

DEPT: Behavioral Health Division

UNIT NO. 6300  
FUND: General – 0077**Budget Summary**

Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Variance
<b>Expenditures<sup>1</sup></b>					
<b>Personnel Costs</b>	\$63,170,918	\$61,989,081	\$61,159,771	\$66,374,628	\$5,214,855
<b>Operation Costs</b>	\$116,137,394	\$109,432,250	\$125,570,216	\$140,087,829	\$14,517,613
<b>Debt &amp; Depreciation</b>	\$0	\$0	\$0	\$0	\$0
<b>Capital Outlay</b>	\$576,500	\$454,116	\$1,129,000	\$267,000	(\$862,000)
<b>Net Crosscharge/Abatement</b>	(\$289,232)	\$1,669,773	\$346,358	\$1,837,133	\$1,490,775
<b>Total Expenditures</b>	<b>\$179,595,580</b>	<b>\$173,545,182</b>	<b>\$188,205,345</b>	<b>\$208,566,588</b>	<b>\$20,361,243</b>
<i>Legacy Healthcare/Pension</i>	\$15,700,213	\$16,137,526	\$14,650,070	\$17,223,263	\$2,573,193
<b>Revenues<sup>1</sup></b>					
<b>Direct Revenue</b>	\$66,840,693	\$68,147,188	\$76,900,443	\$109,426,630	\$32,526,187
<b>Intergov Revenue</b>	\$53,655,546	\$52,099,001	\$52,491,931	\$40,535,209	(\$11,956,722)
<b>Total Revenues</b>	\$120,496,239	\$120,246,189	\$129,392,374	\$149,961,839	\$20,569,465
<b>Tax Levy</b>	<b>\$59,099,341</b>	<b>\$53,298,993</b>	<b>\$58,812,971</b>	<b>\$58,604,749</b>	<b>(\$208,222)<sup>2</sup></b>
<b>Personnel<sup>3</sup></b>					
<b>Full-Time Pos. (FTE)</b>	585.3	590.5	521.3	537	15.7
<b>Seas/Hourly/Pool Pos.</b>	31	25.8	22.7	14.6	8.1
<b>Overtime \$</b>	\$1,188,504	\$1,754,164	\$1,051,632	\$1,030,908	(\$20,724)

**Department Mission:** To be a center of excellence for person-centered, high-quality best practice-based mental health services in collaboration with community partners.

**Department Description:** The Behavioral Health Division (BHD) consists of:

- Management and Support Services
- Psychiatric Crisis ER/Observation
- Adult and Child Acute Inpatient Services
- Community Services Branch
- Wraparound Milwaukee

2017 expenditures for Community Services increased \$26.0 million while expenditures for Inpatient and PCS ER/OBS decreased by \$0.9 million. Increased expenditures and revenue in the Community Access to Recovery Services Division are due to investments in programs, which include:

<sup>1</sup> 2015 Budget and Actual Expenditures and Revenues include Central Rehab for which there is no longer a Service Area page included in the 2017 Budget document.

<sup>2</sup> 2017 tax levy target reduced to be consistent with reduced crosscharges.

<sup>3</sup> Personnel – Reduction in 2016 FTEs includes (50.3) FTEs from the closure of Central Rehab.

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- Increases to the Comprehensive Community Service (CCS) program with a projected enrollment of 800 by the end of 2017 and an increase of \$5.8 million in annual spending.
- BHD also supports the continued partnership with the Milwaukee County Housing Division's initiative to end chronic homelessness. This initiative was started on July 1, 2015, and has served 145 individuals as of June 2016.
- \$0.5 million is budgeted to provide operating costs at the Northside community hub.
- \$0.6 million for increase AODA residential capacity
- \$10.9 million increased spending in Wraparound Milwaukee primarily related to increase in enrollment to 1,350 in 2017.
- The newly created Intensive Outpatient Program will complement Milwaukee County's Day Treatment program by providing services to a similar population with shorter lengths of stay at a tax levy cost of \$0.6 million.

A new centralized Quality department is formed in 2017 bringing together experienced professionals from the Hospital and Community Access to Recovery Services divisions.

