with \$500,000 dedicated to AODA Services and \$337,203 to support client services in the community.

Position and Other Revenue and Expenditure Changes **(\$58,706)**
0.5 FTE RN 1 Pool (\$44,636) and 1.0 FTE Advanced Practitioner Nurse Prescriber – Pool are added to Adult Community Services based on actual experience and to provide staffing coverage for vacancies, sick leave, vacation, FMLA, and other time off. Also, based on careful review of actual experience, Community Options Program and other program revenues and expenditures are modified for a total savings of \$103,342.

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

Service Changes **\$225,000**
The State's 2011-2013 Biennial Budget reduces funding for adult AODA community services by \$493,900 in 2012 stemming directly from the 10 percent General Purpose Revenue cut. The reduction in State funding for AODA community services will be partially offset by service reductions in the amount of \$268,900, resulting in a tax levy increase of \$225,000. It is possible that anticipated changes in the AODA Block Grant allocation in 2012 at the State level could benefit Milwaukee County and allow for an additional restoration of these services.

Realign Detox Funding **(\$300,000)**
Expenditures will decrease by \$300,000 by realigning Detox funding from a medical to social model. 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. 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.

Child and Adolescent Community Services

Overview and Slot Delineation **\$0**
The 2012 Budget for Wraparound Milwaukee includes \$746,201 of increased revenues and corresponding expenditure increases to support the programs listed below. The change in revenue incorporates an estimated \$15,000 reduction in funding, including \$7,500 for the FISS program, stemming directly from the 10 percent General Purpose Revenue cut contained in the State's 2011-2013 Biennial Budget.

- Wraparound Milwaukee will serve a projected average daily enrollment of 900 children in 2012 in all of its programs.
- The FOCUS program will serve up to 47 youth who would otherwise be committed to Juvenile Corrections.
- The FISS program will serve approximately 50 families per month.
- The Wraparound Milwaukee REACH program will serve approximately 225 youth.

Milwaukee Public Schools MUTT Team Elimination **\$0**
The Wraparound Milwaukee Mobile Urgent Treatment Team (MUTT) has provided crisis intervention services to Milwaukee Public Schools (MPS) since January 2007. The MUTT team's role with MPS has included telephone response (about 500-600 calls each school year); face-to-face crisis interventions; referral to Wraparound Milwaukee and REACH (100 referrals annually); and training and consultation to MPS schools, teachers, and

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counselors on identifying mental health issues, crisis intervention techniques and classroom management (10 trainings given in 2011). Due to the MPS reductions in the 2011-13 State Biennial Budget, \$426,458 in funding for MUTT services was eliminated from the MPS budget as of June 30, 2011. Accordingly, the 2012 Budget reduces revenue and contract expenditures by a like amount in Wraparound. All positions previously dedicated to the MPS MUTT team are absorbed elsewhere within the area.

Wrap Program Revenue **(\$144,958)**

Wrap program revenue is reduced by \$144,958 to reflect salary and fringe benefit changes incorporated in the 2012 budget. Wrap program revenue is based on total salary and benefit costs for program resources.

Adult Crisis Services

See Department-Wide Initiatives – Community Resource Investment

Emergency Medical Services (EMS)

Revenue Reductions **\$300,000**

Revenues from subrogation are reduced from \$500,000 to \$200,000. This revenue source has been decreasing for many years as a result of the billing and collections activity shift to the municipalities and BHD is reducing the budgeted amount to reflect actual experience.

Position Changes **\$97,474**

EMS Training and Communication needs have increased in recent years. To provide more flexibility for staffing trainings and effective operation of the EMS Command Center, 1.0 FTE EMS Instructor, at a cost of \$85,122, .50 FTE position of EMS Instructor Hourly, at a cost of \$28,598, and .30 FTE position of EMS Communicator Hourly, at a cost of \$11,236, are added for a total cost of \$124,958. The increase in the number of EMS Instructor positions will allow EMS to better meet the training demands of municipalities, and bring in additional revenue to offset the cost of the position. Moreover, a 1.0 FTE Lead EMS Communicator position is created, at a cost of \$72,168, to aid in managing the EMS Command Center. The cost of this new position will be partially offset by abolishing upon vacancy 1.0 FTE EMS Communicator, at a savings of \$66,462.

EMS will fund one .50 FTE position of Secretarial Assistant to the Training Center at a cost of \$26,514 to assist with the associated workload of offering additional training classes. Further, by capitalizing on existing purchasing and distribution infrastructure within BHD, EMS will abolish 1.0 FTE Stores Clerk 1 position for a savings of \$59,702.

EMS Fees **(\$85,000)**

EMS fees for American Heart Association courses are increased over 2011 levels in 2012. This, combined with the increase in the number of EMS classes offered, will increase revenue by \$85,000.

