

B U D G E T S U M M A R Y

Category	2019 Actual	2020 Actual ¹	2021 Budget	2022 Budget	2022/2021 Variance
Expenditures					
Personnel Costs	\$65,217,429	\$64,542,498	\$69,725,086	\$59,812,448	(\$9,912,638)
Operation Costs	\$143,898,481	\$153,266,636	\$158,737,548	\$181,351,684	\$22,614,136
Debt & Depreciation	\$0	\$0	\$0	\$0	\$ 0
Capital Outlay	\$2,004	\$1,554,042	\$0	\$0	\$ 0
Interdepartmental. Charges	\$5,691,498	\$5,272,785	\$4,662,907	\$6,223,312	\$1,560,405
Total Expenditures	\$214,809,412	\$224,635,961	\$233,125,541	\$247,387,444	\$14,261,903
Revenues					
Direct Revenue	\$111,262,507	\$125,223,012	\$132,695,789	\$147,827,356	\$15,131,567
Intergovernmental Revenue	\$44,104,596	\$51,365,272	\$47,349,303	\$46,560,088	(\$789,215)
Indirect Revenue	\$0	\$0	\$0	\$0	\$ 0
Total Revenues	\$155,367,103	\$176,588,284	\$180,045,092	\$194,387,444	\$14,342,352
Tax Levy	\$59,442,309	\$48,047,677	\$53,080,449	\$53,000,000	(\$80,449)
Impact on Reserves Increase/(Decrease)	(\$2,222,803)	\$5,154,733	(\$226,697)	(\$9,079,730)	(\$8,853,033)
Personnel					
Full-Time Pos. (FTE)	485.6	476.6	489.9	429.35	(60.5)
Seasonal/Hourly/Pool \$	\$1,548,101	\$	\$1,621,062	\$1,891,650	\$270,588
Overtime \$	\$2,825,822	\$3,041,787	\$817,308	\$1,308,697	\$491,389

Department Mission:

Together, creating healthy communities.

Department Vision:

Empowering safe, healthy and meaningful lives.

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.

¹ Unaudited

Major Changes in FY 2022

2022 represents a major transition point for inpatient and psychiatric crisis service delivery at the Behavioral Health Division. The 2022 budget anticipates closure of Milwaukee County-operated inpatient services and Psychiatric Crisis Services (PCS) emergency room by June 2022. Inpatient services will transition to the new Granite Hills hospital operated by Universal Health Services in West Allis in 2021. Their first patient is expected to be admitted in September 2021 and full transition to UHS anticipated by mid-2022.

Psychiatric ER services (PCS) will shift to the new Mental Health Emergency Center in spring 2022. The MHEC is an innovative public-private partnership that looks to address the crisis mental health needs of vulnerable residents closer to where they live. It is an important step forward in continuing to evolve the mental health and substance abuse system in Milwaukee County. These changes will result in improved access to high-quality mental healthcare for those most in need of this care, with a significant increase in available capacity for inpatient psychiatric care, including specialty care for youth and elders, and a more centrally located crisis center in the MHEC that is literally minutes from the great majority of people historically served by PCS.

During this transition, BHD will rely on \$9.1m in reserve funds related to the following costs related to closure and transition to new care delivery models:

- \$1.3 m for increased overtime, hourly, and other staffing costs to maintain safe staffing levels during closure
- \$1.5m in reduced inpatient revenue as the census scales down during the transition
- \$1.8m for retention and bonus payments to staff impacted by the hospital closure
- \$3.3m in operational startup costs for the MHEC joint venture
- \$1.0m for relocation of administrative staff
- \$0.2m reserve funds allocated to pilot CART mobile crisis team in collaboration with the Milwaukee County Sheriff's Office.

In addition to the transition of inpatient and ER services, BHD continues to expand and enhance community-based care:

- \$11.0m for continued expansion of CCS services for youth and adults.
- \$1.4m increase in CSP vendor rate expense to fund a rate increase for all CSP provider agencies.
- 15.0 FTE increase staffing for expansion of community crisis intervention services including enhancements to the Crisis Mobile Team and Team Connect.
- \$0.5m increase to IPS supported employment services for individuals struggling with substance abuse issues.
- Additional funding for mental health services in collaboration with area Federally Qualified Health Centers.