The Behavioral Health Division continues to strengthen efforts and engage in purposeful activities in support of a **Quality Journey** as to truly transform into a healthcare system of high reliability, client satisfaction, quality and safety. Mental Health Board governance and BHD Leadership remain committed to quality care and services including increasing efforts to delineate contract performance expectations and increased monitoring, fostering a culture of safety and supporting a continuous learning environment with an on-going emphasis on performance improvement. Efforts to centralize BHD quality related functions, with an emphasis on enhanced community services and client outcomes delineated by measurement goals and benchmarks are hallmarks of these continued efforts. Plans to eliminate barriers and individual program silos that operate independently of one another in favor of an integrated system of quality care and coordinated quality activities are currently underway. The goals include strengthening the quality approach to increase operational efficiency, support an environment of safety, reduce cost and create a healthcare system where a client is better cared for throughout the service continuum.

The **BHD Quality Plan** will continue to serve in 2017 as the Behavioral Health Division's call to action. BHD will strive to continuously assess and improve the quality of the treatment and services it contracts and provides. All services and programs within the service continuum including community and inpatient services will continue to incorporate measurement and data represented in **Balanced Scorecards for Key Performance Indicators** and include attention to:

- Improving the Patient Experience - Customer Satisfaction and Well-being.
- Patient Outcomes.
- Service Utilization Data.
- Quality Assurance and Improvement Activities.
- Required Public Data Reporting and Benchmark Comparisons.
- Workforce Development.
- Financial Impact and Cost.

The Behavioral Health Division's approach to quality improvement is based on the following principles:

- **Customer Satisfaction Focus.** High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations; customer satisfaction.
- **Recovery-Oriented Philosophy of Care.** Services are characterized by a commitment to promoting and preserving wellness and to expanding choice. This approach promotes maximum flexibility and choice to meet individually defined goals and to permit person-centered services.
- **Employee Empowerment.** Effective programs involve people at all levels of the organization in improving quality.
- **Leadership Involvement.** Strong leadership, direction and support of quality assurance and quality improvement activities by the Governing Board, Chief Executive Officer, Executive Team and the Medical

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Staff Leadership are key. The involvement of organizational leadership assures that quality improvement initiatives are consistent with our mission and strategic plan.

- **Data Informed Practice.** Successful Quality Improvement processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.
- **Statistical Tools.** For continuous improvement of care, tools and methods are needed that foster knowledge and understanding. BHD, like Continuous Quality Improvement organizations, will use defined analytic tools such as run charts, cause and effect diagrams, flowcharts, histograms, and control charts to turn data into information.
- **Prevention over Correction.** Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.
- **Continuous Improvement.** Processes must be continually assessed, reviewed and improved. Small incremental changes do make an impact, and providers can almost always find an opportunity to make things better.

BHD will continuously strive to ensure that:

- The treatment provided incorporates evidence based, effective practices.
- The treatment and services are appropriate to each patient's needs, and available when needed.
- Risk to patients, providers and others are minimized, and errors in the delivery of services are prevented.
- Patient's individual needs and expectations are respected.
- The patient or those whom they designate have the opportunity to participate in decisions regarding their treatment.
- All care and services are provided with empathy, understanding, caring and trauma informed focus.
- Procedures, treatments and services are provided in a timely and efficient manner, with appropriate coordination and continuity across all phases of care and with all providers of care.

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**Strategic Program Area 1: Management & Support Services**

**Service Provision:** Administrative

**Strategic Outcome:** High Quality, Responsive Services

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
This program area does not have activity data.			

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Variance
<b>Expenditures</b>	\$32,554,724	\$30,695,000	\$32,717,094	\$38,743,689	\$6,026,595
<b>Abatement</b>	(\$29,064,573)	(\$30,412,692)	(\$31,299,810)	(\$37,889,489)	(\$6,589,679)
<b>Revenues</b>	\$1,666,137	\$883,449	\$1,411,187	\$854,200	(\$556,987)
<b>Tax Levy</b>	\$1,824,014	(\$601,142)	\$6,097	\$0	(\$6,097)
<b>FTE Positions</b>	138.5	138.5	129.5	138.6	9.1

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Overtime Costs / Personal Services Costs	3.1%	1.7%	1.6%
Revenue dollars / fiscal staff	\$5,090,600	\$4,280,407	\$4,953,922
Patient revenue collected / Billed revenue	39.6%	33.4%	51.2%

**Strategic Implementation:**

Management and Support Services provides fiscal management, compliance and administration.