EMS Subsidy to Local Municipalities **(\$3,000,000)**

The EMS subsidy of \$3,000,000 paid to specific Milwaukee County municipalities is eliminated.

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DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300
FUND: General - 0077

AHA Courses Offered by the Community Training Center				
Service	2011 Fee	2012 Fee	2011/2012 Change	
Basic Life Support (CPR) Health Care Provider	\$75	\$80	\$5	
Basic Life Support (CPR) Health Care Provider (Skill testing only)*	\$55	\$60	\$5	
Basic Life Support (CPR) in conjunction with ACLS	\$50	\$60	\$10	
Advanced Cardiac Life Support (per person)	\$250	\$275	\$25	
Advanced Cardiac Life Support (per person) (Skill testing only)*	\$125	\$150	\$25	
Pediatric Advanced Life Support (per person)	\$280	\$300	\$20	
Advanced Life Support Instructor (per person)	\$175	\$200	\$25	
Pediatric Advanced Life Support Instructor/Person	\$175	\$200	\$25	
Basic Life Support (CPR) Instructor/Person	\$125	\$150	\$25	
Automatic Electronic Defibrillator (per person)	\$50	\$75	\$25	
Heartsaver CPR	\$50	\$75	\$25	
Children and Infant CPR	\$50	\$75	\$25	
Heartsaver/First Aid	\$65	\$75	\$10	
EMS Courses Offered by the Education Center Service				
Service	2011 Fee	2012 Fee	2011/2012 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	2011 Fee	2012 Fee	2011/2012 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)

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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 12/31/11</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

BUDGET SUMMARY				
Account Summary	2010 Actual	2011 Budget	2012 Budget	2011/2012 Change
Personal Services (w/o EFB)	\$ 46,576,119	\$ 46,274,412	\$ 46,529,006	\$ 254,594
Employee Fringe Benefits (EFB)	32,817,657	31,134,762	30,635,309	(499,453)
Services	20,470,859	22,101,275	16,782,810	(5,318,465)
Commodities	6,855,387	7,192,724	6,561,252	(631,472)
Other Charges	81,881,899	75,087,830	78,309,772	3,221,942
Debt & Depreciation	0	0	0	0
Capital Outlay	98,145	850,000	440,000	(410,000)
Capital Contra	0	0	0	0
County Service Charges	38,645,991	44,894,928	42,734,057	(2,160,871)
Abatements	(32,788,577)	(38,994,362)	(36,685,198)	2,309,164
Total Expenditures	\$ 194,557,480	\$ 188,541,569	\$ 185,307,008	\$ (3,234,561)
Direct Revenue	61,088,670	59,465,549	58,769,319	(696,230)
State & Federal Revenue	61,227,217	59,845,225	58,019,971	(1,825,254)
Indirect Revenue	9,932,388	9,925,590	9,800,590	(125,000)
Total Revenue	\$ 132,248,278	\$ 129,236,364	\$ 126,589,880	\$ (2,646,484)
Direct Total Tax Levy	62,309,202	59,305,205	58,717,128	(588,077)

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PERSONNEL SUMMARY				
	2010 Actual	2011 Budget	2012 Budget	2011/2012 Change
Position Equivalent (Funded)*	827.7	843.8	837.4	(6.4)
% of Gross Wages Funded	92.9	92.7	92.0	(0.7)
Overtime (Dollars)	\$ 4,292,202	\$ 3,072,299	\$ 3,072,984	\$ 204
Overtime (Equivalent to Position)	46.4	57.3	58.5	1.2

* For 2010 Actuals, the Position Equivalent is the budgeted amount.

