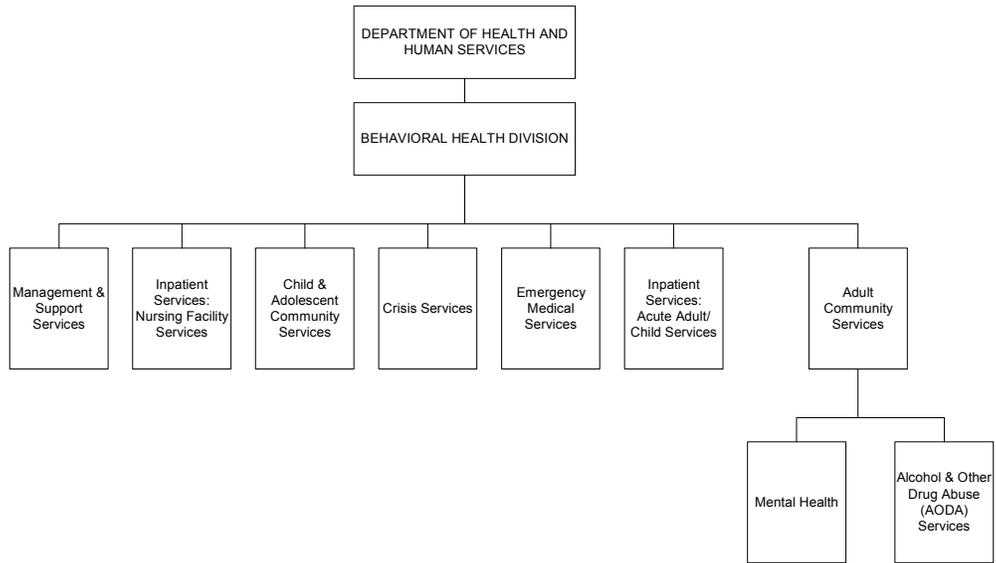


DHHS - BEHAVIORAL HEALTH DIVISION (6300)



MISSION

The Milwaukee County Department of Health and Human Services (DHHS) – Behavioral Health Division is a public sector system of integrated treatment that promotes resilience, recovery, and well-being 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

- Person-centered care
- Best practice standards and optimal outcomes
- Accountability at all levels
- Resiliency and recovery support in the least restrictive environment
- Integrated service delivery across the continuum of care

Budget Summary		
	2013	2012/2013 Change
Expenditures	177,003,401	(10,782,236)
Revenue	113,921,131	(12,701,373)
Levy	63,082,270	1,919,137
FTE's	801.0	(36.4)
Major Programmatic Focus		
<ul style="list-style-type: none"> • Continue to transition to a recovery focused system of care. • Increase community-based services including one Community Support Program and programming for 24 individuals currently residing within the Center for Independence and Development. • Redesign services in the Center for Independence and Development. • Continue implementation of recommendations from the Mental Health Redesign, including greater investments in community-based services. • Close one Acute Adult Inpatient unit based on census. • Capture additional revenue from State and private funding sources. • Implement an Electronic Medical Records (EMR) system. • Achieve Joint Commission certification and invest in other quality improvement initiatives. • Continue to align staffing with the evolving needs of the facility and community. 		

OBJECTIVES

- Provide high quality care and treatment for Milwaukee County residents with serious behavioral health disorders in the least restrictive environment with a recovery orientation.
- Promote clinical quality and safety for all patients as the highest priority.
- Invest in services in community-based settings.
- Complete implementation of the Electronic Medical Records system.
- Achieve Joint Commission (JC) certification.
- Address on-going fiscal issues and align staffing for maximum efficiency.
- 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 and Medical Staff, Office of Clinical Compliance, 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. As BHD continues its transition to more community-based services provided by community partners, it is essential that adequate oversight and quality evaluation is in place. 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 will be implementing a new initiative to review and revise the cost reports in 2012 and 2013.

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 Center for Independence and Development (formerly Rehabilitation Center-Hilltop) will be a 48-bed Title XIX certified facility for Persons with Developmental Disabilities following the closure of 24 beds proposed in this budget. The facility provides active treatment programs and an environment specially designed for residents with dual diagnoses of developmental disability and serious behavioral health conditions. By July 1, 2013, BHD will reduce the number of licensed beds in the Center for Independence and Development, from 72 to 48, by placing 24 clients into community-based settings and reconfiguring the programming for the remaining clients.

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 implemented the recommendations of the Gender Unit Work Group and reconfigured existing Acute Adult units to: two 24-bed units called Acute Treatment Units (ATUs), one 24-bed Women's Treatment Unit (WTU) and one 12-16 bed Intensive Treatment Unit (ITU). The 2013 Budget proposes the closure of one of the ATUs as of April 1, 2013.

For the past several years, BHD has been working collaboratively with private inpatient mental health providers to transfer clients needing inpatient admission from BHD Crisis Services to their facilities based on clinical, financial and administrative criteria and patient choice. As the number of transfers increases, the demand for beds at BHD decreases. Admissions to the Acute Adult hospital have decreased 18 percent from 2010 to a total of 1,846 admissions in 2011. Approximately 70 to 80 percent of the admissions are considered involuntary. The median length of stay of the Acute Adult hospital is eight days.

All of 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. The WTU program provides specialized services for women recovering from complex and co-occurring severe mental health disorders. The ITU program provides a safe, supportive environment for those individuals with mental health conditions who are at high risk for aggressive behavior and in need of intensive behavioral and pharmacological interventions.

The Child and Adolescent Inpatient Services (CAIS) unit provides inpatient care to individuals age 18 and under that require secure short-term or occasionally extended hospitalization. CAIS continues to provide all emergency

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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 due to the emphasis on community-based care through the Wraparound Program. In 2011, there were 1,343 admissions to the CAIS unit. Of those patients admitted to CAIS, 88% are ages 12 and older. The average length of stay is 2.34 days.