Strategic Program Area 1: Management & Support Services

Service Provision: Administrative

How We Do It: Program Budget Summary					
Category	2019 Actual	2020 Actual	2021 Budget	2022 Budget	2022/2021 Variance
Expenditures	\$285,240	\$848,786	(\$1,697,003)	\$3,631,530	\$5,328,533
Revenues	\$277,178	\$2,559,840	\$302,997	\$5,631,030	\$5,328,033
Tax Levy	(\$8,062)	(\$1,711,054)	(\$2,000,000)	(\$1,999,500)	\$500
FTE Positions	125.3	128.3	127.3	117.0	(10.3)

What We Do With It: Activity Data				
Activity	2019 Actual	2020 Actual	2021 Target	2022 Target
Impaneling requests processed	2,262	2,251	2,500	3,000

How Well We Do It: Performance Measures				
Performance Measure	2019 Actual	2020 Actual	2021 Target	2022 Target
Revenue dollars/fiscal staff	\$7,126,931	\$7,745,100	\$7,187,947	\$7,755,898
Patient revenue collected/Billed revenue	50.7%	56.0%	58.3%	65.6%

Strategic Overview:

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

Strategic Implementation:

Expenditures in this area are reduced from \$31.5m to \$25.4m due to anticipated savings and reductions from the hospital closure. These costs are allocated out to the other service areas.

A \$2.0m general expenditure reduction is added to this strategic area to budget cost savings or potential reserve contributions.

A Focus on Quality:

The Behavioral Health Division (BHD) will continue to strategically foster partnerships and participate in an enhanced and integrated community-based behavioral health system of care in 2022. Our vision will include the promotion of early crisis intervention and prevention, as to enhance individuals’ access to care, while providing crisis options and community-based locations with warmer front doors. Our system of care will support strength-based interventions, will be needs driven while ensuring linkages and coordination of a quality, and a value-based network of provider services. Ultimately, more individuals with behavioral health needs throughout Milwaukee County will be served through financially sustainable models of care in support of the **"Right Care, Right Place, Right Time."**

BHD will continue to transform into a community system of care in 2022 with an emphasis on:

- Racial equity.
- Quality and safety.

- Client experience of care.
- Streamlined access to help.
- Workforce development and training.
- Building trusting relationships with stakeholders.
- Building network service capacity.
- Identifying racial equity gaps, injustice, and broader community-based solutions.
- Long-term fiscal sustainability and cost efficiencies.

Behavioral Health Division (BHD) Quality Management Services will continue to be strengthened in 2022 to assure ongoing excellence in the quality and safety of care as to meet clients' needs. We will define quality as a collective measure of excellence in BHD's (and our network) systems, processes, staff and provider performance, decisions, and human interactions. The overarching organizational aim we are undertaking in this and the next quality plan biennium is to align our quality program structure, management, and knowledge base to a customer-driven, performance based, innovation rewarding, and self-learning paradigm. BHD, our staff, partners, and the Milwaukee County Mental Health Board (MCMHB) will continue to demonstrate a commitment to improving the health of clients and ultimately the health and wellness of our community.

To truly transform into a healthcare system of high reliability, excellent client experience, and quality and safety, the Behavioral Health Division (BHD) will engage in purposeful activities in support of a quality journey. Mental Health Board governance and BHD Leadership will remain committed to quality care and services, including increased 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, decision and action. Efforts to centralize BHD quality-related functions in collaboration with DHHS, with an emphasis on enhanced client outcomes, target goals, data, technology, and benchmarks are the hallmarks of these continued efforts. Investment in personnel to provide quality assurance and quality improvement activities will be prioritized as to strengthen BHD services, network quality and performance. Activities to eliminate barriers and individual program and department silos in favor of an integrated system of care continue in 2022. The goals will include strengthening the quality approach to increase operational efficiency, support an environment of safety, reduce cost, and create a community-based healthcare system.