Personnel expenses increased \$1.8M for fringe benefits and \$.6M for salaries including 1% cost of living adjustment. Other expenditure increases in 2017 include \$2.7M to explore new Electronic Medical Records solutions and \$.7M for enhanced security and building maintenance expenses.

Due to the consolidation of personnel from the Community Services and Wraparound departments into the new Quality department at BHD, the management/operations area increases by 9.1 FTEs in 2017.

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**Strategic Program Area 2: Psychiatric Crisis ER/Observation**

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2015 Actual	2016 Budget	2017 Budget
<b>Psychiatric Crisis Services</b>			
Admissions	10,173	9,500	9,000

How We Do It: Program Budget Summary					
Category	2015 Budget	2015 Actual	2016 Budget	2017 Budget	2017/2016 Var
<b>Expenditures</b>	\$16,941,126	\$18,603,139	\$19,286,873	\$18,420,370	(\$866,503)
<b>Revenues</b>	\$11,522,653	\$11,688,408	\$11,911,882	\$11,468,783	(\$443,099)
<b>Tax Levy</b>	\$5,418,473	\$6,914,731	\$7,374,991	\$6,951,587	(\$423,404)
<b>FTE Positions</b>	78.5	78.5	76	75.3	(0.7)

How Well We Do It: Performance Measures			
Performance Measure	2015 Actual	2016 Budget	2017 Budget
Percent of clients returning to PCS within 30 days	25%	27%	25%
Percent of Time on Waitlist Status	16.1%	10%	25%
Clients transferred to private facilities from PCS	8.2%	12%	10%

**Strategic Implementation:** Psychiatric Crisis ER/Observation includes:

- Psychiatric Crisis Service (PCS) Emergency Room
- Observation Unit

Due to the decrease in the number of admissions, revenue decreased by (\$443,099) in 2017.

Expenditures decreased (\$1,342,558) due to a decrease in administrative and overhead cross charges, resulting from the reallocation of cross charges as Inpatient Services level off or decline, and Community Services continue to grow. Patient expenses for drugs and outside medical services also decreased by (\$316,158). Increased salaries and benefits of \$790,213 to attract and retain Psychiatrists and other clinical staff partially offset the reduced overhead and expenses.

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

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

<b>What We Do: Activity Data</b>			
<b>Activity</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>
<b>Acute Adult Inpatient</b>			
Average Daily Census	48	60	54
Number of Admissions	962	1,275	900
Number of Patient Days	17,538	20,148	19,710
Average Length of Stay (Days)	17.2	13.5	22
<b>Child and Adolescent Inpatient Services</b>			
Average Daily Census	9.8	12	12
Number of Admissions	919	890	930
Number of Patient Days	3,594	4,030	4,380
Average length of Stay (Days)	4.0	3.6	4.7

<b>How We Do It: Program Budget Summary</b>					
<b>Category</b>	<b>2015 Budget</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>	<b>2017/2016 Var</b>
<b>Expenditures</b>	\$36,374,950	\$37,629,829	\$41,543,025	\$37,299,790	(\$4,243,235)
<b>Revenues</b>	\$14,606,010	\$18,976,788	\$17,089,423	\$20,456,205	\$3,366,782
<b>Tax Levy</b>	\$21,768,940	\$18,653,040	\$24,453,602	\$16,843,585	(\$7,610,017)
<b>FTE Positions</b>	185.6	185.6	184	185.0	1.0

<b>How Well We Do It: Performance Measures</b>			
<b>Performance Measure</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>
<b>Acute Adult Inpatient</b>			
Percent of clients returning to Acute Adult within 30 days	11.2%	12.2%	11%
Patients Responding Positively to Satisfaction Survey	72.4%	75%	75%
<b>Child and Adolescent Inpatient Services</b>			
Percent of children who return to CAIS within 30 days	15.9%	9.5%	15%
Patients Responding Positively to Satisfaction Survey	70.5%	78%	73%

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## **Strategic Implementation:**