Adult Community Services: Mental Health

Adult Community Services is composed of community-based services for persons with a serious and persistent mental illness, a substance use disorder or both. The majority of services in the mental health program area are provided through purchase of service 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, Day Treatment, Community Based Residential Facilities, Targeted Case Management, Outpatient Treatment for indigent individuals and Prevention and Intervention Services. Services are designed to provide for a single mental health delivery system that reduces an individual's time institutionalized by promoting consumer independence and recovery. Adult 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 include funds for the third year of the "Access to Recovery (ATR) – 3" grant. Along with Temporary Assistance for Needy Families (TANF), AODA Block Grant and other Federal, State & local funds, ATR maintains a voucher network for the AODA system, which is now called Wiser Choice. Wiser Choice provides access to a range of services, including clinical treatment, recovery support coordination and recovery support services. Specifically, AODA funds are directed toward four purposes: (1) fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time; (2) fund those priority treatment and support services that demonstrate success in improving outcomes and/or support recovery; (3) fund primary prevention – universal, selective and indicated prevention strategies for persons not identified as needing treatment; and, (4) collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services. Pregnant women and intravenous drug users must be served as a first priority. Remaining purchase of service contracts are specifically for detoxification, prevention, intervention and central intake unit services. Efforts are ongoing to create greater integration between the AODA and Mental Health systems.

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 and the Family Intervention and Support Services (FISS) Program. 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. Wraparound Milwaukee is now also providing educational advocacy services to the Bureau of Milwaukee Child Welfare for children whose placements are at risk due to behavioral issues in school.

The Wraparound Milwaukee Program functions as a unique managed care entity under a contract and federal 1915(a) agreement 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 five 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 – typically referrals are made through the school systems and are for non-court involved SED youth; FOCUS – collaborative program with Delinquency and Court Services for SED youth at risk of juvenile correctional placement; Re-Entry Program - for SED youth transitioning out of the Department of Corrections and Healthy Transitions Program (Project O'YEAH) – for youth, ages 16 to 24 with SED who need help obtaining mental health services, housing, employment, education, etc. as they transition to adulthood. There are currently

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approximately 1,000 slots available on a daily basis for Wraparound. 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. In 2013, Wraparound Milwaukee will also be providing FISS assessment services for the Bureau of Milwaukee Child Welfare.

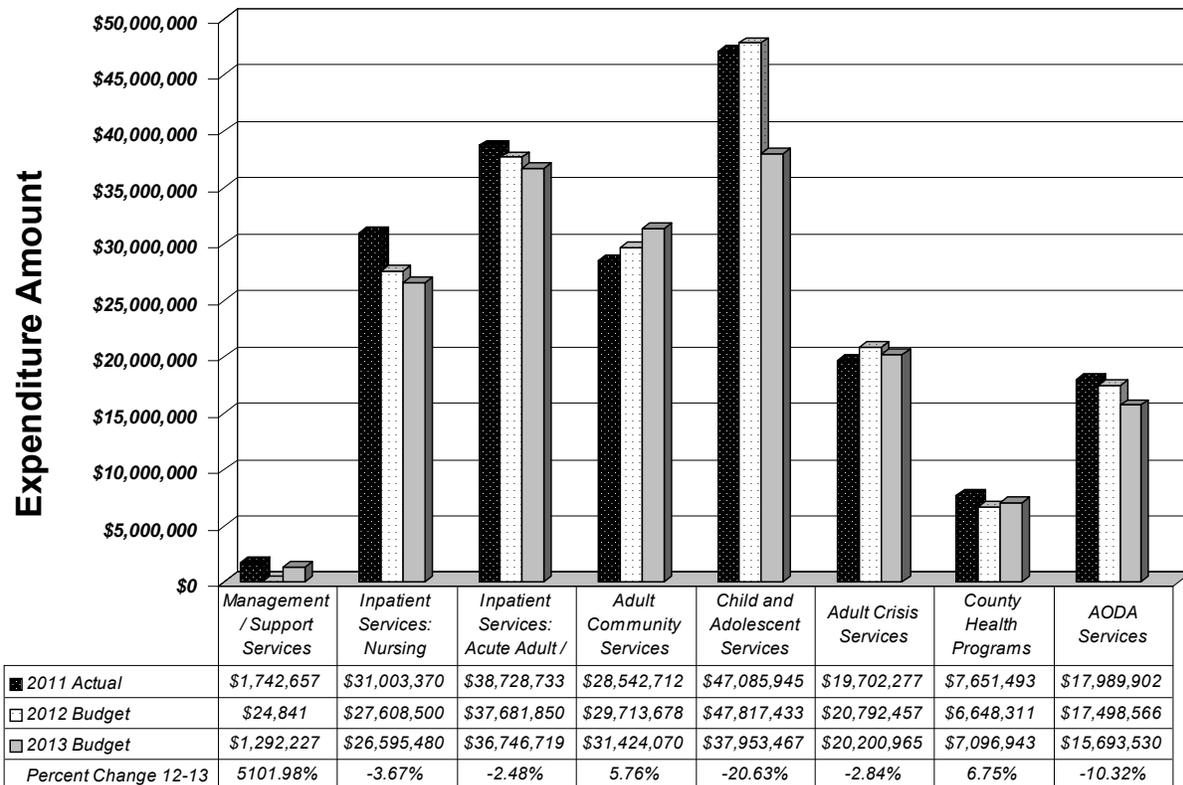
Crisis Services

Crisis Services is composed of multiple programs, both within BHD and with partners in the community 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 Access Clinic, an Observation Unit, the Crisis Line, Mobile Crisis Teams, a Geriatric Psychiatry Team, three community-based eight-bed Crisis Stabilization Centers, and a Peer Specialist program that provides discharge services in the community. All of these represent a comprehensive continuum of care to promote community success by reducing readmissions and decreasing length of stay. A multi-disciplinary team of mental health professionals provides these services.

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).

Expenditure Summary



2013 BUDGET

Approach and Priorities

- Maintain investments in community-based services as part of the Mental Health Redesign and begin downsizing of BHD-operated services.
- Provide resources for the Electronic Medical Records (EMR) system to ensure a successful implementation and transition.
- Pursue additional investments in equipment and security to maintain and enhance safety and regulatory compliance.
- Continue quality improvements and achieve Joint Commission certification.
- Continue to address on-going fiscal issues.