Strategic Program Area 2: Psychiatric Crisis ER & Mental Health Emergency Center

Service Provision: Mandated

How We Do It: Program Budget Summary					
Category	2019 Actual	2020 Actual	2021 Budget	2022 Budget	2022/2021 Variance
Expenditures	\$17,405,736	\$9,652,421	\$17,511,295	\$21,232,027	\$3,720,732
Revenues	\$9,101,269	\$17,258,314	\$9,081,833	\$12,381,833	\$3,300,000
Tax Levy	\$8,304,467	\$7,605,893	\$8,429,462	\$8,850,194	\$420,732
FTE Positions	59.0	59.0	58.0	43.5	(14.5)

What We Do With It: Activity Data				
Activity	2019 Actual	2020 Actual	2021 Target	2022 Target
<i>Psychiatric Emergency Department</i>				
PCS & MHEC Admissions	7,492	6,471	7,500	7,500

How Well We Do It: Performance Measures				
Performance Measure	2019 Actual	2020 Actual	2021 Target	2022 Target
Percent of clients returning to PCS & MHEC within 30 days	26.1%	26.2%	24.0%	24.0%
Percent of Time on Waitlist Status	100%	100%	80%	70%

Strategic Overview:

Psychiatric Crisis ER/Observation includes:

- Psychiatric Crisis Service (PCS) Emergency Room: PCS is a 24-hour a day, seven days a week psychiatric emergency room. This component of BHD’s system of crisis services provides crisis intervention, face-to-face medical/psychiatric assessment, and acute treatment for individuals who are, or who believe themselves to be, in psychiatric emergency and in need of psychiatric assessment, treatment, and/or referral; this includes voluntary referrals from law enforcement and emergency detention referrals.
- Observation Unit: Consumers may be placed on Observation Status as an alternative to inpatient hospitalization when they are experiencing a mental health crisis and need brief intensive assessment and treatment. This unit is designed to provide crisis intervention and stabilization services that are less than 48 hours in duration.
- Mental Health Emergency Center: MHEC is a new psychiatric emergency room to replace PCS scheduled to open in mid-2022. The MHEC is an innovative public-private partnership that looks to address the crisis mental health needs of vulnerable residents closer to where they live.

Strategic Implementation:

Total expenses are increased by \$3.7m. This includes a \$2.1m decrease in personnel services related to the closure, \$3.3m in operational startup costs (offset by reserve funding) for the Mental Health Emergency Center and \$3.5m for ongoing support of the MHEC during the partial year of operations, and \$0.8m for debt service costs related to the MHEC facility.

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

Service Provision: Mandated

How We Do It: Program Budget Summary					
Category	2019 Actual	2020 Actual	2021 Budget	2022 Budget	2022/2021 Variance
Expenditures	\$36,357,099	\$19,019,582	\$37,405,387	\$31,669,028	(\$5,736,359)
Revenues	\$17,489,269	\$38,311,861	\$20,252,425	\$7,800,923	(\$12,451,502)
Tax Levy	\$18,867,830	\$19,292,279	\$17,152,962	\$23,868,105	\$6,715,143
FTE Positions	153.5	139.0	139.0	76.75	(62.3)

What We Do With It: Activity Data				
Activity	2019 Actual	2020 Actual	2021 Target	2022 Target
<i>Acute Adult Inpatient</i>				
Average Daily Census	40.6	31.8	42	24
Number of Admissions	693	648	700	188
Number of Patient Days	14,809	11,603	16,100	4,320
Average Length of Stay (Days)	23	17.5	23	23
<i>Child and Adolescent Inpatient Services</i>				
Average Daily Census	7.5	4.3	8	8
Number of Admissions	660	326	650	200
Number of Patient Days	2,731	1,569	3,000	900
Average length of Stay (Days)	4.1	4.7	4.5	4.5

How Well We Do It: Performance Measures				
Performance Measure	2019 Actual	2020 Actual	2021 Target	2022 Target
<i>Acute Adult Inpatient</i>				
Percent of clients returning to Acute Adult within 30 days	9%	9.5%	10%	9%
Patients Responding Positively to Satisfaction Survey	71.5%	75.3%	75%	75%
<i>Child and Adolescent Inpatient Services</i>				
Percent of children who return to CAIS within 30 days	16.7%	8.5%	12%	9%
Patients Responding Positively to Satisfaction Survey	70.2%	73.2%	75%	75%

Strategic Overview:

BHD's inpatient services are provided in three licensed psychiatric hospital units with two programs for adults and one specialized unit for children and adolescents. The 2022 budget anticipates two 16-bed adult units and one Child and Adolescent (CAIS) unit for individuals under 18. BHD will operate inpatient services until all inpatient care can be safely transitioned to the new Granite Hills facility operated by Universal Health Services in West Allis.