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Occupational Therapist	53460	Abolish	(1)	(0.5)	Acute Adult	\$ (29,208)
Quality Assur Coord	58026	Create	1	1.0	Adult Community	56,272
RN 1 Pool	44510	Fund	1	0.5	Adult Community	41,466
Comm Service Nurse (PR 18N)*	44611	Abolish	(2)	(2.0)	Adult Community	(141,946)
Adv Prac Nurse Prescriber - Pool	45750	Create	1	1.0	Adult Community	0
Office Supp Asst 2*	00007	Abolish	(1)	(1.0)	Adult Community	(26,804)
Occupational Therapist*	53460	Abolish	(2)	(2.0)	Adult Community	(136,312)
Human Services Supv MH*	55420	Abolish	(1)	(1.0)	Adult Community	(58,104)
Human Ser Wkr MH*	56630	Abolish	(1)	(1.0)	Adult Community	(54,818)
Med Director Acute Serv	50843	Abolish	(1)	(1.0)	Child & Adolescent	(198,042)
BH Emer Serv Clinician	59025	Create	2	1.5	Crisis Services	73,348
Stabilization Coord	Z0030	Create	1	1.0	Crisis Services	48,896
Stores Clerk 1	06500	Abolish	(1)	(1.0)	EMS	(35,818)
Secretarial Asst	00066	Fund	1	0.5	EMS	15,208
EMS Instructor	54820	Create	1	1.0	EMS	56,390
Lead EMS Communicator	Z0024	Create	1	1.0	EMS	45,908
EMS Communicator*	64410	Abolish	(1)	(1.0)	EMS	(41,286)
EMS Instructor Hrly	54821	Create	1	0.5	EMS	28,194
EMS Communicator Hrly	64400	Create	2	0.3	EMS	11,076
Director of Med Staff Svcs	Z0016	Create	1	1	Management Svcs	63,610
Med Staff Coordinator*	52115	Unfund	(1)	(1.0)	Management Svcs	(54,752)
Director of Social Work	Z0017	Create	1	1.0	Management Svcs	63,610
Emergency Preparedness Coord	Z0023	Create	1	1.0	Management Svcs	58,104
Sewing Mach Oper 2*	16050	Unfund	(1)	(1.0)	Management Svcs	(32,768)
Mgmnt Asst - HR	76610	Transfer Out	(1)	(1.0)	Management Svcs	(43,818)
HR Coord MHD	6980	Transfer Out	(1)	(1.0)	Management Svcs	(69,390)
Clerical Asst 1 Hrly	00043	Create	1	0.5	Management Svcs	14,246
Executive Assistant CHP	00061	Transfer Out	(1)	(1.0)	Management Svcs	(43,818)
Operations Coord	20220	Transfer In	1	1.0	Management Svcs	69,390
CNA Coordinator	43850	Abolish	(1)	(1.0)	Nursing Services	(44,104)
					Total	\$ (365,270)

*Upon Vacancy

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ORGANIZATIONAL COST SUMMARY					
DIVISION		2010 Actual	2011 Budget	2012 Budget	2011/2012 Change
Management / Support Services	Expenditure	\$ 2,173,891	\$ 1,892,247	\$ 362,941	\$ (1,529,306)
	Revenue	1,076,911	2,855,123	1,769,607	(1,085,516)
	Tax Levy	\$ 1,096,980	\$ (962,876)	\$ (1,406,666)	\$ (443,790)
Inpatient Services: Nursing Facility Services	Expenditure	\$ 28,652,474	\$ 25,995,392	\$ 27,274,918	\$ 1,279,527
	Revenue	9,843,188	9,317,835	10,437,835	1,120,000
	Tax Levy	\$ 18,809,286	\$ 16,677,557	\$ 16,837,083	\$ 159,527
Inpatient Services: Acute Adult / Child Services	Expenditure	\$ 39,263,779	\$ 38,606,751	\$ 37,250,623	\$ (1,356,128)
	Revenue	14,831,592	13,654,373	12,534,373	(1,120,000)
	Tax Levy	\$ 24,432,187	\$ 24,952,378	\$ 24,716,250	\$ (236,128)
Adult Community Services	Expenditure	\$ 27,301,360	\$ 31,021,324	\$ 29,611,679	\$ (1,409,645)
	Revenue	26,986,929	26,427,368	25,161,311	(1,266,057)
	Tax Levy	\$ 314,431	\$ 4,593,956	\$ 4,450,368	\$ (143,588)
Child and Adolescent Services	Expenditure	\$ 46,998,059	\$ 47,435,311	\$ 47,761,361	\$ 326,050
	Revenue	47,733,371	47,669,909	48,137,938	468,029
	Tax Levy	\$ (735,312)	\$ (234,598)	\$ (376,577)	\$ (141,979)
Adult Crisis Services	Expenditure	\$ 17,971,377	\$ 17,990,912	\$ 20,640,802	\$ 2,649,890
	Revenue	13,654,181	12,002,522	12,002,522	0
	Tax Levy	\$ 4,317,196	\$ 5,988,390	\$ 8,638,280	\$ 2,649,890
AODA Services	Expenditure	\$ 18,210,826	\$ 17,956,241	\$ 17,285,438	\$ (670,802)
	Revenue	17,311,573	16,381,589	15,808,649	(572,940)
	Tax Levy	\$ 899,253	\$ 1,574,652	\$ 1,476,789	\$ (97,862)
County Health Programs	Expenditure	\$ 13,985,713	\$ 7,643,392	\$ 5,119,245	\$ (2,524,147)
	Revenue	810,534	927,645	737,645	(190,000)
	Tax Levy	\$ 13,175,179	\$ 6,715,747	\$ 4,381,600	\$ (2,334,147)

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 severely liable to the county for the full amount paid. A county employee who knowingly violates this subsection may be removed for cause."