Programmatic Impacts

- Continue to coordinate, prioritize, and implement new mental health system design ideas through the Mental Health Redesign Task Force, with a focus on a recovery-based philosophy which supports increased adult community-based mental health services and decreased reliance on inpatient services.
- Implement an EMR system that will streamline billing, reporting, and maintenance of patient health records, and also enhance BHD's ability to follow clients into the community and ensure appropriate levels of service and intervention by community providers.
- Secure community placement for 24 existing Center for Independence and Development (formerly Rehabilitation Center-Hilltop) clients, and substantially reconfigure the programming for the clients that remain.

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- Partnering with community providers to reduce the number of Acute Adult inpatient beds.
- Transition the caseloads for the Community Support Program-Downtown to a community-based provider through the competitive bidding process.
- Capture additional revenue through changes to BHD's State cost reporting and agreements with Care Management Organizations.
- Redeploy existing personnel and create additional positions to align staffing with evolving priorities and needs.
- Enhance patient safety by increasing funding for a security professional services contract and purchase additional security cameras and electronic locks.

Budget Highlights

Department Wide Initiatives

Mental Health Redesign and Community Resource Investment **(\$24,714)**

BHD will continue efforts to build the community capacity that is vital to the framework developed by the Mental Health Redesign Task Force. The community resource investment for community-based services made in the 2012 Budget is continued in 2013 and will be used to continue funding programs that began in 2012, including: a community-based stabilization program; an additional eight-bed Crisis Stabilization Center; expansion of the Crisis Mobile Team; an additional Crisis Resource Center; a Developmental Disabilities-Mental Health Respite Program; and quality improvement initiatives.

In addition, Targeted Case Management purchase of service contracts are increased by \$25,000 to expand the continuum of care for clients requiring a lower level of service. This expansion will allow clients that only need monthly contact the ability to retain other benefits as well as meet the co-participation requirement for the Community Recovery Services psychosocial benefit that BHD is exploring. Mental Health purchase of service contracts are also increased by \$25,000 to include additional peer support services. Mental Health Redesign recommendations have pointed to a need for a "wellness" system, which can be achieved by developing this level of care.

BHD continues several community-based investments, including expansion of the Trauma Informed Care (TIC) program; additional outpatient and community care services; and greater support for the Crisis Resource Center and Crisis Stabilization Centers. In addition, the efforts to create greater integration between Adult AODA and Mental Health services continue, in recognition of the fact that more than 70% of clients have a need for both services.

As a result of multiple recommendations from the Mental Health Redesign Task Force, BHD and the DHHS Housing Division are working together on a new initiative to provide \$74,714 in funding to support the creation of 1.0 FTE Community Intervention Specialist – Housing. This position will assist in identifying housing resources for consumers being discharged from hospitals, shelters, and correctional institutions. Funding for the position is transferred from BHD to DHHS, resulting in a zero tax levy impact for DHHS and BHD combined. BHD is also creating 1.0 FTE Behavioral Health Prevention Coordinator to coordinate, implement, administer, and evaluate the behavioral health prevention programs in the County. The total cost of this position including salary, social security, and active fringe benefits is \$94,392 and will be funded with community resource investment funds. There is no levy impact as a result of the creation of this position.

Destination 2012 – Joint Commission **\$55,000**

BHD continues to work toward Joint Commission (JC) certification with a goal to achieve accreditation in 2013. The 2013 Budget reflects this goal by increasing consultation services and evaluation contracts by \$50,000, to a total of \$130,000, to assist BHD leadership in compliance and completion of the JC survey. Additionally, \$5,000 is added to cover the costs associated with the JC survey.

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Electronic Medical Records (EMR) Implementation **\$1,269,000**

BHD is in the implementation phase of the Electronic Medical Records (EMR) system, which began in 2011 and is targeted for completion by the end of 2013. BHD has a total of \$2,103,500 dedicated to this initiative in 2013, which includes funding for hosting fees for the new EMR system, support for the current IT system through the transition to the EMR, dedicated IMSD technical support for the new system, project management consultation, and other implementation costs related to the new EMR. This funding, which remains at the same level used for Accenture prior to 2012, is providing a significant enhancement to the IT and business systems at BHD. Additional savings due to increased revenue, decreased use of IT and project management consulting and elimination of up-front, one-time items associated with the EMR are anticipated in 2014.

Basic County Allocation Changes **\$1,822,497**

Effective January 1, 2012, the State budget repealed the requirement that Milwaukee County provide at least \$2.7 million in county property tax levy to support the Income Maintenance program and replaced it with a reduction to the county's BCA of the same amount. As a result, the 2013 Budget reduces the BCA allocation by \$2.7 million (\$512,831 in the Delinquency and Court Services Division, \$364,672 in the Disabilities Services Division and \$1,822,497 in BHD). These reductions result in a combined total tax levy increase of \$2.7 million for 2013, offset by a reduction of \$2.7 million in expenditures, previously budgeted in the Economic Support Division of DHHS. Since the BHD budget only includes the BCA reduction of \$1,822,497 and the DHHS budget includes a total expenditure reduction of \$2.7 million and a revenue reduction of \$877,503, tax levy is increased by \$1,822,497 in this department. However, the departmental budget for DHHS (Org. Unit 8000) includes an offsetting levy decrease of \$1,822,497. The net effect of these changes is a \$0 levy impact for DHHS and BHD combined.

Pharmaceutical Services **\$29,456**

As a part of its ongoing effort to control costs associated with the pharmacy contract, BHD is creating 1.0 FTE Pharmacy Services Director, at a cost of \$129,456 including salary and active fringe benefits. This position will direct and manage all aspects of the contracted pharmacy services provided to clients of BHD. In addition, it is anticipated that this position will consult on complex patient situations including clients needing one-to-one levels of care and enhance BHD treatment planning and delivery of care. As a result of this position, \$100,000 in pharmacy savings is anticipated and the pharmacy contract is reduced accordingly.

Cost Report Revenue **(\$2,228,000)**

In 2012, BHD hired a consultant to review all elements of the Medicaid Cost Report and the Wisconsin Medicaid Cost Reporting (WIMCR) system to ensure Medicaid reimbursement from the State was maximized. Due to this review, it is expected that BHD will be able to draw down an additional \$2,400,000 in revenue in 2013. The additional revenue is offset by a consultant fee of 8% of the anticipated additional revenue generated, or approximately \$192,000. A \$20,000 professional services contract for this project from 2012 is maintained in 2013 and will be applied toward the consultant fee, resulting in a total savings from this initiative of \$2,228,000.