Strategic Implementation:

Inpatient expenditures decrease by \$5.7m due to reductions in staff, supply, and overhead costs related to the hospital closure. Revenue is decreased by \$12.5m in anticipation of reduced census during the final months of operations.

Other changes include \$2.7m anticipated payments to Granite Hills for inpatient care of uninsured clients after the closure of BHD inpatient Services. There is a \$1.2m increase to account for additional State Institute (Mendota & Winnebago) costs. This increase is funded through tax levy.

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

Service Provision: Mandated

How We Do It: Program Budget Summary					
Category	2019 Actual	2020 Actual	2021 Budget	2022 Budget	2022/2021 Variance
Expenditures	\$100,471,518	\$88,068,086	\$118,956,015	\$122,767,048	\$3,811,033
Revenues	\$71,530,371	\$107,119,676	\$89,285,082	\$99,981,952	\$10,696,870
Tax Levy	\$28,941,147	\$19,051,590	\$29,670,933	\$22,785,096	(\$6,885,837)
FTE Positions	102.3	105.8	115.1	145.1	30.0

What We Do With It: Activity Data				
Activity	2019 Actual	2020 Actual	2021 Target	2022 Target
Number of Unique Clients Served	10,049	10,072	10,500	10,500

How Well We Do It: Performance Measures				
Performance Measure	2019 Actual	2020 Actual	2021 Target	2022 Target
Percent with any emergency room utilization	16.4%	14.77%	10.0%	10.0%
Percent Homeless	9.6%	6.27%	7.0%	6.0%
Percent Employed	19.04%	21.28%	19.0%	22.0%

Strategic Overview:

CARS consists of two program areas:

- Community Mental Health and Community Crisis Services
- Community AODA Services

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 behavioral health needs to achieve the greatest possible independence and quality of life by assessing individual needs and facilitating access to appropriate community services and supports. CARS is committed to fostering independence, choice, and hope for individuals by creating an array of services that are person-centered, recovery oriented, trauma informed, and culturally intelligent. The 2022 Budget sustains investment in community-based mental health care with an emphasis on recovery.

CARS: Community Mental Health and Community Crisis Services and CARS: Community AODA Services on the following pages are a subset of the Community Access to Recovery Services Division financials and program data listed above.

CARS: Community Mental Health and Community Crisis Services

How We Do It: Program Budget Summary					
Category	2019 Actual	2020 Actual	2021 Budget	2022 Budget	2022/2021 Variance
Expenditures	\$84,756,346	\$92,009,164	\$102,996,533	\$109,355,831	\$6,359,298
Revenues	\$56,548,095	\$73,794,064	\$74,924,049	\$89,681,336	\$14,757,287
Tax Levy	\$28,208,251	\$18,215,100	\$28,072,484	\$19,674,495	(\$8,397,989)

What We Do With It: Activity Data				
Activity	2019 Actual	2020 Actual	2021 Target	2022 Target
<i>Crisis Mobile Team</i>				
Mobiles Completed	5,445	4,892	3,600	6,000
<i>Targeted Case Management</i>				
Average Enrollment	1,305	1,035	1,600	1,600
<i>Community Support Program</i>				
Average Enrollment	1,298	1,297	1,300	1,400
<i>Comprehensive Community Services</i>				
Year-End Enrollment	1,225	1,499	1,750	2,000

How Well We Do It: Performance Measures				
Performance Measure	2019 Actual	2020 Actual	2021 Target	2022 Target
Average Satisfaction Survey Score (CCS) ²	81.50%	92.4%	78%	78%
Average Experience Survey Score (BHD) ³	N/A	4.13	4.00	4.00

Strategic Overview:

Community Mental Health and Crisis Services includes the following service options: Comprehensive Community Services (CCS), Targeted Case Management (TCM), Community Support Program (CSP), Community-Based Residential Facilities (CBRF), Access Clinic, Crisis Mobile Team (CMT), Community Assessment Response Team (CART), Community Consultation Team (CCT), Team Connect, Crisis Resource Centers (CRC), Crisis Stabilization Houses (CSH), and Community Linkage and Stabilization Program (CLASP).