BHD's inpatient services are provided in four licensed psychiatric hospital units with three specialized programs for adults, and one specialized unit for children and adolescents. Adult units include one 21-24 licensed bed adult unit called the Acute Treatment Unit (ATU), one 21-24 licensed bed Women's Treatment Unit (WTU) and one 18 bed Intensive Treatment Unit (ITU). A projected total of 60 of the licensed adult beds will be available in 2017 with a projected 90% occupancy rate. All units provide inpatient care to individuals who require safe, secure, short-term or occasionally extended psychiatric hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service and rehabilitation therapy provide assessment and treatment designed to stabilize any patient with acute psychiatric needs 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 (CAIS) unit provides inpatient care to individuals age 18 and under. The CAIS unit also provides emergency detention services for Milwaukee County as well as inpatient screening for Children's Court.

Expenditures decreased (\$4,243,235) primarily due to a decrease in administrative and overhead cross charges, resulting from the reallocation of cross charges as Inpatient Services level off or decline, and Community Services continue to grow.

Revenue increases \$3,366,782 due to a reduction in write offs for uninsured patients, improved collection efforts and increased Medicaid reimbursement rates.

The Behavioral Health Division has implemented improvements to ensure the health, safety and welfare of those served as well as to maintain compliance with all conditions of participation for state psychiatric hospitals as established by the Centers for Medicare and Medicaid.

BHD continues to build interdisciplinary teams through involved recruitment strategies, retention strategies, and ongoing education and development. In addition BHD worked diligently to attract and retain highly qualified nursing management staff and utilized LEAN processes to improve scheduling practices.

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**Strategic Program Area 4: Community Access to Recovery Services Division (CARSD)**

**Service Provision: Mandated**

**Strategic Outcome: Self-Sufficiency / Quality of Life**

<b>How We Do It: Program Budget Summary<sup>4</sup></b>					
<b>Category</b>	<b>2015 Budget</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>	<b>2017/2016 Var</b>
<b>Expenditures</b>	\$112,262,021	\$106,406,016	\$125,958,163	\$151,992,228	\$26,034,065
<b>Revenues</b>	\$90,882,761	\$86,996,532	\$98,979,882	\$117,182,651	\$18,202,769
<b>Tax Levy</b>	\$21,379,260	\$19,409,484	\$26,978,281	\$34,809,577	\$7,831,296
<b>FTE Positions</b>	132.5	132.5	131.8	138.05	6.25

<b>How Well We Do It: Performance Measures<sup>5</sup></b>			
<b>Performance Measure</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>
Average Satisfaction Survey Score	87%	76%	77%
Reduction in past 6 months psychiatric bed days	60.3%	61%	62%
Reduction in past 30 days alcohol or drug use	82.5%	83%	84%
Reduction in homelessness or in shelters	77.3%	78%	79%
Increase in employment	34.0%	34%	34%

As an integral part of the behavioral health care continuum in Milwaukee, BHD continues efforts to provide a “new front door” for behavioral health care that increases access to services for individuals, their families, and loved ones by being more centrally located in the community. \$0.5 million is budgeted to provide operating costs at the Northside Hub to develop, implement, and operate a service delivery system that provides both direct services (assessment, crisis stabilization, peer support, etc.) and referral services based upon individual need.

BHD also supports the continued partnership with the Milwaukee County Housing Division’s initiative to end chronic homelessness. This initiative was started on July 1, 2015, and to date has served 145 individuals. BHD is recommending an additional \$250,000 to the Housing Division to support this initiative.

CARSD consists of three separate program areas:

1. Community Mental Health and Community Crisis Services
2. Community AODA Services
3. Wraparound Milwaukee

For 2017, the Crisis Mobile Team and Access Clinic have been moved to this area from Psychiatric Crisis Services to more accurately reflect their role as in providing community based services. The financials have been restated as in previous years to reflect this change.

Internal overhead charges to CARSD increased by \$12.5 million in 2017 primarily due to refined allocation methodology.

<sup>4</sup> For 2017, the Crisis Mobile Team and Access Clinic have been moved to this area from Psychiatric Crisis Services to more accurately reflect their role as a community organization. The financials have been restated in previous years to reflect this change.

<sup>5</sup> These performance measure relate to both Community Mental Health & Crisis Services and Community AODA Services narrative sections.