Other Revenue and Expenditure Adjustments Based on Actuals **\$191,731**

BHD conducted a review of revenues and expenditures and made various adjustments based on actual experience. Revenue associated with the revenue maximization initiative in 2011 is reduced by \$300,000. Dietary revenues are reduced by \$18,000 and EMS fee revenues are reduced by \$80,000. TRIP revenues are increased by \$216,787 and State supplemental bed payments for long-term care increased by \$123,000. Adjustments to the amount spent on payments to patients and received as revenue from recoveries result in a net increase of \$29,955.

Also included are funds for new initiatives that started 2012 and are continued in 2013. Specifically, BHD will expend \$15,000 for MANDT training for staff to reduce the use of seclusion and restraint and \$20,000 for nursing staff professional attire. BHD increased utility costs by \$50,563 due to inflation and added \$18,000 for the delivery of sandwiches to Crisis Services.

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Unemployment Compensation

\$50,000

As a result of the staffing reductions planned for 2013, unemployment compensation is increased by \$50,000. BHD will work to maximize the number of staff that can be absorbed within existing vacancies, though some layoffs are still anticipated.

Management and Support Services

Security and Surveillance

\$82,634

BHD includes \$1,261,948 for contracted security services in 2013. This includes an increase of \$200,000 based on 2011 and 2012 utilization and reductions related to downsizing of beds in other areas of BHD (reductions are accounted for within those initiatives). In addition, the investment in security cameras and electronic card readers is continued in 2013.

The Sheriff's 2010 report on safety at the BHD complex included a recommendation to post security personnel at the front entrance to better control access into and out of the facility. In 2013, BHD will implement this recommendation on 1st and 2nd shifts by increasing the security contract by \$116,800. Security staff will perform the administrative functions of the front desk, including answering and directing telephone calls, checking in visitors, and additionally will be responsible for preventing unauthorized entry and exit. To offset the contract increase, BHD will abolish and transfer the Office Support Assistant 2 positions that currently staff the front desk during 1st and 2nd shifts and make the following position actions as of January 1, 2013 that result in a savings of \$234,166:

- Abolish 3.5 FTE Office Supp Asst 2 (\$186,396)
- Transfer 1.0 FTE Office Supp Asst 2 to Department of Health and Human Services (\$47,770)

All of these initiatives will continue to promote safety within the BHD facility in a cost-effective manner.

Environment of Care Investments

\$64,975

In 2013, BHD will continue an investment of \$150,000 in major maintenance funding to build upon the significant repairs and maintenance that were performed between 2010-2012. Time and materials contracts are increased by \$65,000 based on actual utilization, partially offset by a decrease of \$31,025 in unused professional services contracts. Additionally, \$15,000 is provided for ongoing fees associated with maintenance and work order system investments made in 2012, as well as \$16,000 for a system to electronically track all environment of care issues. These technology investments assist BHD in meeting the requirements of Joint Commission and allow for more efficient and effective management of facility operations.

Dietary Changes

\$264,345

Based on 2011 and 2012 actual utilization, the dietary contract is increased by \$332,353. Also, based on actual use and client needs, BHD will abolish 1.0 FTE Dietitian 1 position as of January 1, 2013, for a savings of \$68,008. The total cost of these changes is \$264,345.

Multifunctional Device Leases

\$68,166

Since 2011, BHD has been developing a multi-year plan to move away from owning its stock of copiers and printers toward leasing multifunctional copier/printer/scanner/fax devices. In 2013, the number of leased devices is increased by 14, to a total of 25, at a cost of \$26,166. Additionally, BHD will receive document management services from its copier vendor, at a cost of \$42,000, that will provide all maintenance and track per device usage and costs to better inform the leasing plan. All services, toner and maintenance for BHD copiers and printers will be included with the exception of paper. Ultimately, this initiative will reduce the number of copy and print devices in the facility, replacing them with fewer, more cost-effective multipurpose machines. BHD anticipates that the cost of additional leases in future years will be paid for through reduced copier/printer supplies, overhead and maintenance costs.

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Contract Changes

(\$70,113)

Various professional services contracts are adjusted for services within fiscal and central administration, medical service fees, and support services for a total expenditure reduction of \$115,113. These changes are based on actual utilization in 2011 and 2012 and anticipated needs in 2013. Also included is \$45,000 for professional legal services to assist with the visa application process for foreign-born psychiatrists. Offering visa application assistance is an important tool in recruiting for BHD's vacant psychiatry positions. In total, the contract changes result in a net savings of \$70,113.

Day Hospital

\$22,260

BHD will continue to rent out portions 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 \$225,000 in rent revenue, which represents a decrease of \$125,000 over 2012 as St. Charles Youth and Family Services reduced the amount of space rented. Due to the change in vacant space, BHD plans to move the Emergency Medical Services program from its current location in the adjacent CATC Building into the Day Hospital, which will result in additional revenue for BHD of \$95,000 that is offset with a rent charge to EMS of \$95,000. This move also results in a reduction in facilities space crosscharges of \$102,740, for a net increase in expenditures of \$22,260.

Personnel Changes

(\$371,848)

- Transfer 1.0 FTE Community Relations Coordinator to DHHS based on the needs of the department, resulting in an expenditure reduction including salary, social security, and active fringe benefits of \$97,786.
- Create 1.0 FTE Volunteer Coordinator-Hrly for a cost including salary and social security of \$19,586. This position is responsible for overseeing efforts to provide client services and to raise funds for additional special items for patient units, and to provide a more homelike environment for clients, families, visitors, and staff. The cost of this position is offset with a reduction of \$20,000 for temp help that was previously budgeted for a volunteer coordinator.
- Transfer in 1.0 FTE Fiscal and Management Analyst 3 from DAS-Fiscal for a cost including salary, social security, and active fringe benefits of \$93,904. This cost is offset by a crosscharge reduction of the same amount for a \$0 levy impact.
- Abolish 1.0 FTE BHD Operations Analyst to reflect the administration of the Family Medical Leave Act within Risk Management for an expenditure reduction including salary, social security, and active fringe benefits of \$94,368. This reduction is partially offset by the creation of 1.0 FTE Human Resources Specialist FMLA in DAS-Risk Management (Org. Unit 1150).
- Transfer the following 3.0 FTE from BHD into HR for an expenditure reduction including salary, social security, and active fringe benefits of \$179,280: 1.0 FTE Office Support Asst 2- (\$51,228), 1.0 FTE Clerical Asst 2 NR- (\$61,718), 1.0 FTE Clerical Spec MHD.