² CCS client satisfaction survey scores are reported as the proportion of consumers who reported a “more positive experience”.

³ BHD client experience survey scores are reported as the average score on a five point Likert scale, with 1 representing “strongly disagree” and 5 representing “strongly agree”

Strategic Implementation:

The 2022 Community Access to Recovery Services Division MH budget includes \$8.6m in expanded services. The primary driver of this increase is \$5.5m in expanded adult CCS services funded through Medicaid.

Other major enhancements include:

- \$1.4m increase in CSP vendor rate expense to fund a rate increase for all CSP provider agencies. This includes a rate increase for certified peer specialists and a performance-based incentive for provider agencies. These costs are offset by increased Medicaid and WIMCR revenue.
- BHD continues to support the use of Certified Peer Specialists as an integral part of service delivery teams. Peer Specialist costs are increased by \$0.5m to continue to support Team Connect and to expand to peer services like the Mental Health Emergency Center. The 2022 budget maintains funding for Parachute House (Peer Run Respite) and support services provided by Warmline, Inc. The budget also includes funding for the expansion of peer support services as a part of the CHC partnerships via the Office of Consumer Affairs and BHD funding dedicated to the completion of peer support trainings to have more trained peer specialists enter the job market.
- \$0.4m increase to support ongoing Community-Based Residential Facility and Adult Family home placements for individuals with complex needs.
- \$0.1m increased marketing costs for community-based crisis services to promote and inform the community of services offered, especially those provided by the adult and youth mobile teams, and engage vulnerable populations. This need was identified through engagement of frontline staff.
- \$0.1m increase for interpreter services in the CCS network. This will enable BHD to expand CCS services to a broader group of consumers.
- Wisconsin Medicaid Cost Report (WIMCR) and CCS cost report revenue is increased by \$5.6m. This impacts the following areas: Crisis Services, TCM, CSP, and CCS. Funding in 2022 will be based on the FY 2021 cost report.
- Community Aids funding is shifted between the following programs: CARS Admin, Community Support Program, Targeted Case Management, Detoxification Services, Contracted Crisis Services, Crisis Mobile Team, and Community Health Center Partnerships.

The following personnel adjustments are made to support adult community behavioral health services:

- The Children's Mobile Crisis Team (CMC) is combined with the Adult Crisis Mobile Team to form one cohesive unit capable of providing services across the lifespan. This will result in lower wait time and better overall service deliveries.
- 14.0 BHESC and 1.0 FTE Coordinator Psych Crisis positions are added to support the Crisis Mobile Team, 988 phone line, and Team Connect including support of the new Mental Health Emergency Center. These costs are partially offset by increased Medicaid and WIMCR revenue.
- 3.0 FTE added to support provider network management and continued CCS expansion.
- 2.0 FTE Mental Health Clinicians are created to support the Assisted Outpatient Treatment (AOT) program which is BHD's Community Support Program (CSP) offering services via the Assertive Community Treatment (ACT) model.
- 1.0 FTE Grant Management position to support ongoing grant reporting requirements and new grant awards.