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**CARS: Community Mental Health and Community Crisis Services**

<b>What We Do: Activity Data</b>			
<b>Activity</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>
<b><i>Crisis Mobile Team</i></b>			
Mobiles Completed	2,609	2,100	2,770
<b><i>Adult Day Treatment</i></b>			
Capacity	24	24	24
<b><i>Intensive Outpatient Program</i></b>			
Capacity	0	0	24
<b><i>Targeted Case Management</i></b>			
Average Enrollment	1,443	1,443	1,553
<b><i>Community Support Program</i></b>			
Average Enrollment	1,267	1,267	1,267
<b><i>Comprehensive Community Services</i></b>			
Average Enrollment	233	560	800
<b><i>Community Recovery Services</i></b>			
Average Enrollment	42	35	35

<b>How We Do It: Program Budget Summary</b>					
<b>Category</b>	<b>2015 Budget</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>	<b>2017/2016 Var</b>
<b>Expenditures</b>	\$52,537,922	\$43,994,147	\$65,509,827	\$79,014,590	\$13,504,763
<b>Revenues</b>	\$33,306,701	\$26,267,847	\$40,272,798	\$47,691,600	\$7,418,802
<b>Tax Levy</b>	\$19,231,221	\$17,726,300	\$25,237,029	\$31,322,990	\$6,085,961

<b>How Well We Do It: Performance Measures</b>			
<b>Performance Measure</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>
CCS: Tax levy per capacity	\$1,522	\$3,225	\$2,572
CRS: Tax levy per capacity	\$44,930	\$36,141	\$32,777
CSP: Tax levy per capacity	\$5,006	\$5,173	\$7,543
TCM: Tax levy per capacity	\$2,246	\$2,672	\$3,188
Crisis Mobile: Tax levy per mobile	\$1,150	\$2,052	\$1,408

**Strategic Implementation:** Community Access to Recovery Services (CARS) is the community-based mental health and substance abuse system for adults in Milwaukee County. CARS provides a variety of services to help adults with mental illness achieve the greatest possible independence and quality of life by assessing individual needs and facilitating access to appropriate community services and supports.

In support of that mission, CARS is working to increase enrollment in Community Comprehensive Services (CCS) which is a Medicaid entitlement that provides a coordinated and comprehensive array of recovery services, treatment, and psychosocial rehabilitation services that assist individuals to utilize professional, community, and natural supports to address their needs. The CCS program goal is to serve 800 participants by the end of 2017. This is anticipated to increase expenses by \$5.8 million and revenue by \$5.0 million.

Targeted Case Management (TCM) is a service to support individuals with serious and persistent mental illness to live as independently as possible in the community. As these services are transitioned to a fee-for-service network

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it is recognized that an increase in funding is required for both enrollment and network capacity issues. For 2017, \$367,660 is being budgeted to serve at least 110 more individuals. This increase in ability to serve will end individuals waiting to be served by TCM and will increase the ability to serve individuals identified for services by the Housing First Initiative.

5.0 FTE Administrative Coordinator staff members are being added to CARS to meet the increased demand and referrals for services to CARS. Three of these staff members will also work to review clinical authorizations for ongoing services for different mental health programs as BHD increases oversight and approvals for services.

The newly created Intensive Outpatient Program will complement Milwaukee County's Day Treatment program by providing services to a similar population with shorter lengths of stay. This program will provide service to a greater number of individuals and further contribute to the existing continuum of care. This is anticipated to serve a capacity of 24 individuals at an annual tax levy cost of \$0.6 million.

In 2016, an expansion of the Crisis Resource Centers (CRC) occurred to expand services on third shift. This expansion provided enough funding to develop and implement clinical services on third shift five nights per week at the CRC-North. In 2017, it is being recommended to increase funding to expand third shift services at both CRC-North and CRC-South to seven days per week. This will include both clinical and peer support services at an estimated cost of \$330,000.

In 2013, the BHD Crisis Services joined with the City of Milwaukee Police Department (MPD) to create an expansion program of the Crisis Mobile Team. This expansion – the Crisis Assessment Response Team (CART) – consisting of a single mobile team clinician and a single police officer partnered together as a mobile team in the community. Due to showing success in decreasing the need for involuntary care, CART was expanded in 2014 and again in 2016. The 2017 budget creates two additional CART teams with partial funding offset from the MacArthur Foundation for a net tax levy increase of \$56,376.