Fiscal Field Staff

\$0

In an effort to provide a consistent model countywide for budget authority and management responsibility, 1.0 FTE Fiscal and Management Analyst 3 position is transferred from DAS-Fiscal to BHD, which is reflected above in the Personnel Changes section.

Centralization of HR Partners

\$0

Transfer 3.0 FTE to Human Resources to continue the HR centralization initiative that began in 2012, which is reflected above in the Personnel Changes section.

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Inpatient Services: Nursing Home Facilities

Center for Independence and Development (CID)

(\$195,030)

Furthering an initiative that started in 2011, BHD will reduce the number of licensed beds in the Center for Independence and Development (formerly Rehabilitation Center-Hilltop) by a total of 24. The Division will work closely with the Disabilities Services Division to secure community placements for 12 clients by April 1, 2013 and an additional 12 clients by July 1, 2013.

As a result of the downsizing, the following positions are abolished on the dates indicated below. The FTE reductions reflect the annualized impact to FTEs while the savings shown in parentheses is the fiscal impact in 2013:

Positions abolished as of April 1, 2013:

- 9.75 FTE Nursing Asst 1 (\$389,616)
- 1.75 FTE Psych LPN MHC (\$100,466)
- 2.00 FTE RN1/RN2 (\$158,631)

Positions abolished as of July 1, 2013:

- 9.75 FTE Nursing Asst 1 (\$129,872)
- 1.75 FTE Psych LPN MHC (\$33,489)
- 2.00 FTE RN1/RN2 (\$52,877)
- 1.00 FTE Nursing Program Coord (\$46,132)
- 1.00 FTE Developmental Disability Spec (\$37,368)
- .50 FTE Music Therapist (\$21,920)
- .50 FTE BH Clinic Psychologist I (\$22,314)

The downsizing will result in a savings of \$195,030 including personnel, dietary, pharmacy, security, other expenditure reductions and reduced patient revenue. These mid-year 2013 reductions result in a total annual reduction of 30.0 FTEs. BHD is eligible to receive an enhanced Medicaid rate from the State during the period of downsizing, which is assumed in the savings figure above. The full impact of the savings will be realized in 2014.

As part of this initiative, BHD plans to redesign the remaining services for clients in the CID. The clinical team at BHD has developed a new continuum of care approach with three separate treatment tracks:

- *Intensive Treatment Track*: For clients struggling in the community with behavioral issues and in need of stabilization for return to the community
- *Community Transition Track*: For clients who are candidates for transition into the community within six to twelve months
- *Behavioral Modification/Treatment Track*: For clients in need of traditional active treatment for highly challenging behaviors

Goals will be established upon admission to the CID and will be frequently reviewed by treatment teams. Clients will participate in daily programming focused on meeting their established goals, such as practicing household skills in a model apartment and engaging in community integration activities.

Care Maintenance Organization Revenue

(\$1,106,715)

The Division will work with the Care Maintenance Organizations that support clients in the Center for Independence and Development and Rehabilitation Center-Central to increase reimbursement for services on a case-by-case basis in 2013. This change would result in increased revenue of \$1,106,715.

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State Licensed Bed Fee

\$215,542

BHD must pay the State a per licensed bed fee based on the number of beds in the Nursing Home Facilities. Funding for this fee is increased by \$215,542 in 2013 based on actual expenditures in 2010 and 2011. Adjustments to this fee for the reduction in licensed beds as a result of the Center for Independence and Development initiative are included in the savings figure for that initiative.

Inpatient Services: Acute Adult/Child & Adolescent Services

Inpatient Unit Downsizing

(\$875,224)

The Acute Adult Inpatient Units were reconfigured in 2012 to establish one 24-bed Women's Treatment Unit, one 12-16 bed Intensive Treatment Unit, and two 24-bed Acute Treatment Units. In response to declining census, partnerships with other community hospital providers and recommendations from the Mental Health Redesign, one of the Acute Treatment Units will be closed as of April 1, 2013. This initiative will result in savings of \$875,224 including personnel, dietary, pharmacy, other expenditures and reduced patient revenue.

The following positions are abolished as of April 1, 2013. The FTE reductions reflect the annualized impact to FTEs while the savings shown in parentheses is the fiscal impact in 2013.

- 2.0 FTE Unit Clerk (\$71,784)
- 1.0 FTE Nursing Asst MH Pool (\$28,404)
- 13.0 FTE Nursing Asst MH (\$435,504)
- 8.5 FTE RN 1 (\$495,126)
- 2.0 FTE RN 2 – MH (\$127,772)
- 1.0 FTE Nursing Program Coordinator (\$86,500)
- .25 FTE BH House Physician 3 (\$45,336)
- 1.0 FTE Staff Psychiatrist (\$173,274)
- 1.0 FTE Occupational Therapist (\$65,754)
- .50 FTE Music Therapist (\$34,578)
- 2.0 FTE Psych Social Worker (\$118,928)

These mid-year reductions result in a total annual reduction of 32.25 FTE. The full impact of the savings will be realized in 2014.

Adult Community Services: Mental Health

Comprehensive Community Services and Community Recovery Services

\$0

In an effort to strengthen and align community-based services with the recommendations of the Mental Health Redesign Task Force, BHD anticipates adding the Comprehensive Community Services (CCS) and Community Recovery Services (CRS) psychosocial rehabilitation benefits to its service array. CCS and CRS are recovery benefits for Medicaid recipients to assist individuals in developing a community recovery plan. CCS is a step down benefit for individuals with a mental health disorder transitioning from a Community Support Program or for individuals with a substance use disorder who require more service intensity than outpatient care. CRS is a co-participation benefit for individuals with a severe and persistent mental illness to connect them to necessary recovery services to promote independence. Those services include supported employment, housing and the utilization of peers as providers. BHD has begun exploring this initiative, though full implementation will be dependent on the State getting its Medicaid State Plan Amendment approved by the Federal government.

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Transfer of Housing Contracts **(\$297,309)**

BHD included funds for two purchase of service contracts managed by the DHHS Housing Division in previous budgets. In 2013, those contracts are transferred to the Housing Division budget to better reflect program management and ensure the appropriate staff is involved in contract monitoring.

Potawatomi Revenue **\$0**

In 2013, Potawatomi revenue is maintained at \$837,203, with \$500,000 dedicated to AODA Services and \$337,203 to support client services in the community.

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

Realign Detox Funding **(\$200,000)**

Expenditures will decrease by \$200,000 by instituting new quality improvements for the AODA detox program. The detox program utilizes a nationally recognized patient placement model for care. Current detox services are provided through a purchase of service 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. Admission criteria based on nationally recognized standards of care clarify the intent of each type of bed resulting in more appropriate assignments. However, in previous years, this contract has been underspent.

Prevention Services Funding **(\$267,016)**

BHD receives AODA Block Grant funding which requires that 20% of the funds go toward prevention services. The current purchase of service contract for prevention services is for \$753,220 or approximately 31% of the grant, with the difference between the requirement and the actual contract being made up through tax levy. In 2013, BHD recommends reducing the purchase of service contract for AODA prevention services by \$267,016, from \$753,220 to \$486,204, to be consistent with the requirements established by the funding source. Prevention services would be reduced as a result of this adjustment.

Revenue and Other Expenditure Changes **(\$87,849)**

Revenues are reduced in 2013 as a result of the expiration of two Federal grants and lower than anticipated awards from the State for the TANF and IV Drug grants. Expenditures are reduced by a like amount for a zero tax levy impact. Other contract and expenditure changes based on actuals and anticipated needs in 2013 are also included. Total savings from changes to revenues and expenditures equal \$87,849.

Aids Resource Center of Wisconsin **\$100,000**

An appropriation of \$100,000 is provided for a purchase of service contract with the Aids Resource Center of Wisconsin (ARCW). The proposed contract with ARCW would fund HIV prevention services, including education and counseling, testing, and referral services targeted at high-risk populations, especially young men of color and injection drug users, and fund AODA prevention and opiate overdose prevention services in Milwaukee County. The \$100,000 appropriation from Milwaukee County requires matching contributions from other local government entities.

Child and Adolescent Community Services

Overview and Slot Delineation **(\$228,293)**

The 2013 Budget for Wraparound Milwaukee includes various changes in revenue and expenditure accounts, resulting in a savings of \$228,293. The reduction stems from caseload, rate changes and actual experience. This savings figure includes \$272,402 in new expenditures to cover maintenance and equipment for Wraparound Milwaukee. Program funds go to support the programs listed below:

- Wraparound Milwaukee will serve a projected average daily enrollment of 900 children in 2013 in all of its programs.

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- 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 275 youth.

Family Intervention Support and Services (FISS)

\$0

In 2012, Wraparound Milwaukee was awarded the contract with the State to provide assessments and case management services for the FISS program. As a result, expenditures are increased by \$306,375, offset by a revenue increase of the same amount for a net effect of \$0.

Position Changes

(\$47,940)

To better meet the needs of the Wraparound Milwaukee program, 1.0 FTE of Quality Assurance Specialist – Wraparound is created, at a cost including salary, social security, and fringe benefits of \$56,822. The position will be responsible for ensuring all providers in the Wraparound Milwaukee network meet the credentialing requirements and program qualifications required to provide direct services. To offset the cost of the new position, 2.0 FTE Office Support Assistant 2 positions are abolished for a savings of \$104,762 including salary and active fringe benefits. In total, this initiative produces savings of \$47,940.

Adult Crisis Services

Psychology Postdoctoral Fellowships and Other Position Changes

(\$143,184)

The creation of 2.0 FTE Psychology Postdoctoral Fellowship positions will increase BHD's ability to provide direct psychological services to various programs, promote successful completion of graduate education and licensure of future mental health professionals, and aid in the recruitment of psychologists eligible for Medical Staff membership and capable of generating revenue. Creation of an educational opportunity to enhance recruitment is consistent with discussions with the Personnel Committee of the County Board of Supervisors. Participation of Psychology Department staff in the training of new psychologists provides an opportunity for the transfer of institutional and professional knowledge, which is both an investment in the future of mental health service delivery and a way in which professional staff remain current in academic and professional advancements in the field. The cost of the positions, \$137,832, is partially offset by a \$50,000 increase in revenue, as BHD will be able to bill for work performed by the new positions.

In addition, a vacant position of 1.0 FTE BH Staff Psychiatrist is unfunded for a savings of \$231,016.

Realignment of BH House Physician Positions

\$0

Reduce the contract with the Medical College of Wisconsin (MCOW) by \$491,000. This contract provided physician services to BHD through MCOW's residency program. This reduction is offset by the creation of 3.12 FTE BH House Physician II-Hrly positions for a cost including salary and social security of \$450,546. These positions are needed to continue billing for the services that were previously provided through the contract. The net effect of this action is a savings of \$40,454, which has been used to cover costs associated with utilization reviews, bioethics consultations and a staff person at MCOW to coordinate residencies, resulting in a levy impact of \$0.

Emergency Medical Services (EMS)

Revenue and Expenditure Changes Based on Actuals

(\$12,000)

Budgeted revenues and expenditures are reconciled with actuals and adjusted accordingly for a savings of \$17,000. The contract with the Medical College of Wisconsin for EMS Medical Direction is increased by \$5,000 to reflect actual utilization.

EMS Fees

\$0

In general, American Heart Association and EMS course fees to the general public remains unchanged from their

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2012 levels. The two exceptions are a \$500 increase in the per person charge for the Paramedic Course and a new fee in 2013 of \$225 for the EMT/Basic Full Refresher Course.

EMS Subsidy to Local Municipalities

\$500,000

The EMS subsidy paid to specific Milwaukee County municipalities is increased by \$500,000 to \$2,000,000 for 2013.