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<b>Community Mental Health Financials by Major Program Area</b>				
<b>Activity</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>	<b>Variance</b>
<b><i>Crisis Mobile Team</i></b>				
Expense	\$3,246,812	\$4,308,178	\$4,200,102	(\$108,076)
Revenue <sup>6</sup>	\$247,367	-	\$299,850	\$299,850
Tax Levy	\$2,999,445	\$4,308,178	\$3,900,252	(\$407,926)
<b><i>Adult Day Treatment</i></b>				
Expense	\$2,609,360	\$2,993,100	\$2,443,351	(\$549,749)
Revenue	\$1,872,799	\$1,877,069	\$1,899,752	\$22,683
Tax Levy	\$736,561	\$1,116,031	\$543,599	(\$572,432)
<b><i>Intensive Outpatient Program</i></b>				
Expense	-	-	\$837,657	\$837,657
Revenue	-	-	\$224,946	\$224,946
Tax Levy	-	-	\$612,711	\$612,711
<b><i>Targeted Case Management</i></b>				
Expense	\$3,564,226	\$5,453,257	\$6,935,342	\$1,482,085
Revenue	\$323,370	\$1,597,405	\$1,983,749	\$386,344
Tax Levy	\$3,240,856	\$3,855,852	\$4,951,593	\$1,095,741
<b><i>Community Support Program</i></b>				
Expense	\$8,166,378	\$14,481,415	\$18,019,047	\$3,537,632
Revenue	\$1,823,850	\$7,926,639	\$8,462,056	\$535,417
Tax Levy	\$6,342,528	\$6,554,776	\$9,556,991	\$3,002,215
<b><i>Comprehensive Community Services</i></b>				
Expense	\$2,131,360	\$7,875,007	\$13,685,965	\$5,810,958
Revenue	\$1,871,023	\$6,617,250	\$11,628,000	\$5,010,750
Tax Levy	\$260,337	\$1,257,757	\$2,057,965	\$800,208
<b><i>Community Recovery Services</i></b>				
Expense	\$2,903,323	\$1,734,706	\$1,966,445	\$231,739
Revenue	\$1,016,279	\$469,755	\$819,261	\$349,506
Tax Levy	\$1,887,044	\$1,264,951	\$1,147,184	(\$117,767)

<sup>6</sup> Crisis Mobile revenue was previously budgeted in a separate cost center.

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**CARS: Community AODA Services**

<b>What We Do: Activity Data</b>			
<b>Activity</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>
<b>Detoxification</b>			
Admissions	5,091	5,400	5,000
<b>AODA Residential</b>			
Capacity	96	96	112
<b>Day Treatment - AODA</b>			
Average Enrollment	60	60	60
<b>Outpatient – Substance Abuse</b>			
Admissions	853	850	850
<b>Recovery House</b>			
Average Enrollment	33	33	33
<b>Recovery Support Coordination</b>			
Average Enrollment	227	230	230
<b>Recovery Support Services</b>			
Average Enrollment	1,007	1,000	1,000

<b>How We Do It: Program Budget Summary</b>					
<b>Category</b>	<b>2015 Budget</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>	<b>2017/2016 Var</b>
<b>Expenditures</b>	\$14,967,534	\$13,750,024	\$13,827,399	\$15,554,015	\$1,726,616
<b>Revenues</b>	\$12,091,112	\$11,977,157	\$12,040,593	\$12,140,593	\$100,000
<b>Tax Levy</b>	\$2,876,422	\$1,772,867	\$1,786,806	\$3,413,422	\$1,626,616

**Strategic Implementation:** Milwaukee County’s community AODA services is an alcohol and drug treatment and recovery service system. These services are open to Milwaukee County residents ages 18-59 with a history of alcohol or drug use, with priority given to families with children and pregnant women (regardless of age).

Milwaukee County BHD has a provider network for AODA residential services that provides a continuum of services that includes traditional residential, medically monitored residential, and co-occurring biomedically monitored residential. Due to the increased demand for residential AODA treatment services, it is being recommended to increase AODA residential capacity from 96 to 112 beds at a cost of \$613,748.