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AHA Courses Offered by the Community Training Center			
	2012	2013	2012/2013
Service	Fee	Fee	Change
Basic Life Support (CPR) Health Care Provider	\$80	\$80	\$0
Basic Life Support (CPR) Health Care Provider (Skill testing only)*	\$60	\$60	\$0
Basic Life Support (CPR) in conjunction with ACLS	\$60	\$60	\$0
Advanced Cardiac Life Support (per person)	\$275	\$275	\$0
Advanced Cardiac Life Support (per person) (Skill testing only)*	\$150	\$150	\$0
Pediatric Advanced Life Support (per person)	\$300	\$300	\$0
Advanced Life Support Instructor (per person)	\$200	\$200	\$0
Pediatric Advanced Life Support Instructor (per person)	\$200	\$200	\$0
Basic Life Support (CPR) Instructor (per person)	\$150	\$150	\$0
Automatic Electronic Defibrillator (per person)	\$75	\$75	\$0
Heartsaver Adult CPR	\$75	\$75	\$0
Heartsaver Children and Infant CPR	\$75	\$75	\$0
Heartsaver First Aid & CPR	\$75	\$75	\$0

EMS Courses Offered by the Education Center Service			
	2012	2013	2012/2013
Service	Fee	Fee	Change
Paramedic Course (per person)	\$8,000	\$8,500	\$500
Paramedic Refresher Course (8 Hour Block)	\$125	\$125	\$0
EMT/Basic Mini Refresher Course (6 Hour Block)	\$50	\$50	\$0
EMT/Basic Full Refresher Course (30 hours)	\$0	\$225	\$225
Paramedic Continuing Education Units (per person/per hour)	\$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			
	2012	2013	2012/2013
Service	Fee	Fee	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.

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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 12/31/12</u>
878	MHD – Research Fund	\$216,691
	Referred to as the Frieda Brunn Mental Health Research Fund, this fund was created in 1970 for the purpose of supporting mental health research. Expenditure recommendations from this fund are made by the Research Committee at BHD.	
	Expenditure	Revenue
	\$25,000	\$25,000
879	MHD – Patient Activities and Special Events	\$104,416
	This fund is comprised of various trusts, which stipulate the expenditures should be made to provide for patient activities and special events.	
	Expenditure	Revenue
	\$10,100	\$10,100

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BUDGET SUMMARY				
Account Summary	2011 Actual	2012 Budget	2013 Budget	2012/2013 Change
Personal Services (w/o EFB)	\$ 47,794,470	\$ 46,529,006	\$ 46,512,666	\$ (16,340)
Employee Fringe Benefits (EFB)	32,964,324	31,282,974	31,542,707	259,733
Services	23,378,330	18,282,810	20,121,254	1,838,444
Commodities	7,741,653	6,561,252	6,145,861	(415,391)
Other Charges	74,371,405	78,509,772	75,385,251	(3,124,521)
Debt & Depreciation	0	0	0	0
Capital Outlay	343,176	440,000	476,875	36,875
Capital Contra	0	0	0	0
County Service Charges	41,143,348	43,523,773	43,831,080	307,307
Abatements	(35,289,618)	(37,343,950)	(47,012,293)	(9,668,343)
Total Expenditures	\$ 192,447,088	\$ 187,785,637	\$ 177,003,401	\$ (10,782,236)
Direct Revenue	61,899,073	58,801,943	59,556,136	754,193
State & Federal Revenue	61,600,093	58,019,971	54,364,995	(3,654,976)
Indirect Revenue	10,002,135	9,800,590	0	(9,800,590)
Total Revenue	\$ 133,501,302	\$ 126,622,504	\$ 113,921,131	\$ (12,701,373)
Direct Total Tax Levy	58,945,787	61,163,133	63,082,270	1,919,137

PERSONNEL SUMMARY				
	2011 Actual	2012 Budget	2013 Budget	2012/2013 Change
Position Equivalent (Funded)*	843.7	837.4	801.0	(36.4)
% of Gross Wages Funded	92.7	92.0	92.7	0.7
Overtime (Dollars)	\$ 4,084,689	\$ 3,072,984	\$ 3,136,764	\$ 63,780
Overtime (Equivalent to Position)	76.2	58.5	58.2	(0.3)

* For 2011 actuals, the Position Equivalent and the Percentage of Gross Wages Funded are the budgeted amounts.

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PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Unit Clerk ¹	2000	Abolish	(2)	(1.50)	Acute Adult	(\$39,920)
Nursing Asst MH Pool ¹	43820	Abolish	(1)	(0.75)	Acute Adult	(\$26,390)
Nursing Asst 1 Mh ¹	43840	Abolish	(10)	(9.75)	Acute Adult	(\$234,176)
RN 1 ¹	44500	Abolish	(7)	(6.38)	Acute Adult	(\$323,892)
RN 2 - MH ¹	44540	Abolish	(2)	(1.50)	Acute Adult	(\$85,352)
Nursing Prog Coord ¹	45110	Abolish	(1)	(0.75)	Acute Adult	(\$61,052)
BH House Physician 3 ¹	47322	Abolish	(1)	(0.19)	Acute Adult	(\$34,480)
BH Staff Psychiatrist ¹	50772	Abolish	(1)	(0.75)	Acute Adult	(\$131,494)
Occupational Therapist ¹	53460	Abolish	(1)	(0.75)	Acute Adult	(\$44,208)
Music Therapist ¹	53960	Abolish	(1)	(0.38)	Acute Adult	(\$23,414)
Psych Soc Wkr ¹	56900	Abolish	(2)	(1.50)	Acute Adult	(\$78,180)
BH Health Prevention Coord	Z0018	Create	1	1.00	Adult Community	\$64,402
Office Supp Asst 2	00007	Abolish	(2)	(2.00)	Child & Adolescent Comm	(\$60,562)
Qual Assur Spec - Wrap	Z0006	Create	1	1.00	Child & Adolescent Comm	\$33,884
Psychology Postdoc Fellow	Z0005	Create	2	2.00	Crisis Serviecs	\$87,404
BH Staff Psychiatrist	50772	Unfund	(1)	(1.00)	Crisis Serviecs	(\$175,326)
BH House Physician Hrly	47311	Create	3	3.31	Crisis Serviecs	\$444,114
Comm Relations Coord	56665	Transfer Out	(1)	(1.00)	Management Services	(\$67,144)
Office Supp Asst 2	00007	Abolish	(4)	(3.50)	Management Services	(\$107,872)
Office Supp Asst 2	00007	Transfer Out	(1)	(1.00)	Management Services	(\$26,534)
Dietitian 1	15501	Abolish	(1)	(1.00)	Management Services	(\$43,702)
Pharmacy Svcs Dir	Z0004	Create	1	1.00	Management Services	\$92,868
BHD Operations Anlyst	20216	Abolish	(1)	(1.00)	Management Services	(\$64,378)
Clerical Spec MHD	01293	Transfer Out	(1)	(1.00)	Management Services	(\$41,612)
Clerical Asst 2 NR	00017	Transfer Out	(1)	(1.00)	Management Services	(\$37,870)
Office Supp Asst 2	00007	Transfer Out	(1)	(1.00)	Management Services	(\$29,350)
Fiscal & Mangement Analyst	12220	Transfer In	1	1.00	Management Services	\$64,000
Volunteer Coord-Hrly	Z0022	Create	1	0.50	Management Services	\$19,288
Sewing Mach Oper 2*	16050	Fund	1	1.00	Management Services	\$0
Med Rec Supv*	52060	Fund	1	1.00	Management Services	\$0
Exdir2- Assthospadm2-MHC*	80043	Fund	1	1.00	Management Services	\$0
Nursing Asst 1 MH ¹	43840	Abolish	(7)	(6.75)	Nursing Facilities Services	(\$162,113)
Nursing Asst 1 MH ²	43840	Abolish	(5)	(4.88)	Nursing Facilities Services	(\$117,201)
Psych LPN MHC ¹	43890	Abolish	(2)	(1.31)	Nursing Facilities Services	(\$49,012)
Psych LPN MHC ²	43890	Abolish	(1)	(0.88)	Nursing Facilities Services	(\$32,924)
RN 1 ¹	44500	Abolish	(1)	(0.11)	Nursing Facilities Services	(\$5,586)
RN 1 ²	44500	Abolish	(1)	(0.08)	Nursing Facilities Services	(\$4,062)