BHD budgets \$100,000 to enhance opioid epidemic strategies. This will enable BHD to purchase Narcan, an antidote for treating narcotic overdose, and provide training for its use. This is offset by anticipated \$100,000 in grant revenue. Additionally, BHD CARS supports the use of Medication Assisted Treatment (MAT). MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders. CARS has integrated the use of MAT beginning with methadone treatment services over 15 years ago and has integrated the use of Vivitrol in the last three years. CARS utilizes a wraparound approach by not only assisting with the referral and/or placement of a person who is interested in receiving MAT, but provides a Care Manager to partner in the development of an Individual Recovery Plan (IRP).

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300  
 FUND: General – 0077

<b>Financials by Major AODA Service Area</b>				
	<b>2015 Actual<sup>7</sup></b>	<b>2016 Budget</b>	<b>2017 Budget</b>	<b>Variance</b>
Detoxification	\$2,577,775	\$2,572,145	\$2,572,145	-
AODA Residential	\$3,189,009	\$3,042,032	\$3,655,780	\$613,748
Recovery House	\$137,258	\$142,625	\$142,625	-
Outpatient – Substance Abuse	\$481,819	\$432,888	\$432,888	-
Recovery Support Coordination	\$1,433,274	\$1,423,960	\$1,423,960	-
Prevention	\$2,392,061	\$2,518,091	\$2,399,976	\$(118,115)
RSS	\$1,104,547	\$1,339,699	\$1,339,699	-
Other (Training, etc)	\$669,451	\$715,775	\$766,775	\$51,000

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<sup>7</sup> Data from CMHC/Avatar

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

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**CARS: Wraparound Milwaukee**

<b>What We Do: Activity Data</b>			
<b>Activity</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>
<b>Family Intervention Support Services</b>			
Number of Clients Served	919	750	800
<b>Wraparound</b>			
Average Total Enrollment	1,189	1,144	1,350
Average Daily Number of REACH enrollees	413	425	550
<b>Mobile Urgent Treatment</b>			
Number of Clients Seen (face-to-face)	1,560	1,800	1,750

<b>How We Do It: Program Budget Summary</b>					
<b>Category</b>	<b>2015 Budget</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>	<b>2017/2016 Var</b>
<b>Expenditures</b>	44,756,565	\$48,661,844	\$46,620,937	\$57,423,622	\$10,802,685
<b>Revenues</b>	45,484,948	\$48,751,527	\$46,666,491	\$57,350,458	\$10,683,967
<b>Tax Levy</b>	(\$728,383)	(\$89,683)	(\$45,554)	\$73,164	\$118,718

<b>How Well We Do It: Performance Measures</b>			
<b>Performance Measure</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>
Family Satisfaction with Care Coordination (5.0 Scale)	4.6	4.6	4.6
Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	62%	75%	75%
Percentage of youth who have achieved permanency at disenrollment	58%	70%	70%
Average level of "needs met" at disenrollment (1-5)	3.2	>3.0	>3.0

**Strategic Implementation:**

Wraparound Milwaukee is a unique managed care program operated by the Milwaukee County Behavioral Health Division to provide comprehensive, individualized and cost effective care to children with complex mental health and emotional needs. In 2017, enrollment is expected to continue to increase with the expectation of a daily enrollment of 1,350 children and their families.

Wraparound added 3.0 FTE to enhance their Wraparound Wellness Clinic to provide prescriber and other clinical services for enrollees. This is being done to respond to both increased enrollment as well as enhancements being made to provide more holistic care in the areas of integration of coordinating the physical health care needs of the youth. The Wellness clinic has also experienced an increase in utilization due to the increased enrollment into the CORE program designed to respond to youth experiencing their first episode of psychosis.

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

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**Former BHD Service Areas**

<b>Rehab Centers – Hilltop and Central</b>					
<b>Category</b>	<b>2015 Budget</b>	<b>2015 Actual</b>	<b>2016 Budget</b>	<b>2017 Budget</b>	<b>2017/2016 Var</b>
<b>Expenditures</b>	\$10,527,332	\$10,623,890	\$0	\$0	\$0
<b>Revenues</b>	\$1,818,678	\$1,701,011	\$0	\$0	\$0
<b>Tax Levy</b>	\$8,708,654	\$8,922,879	\$0	\$0	\$0
<b>FTE Positions</b>	50.2	50.2	0	0	0

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