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PERSONNEL CHANGES (Cont.)						
	Title		# of	Total		Cost of Positions
Job Title/Classification	Code	Action	Positions	FTE	Division	(Salary Only)
RN 2 - MH ¹	44540	Abolish	(2)	(1.39)	Nursing Facilities Services	(\$79,093)
RN 2 - MH ²	44540	Abolish	(1)	(0.92)	Nursing Facilities Services	(\$52,349)
Nursing Prog Coord ²	45110	Abolish	(1)	(0.50)	Nursing Facilities Services	(\$31,324)
Devlpmtl Disabilty Spec ²	53920	Abolish	(1)	(0.50)	Nursing Facilities Services	(\$24,208)
Music Therapist ²	53960	Abolish	(1)	(0.25)	Nursing Facilities Services	(\$14,740)
BH Clinical Psychologist I ²	57023	Abolish	(1)	(0.25)	Nursing Facilities Services	(\$15,052)
EMS Communicator*	64410	Fund	1	1.00	EMS	\$0
					Total:	(\$1,518,612)

*Position changes due to technical adjustments moving incumbents into vacant funded positions from unfunded positions.

¹Action taken as of April 1, 2013.

²Action taken as of July 1, 2013.

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ORGANIZATIONAL COST SUMMARY					
DIVISION		2011 Actual	2012 Budget	2013 Budget	2012/2013 Change
Management / Support Services	Expenditure	\$ 1,742,657	\$ 24,841	\$ 1,292,227	\$ 1,267,386
	Revenue	4,648,348	1,769,607	3,998,629	2,229,022
	Tax Levy	\$ (2,905,691)	\$ (1,744,766)	\$ (2,706,402)	\$ (961,636)
Inpatient Services: Nursing Facility Services	Expenditure	\$ 31,003,370	\$ 27,608,500	\$ 26,595,480	\$ (1,013,021)
	Revenue	10,109,731	10,437,835	10,269,809	(168,026)
	Tax Levy	\$ 20,893,639	\$ 17,170,665	\$ 16,325,671	\$ (844,995)
Inpatient Services: Acute Adult / Child Services	Expenditure	\$ 38,728,733	\$ 37,681,850	\$ 36,746,719	\$ (935,131)
	Revenue	14,753,808	12,534,373	10,718,143	(1,816,230)
	Tax Levy	\$ 23,974,925	\$ 25,147,477	\$ 26,028,576	\$ 881,099
Adult Community Services	Expenditure	\$ 28,542,712	\$ 29,713,678	\$ 31,424,070	\$ 1,710,392
	Revenue	25,743,868	25,161,311	24,169,392	(991,919)
	Tax Levy	\$ 2,798,844	\$ 4,552,367	\$ 7,254,678	\$ 2,702,311
Child and Adolescent Services	Expenditure	\$ 47,085,945	\$ 47,817,433	\$ 37,953,467	\$ (9,863,966)
	Revenue	48,572,801	48,170,562	38,308,168	(9,862,394)
	Tax Levy	\$ (1,486,856)	\$ (353,129)	\$ (354,701)	\$ (1,572)
Adult Crisis Services	Expenditure	\$ 19,702,277	\$ 20,792,457	\$ 20,200,965	\$ (591,492)
	Revenue	13,102,186	12,002,522	11,340,126	(662,396)
	Tax Levy	\$ 6,600,091	\$ 8,789,935	\$ 8,860,839	\$ 70,904
County Health Programs	Expenditure	\$ 7,651,493	\$ 6,648,311	\$ 7,096,943	\$ 448,633
	Revenue	558,305	737,645	543,752	(193,893)
	Tax Levy	\$ 7,093,188	\$ 5,910,666	\$ 6,553,191	\$ 642,526
AODA Services	Expenditure	\$ 17,989,902	\$ 17,498,566	\$ 15,693,530	\$ (1,805,036)
	Revenue	16,012,255	15,808,649	14,573,112	(1,235,537)
	Tax Levy	\$ 1,977,647	\$ 1,689,917	\$ 1,120,418	\$ (569,499)

*The Child and Adolescent Services division shows a significant reduction of \$9 million due to technical changes in the way expenses and revenues are recorded for services provided by the Wraparound Program to the Delinquency and Court Services Division of DHHS. There is no levy impact as a result of this change.

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."