Community Mental Health Financials by Major Program Area					
Category	2019 Actual	2020 Actual	2021 Budget	2022 Budget	2022/2021 Variance
<i>Crisis Mobile Team</i>					
Expense	\$4,660,687	\$4,274,727	\$5,073,112	\$6,819,412	\$1,746,300
Revenue	\$911,483	\$1,303,627	\$2,315,494	\$4,274,067	\$1,958,573
Tax Levy	\$3,749,204	\$2,987,540	\$2,757,618	\$2,545,345	(\$212,273)
<i>CARS Care Coordination 6403</i>					
Expense	\$908,980	\$989,949	\$1,084,377	\$1,031,754	(\$52,623)
Revenue	\$278,107	\$438,486	\$258,362	\$546,260	\$287,898
Tax Levy	\$630,873	\$551,463	\$826,015	\$485,494	(\$340,521)
<i>Targeted Case Management & Crisis Care Management 6406</i>					
Expense	\$6,560,972	\$7,638,637	\$7,399,791	\$7,227,909	(\$171,882)
Revenue	\$3,640,161	\$6,452,193	\$4,010,899	\$6,757,510	\$2,746,611
Tax Levy	\$2,920,811	(\$1,160,835)	\$3,388,892	\$470,399	(\$2,918,493)
<i>Community Support Program 6405</i>					
Expense	\$15,969,922	\$16,261,395	\$16,626,726	\$17,547,840	\$921,114
Revenue	\$8,033,566	\$15,848,669	\$9,842,042	\$14,728,113	\$4,886,071
Tax Levy	\$7,936,356	\$412,725	\$6,784,684	\$2,819,727	(\$3,964,957)
<i>Comprehensive Community Services 6411</i>					
Expense	\$23,042,579	\$28,889,121	\$36,425,777	\$40,594,293	\$4,168,516
Revenue	\$20,070,811	\$28,622,753	\$33,115,501	\$39,862,024	\$6,746,523
Tax Levy	\$2,971,768	\$266,367	\$3,310,276	\$732,269	(\$2,578,007)
<i>Community-Based Residential 6408</i>					
Expense	\$14,122,126	\$14,046,153	\$13,646,930	\$13,619,645	(\$27,285)
Revenue	\$14,016,985	\$12,427,012	\$13,272,898	\$13,272,898	\$0
Tax Levy	\$105,141	\$1,619,141	\$374,032	\$346,747	(\$27,285)
<i>Access Clinic and CHC Partnerships 6412, 6413, 6446</i>					
Expense	\$1,252,482	\$2,003,498	\$4,846,690	\$3,561,911	(\$1,284,779)
Revenue	\$1,073,375	\$459,283	\$1,952,188	\$1,955,441	\$3,253
Tax Levy	\$179,107	\$1,544,215	\$2,894,502	\$1,606,470	(\$1,288,032)

CARS: Community AODA Services

How We Do It: Program Budget Summary					
Category	2019 Actual	2020 Actual	2021 Budget	2022 Budget	2022/2021 Variance
Expenditures	\$15,895,172	\$15,110,511	\$15,959,482	\$13,386,366	(\$2,573,116)
Revenues	\$14,982,276	\$14,274,021	\$14,361,033	\$10,300,616	(\$4,060,417)
Tax Levy	\$912,896	\$836,489	\$1,598,449	\$3,085,750	\$1,487,301

What We Do With It: Activity Data				
Activity	2019 Actual	2020 Actual	2021 Target	2022 Target
<i>Detoxification</i>				
Admissions	6,216	6,224	6,216	6,200
<i>AODA Residential</i>				
Average Enrollment	102	77	112	112
<i>Recovery Support Coordination</i>				
Average Enrollment	551	598	500	550
<i>Recovery Support Services</i>				
Year-End Enrollment	122	85	240	240

How Well We Do It: Performance Measures				
Performance Measure	2019 Actual	2020 Actual	2021 Target	2022 Target
Detoxification 7 Day Readmissions	50.67%	61%	49.00%	49.00%
Percent abstinent from drug or alcohol use	62.99%	62.71%	64.18%	63.45%

Strategic Overview:

Milwaukee County’s community AODA service program is an alcohol, 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. Priority is 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, which include traditional residential, medically monitored residential and co-occurring bio-medically monitored residential, day treatment, recovery support coordination, outpatient services, and numerous recovery support services.

Strategic Implementation:

2022 Substance Use Disorder (SUD) expenses are decreased by \$2.5m. This is primarily related to the addition of Substance Use Disorder Residential services to the Medicaid benefit in Wisconsin. This allows providers to bill Medicaid directly for treatment services provided in a residential setting. This change does not result in a reduction of services. Milwaukee County still supports this level of care through subsidizing room & board costs and care for uninsured clients. Savings from this \$3.3m reduction is partially invested into other SUD service enhancements and expansions.

\$0.5m expense increase supports various employment services for individuals with SUD issues which can be an important role in an individual’s recovery. This budget enhances support for Individual Placement and Support (IPS) which is a model of supported employment for people with serious mental illness or substance abuse challenges.

\$0.5m expense increase to support Recovery Support Coordination (RSC) Services.

Revenue is decreased by a total of \$4.0m. \$1.7m of that reduction is based on anticipated grant funding in 2022. \$2.3m in BCA funds are shifted to support other programs in CARS.

Other costs are shifted between AODA program areas based on anticipated service demand. Details in "AODA Financials by Major Program Area chart below.

AODA Financials by Major Program Area					
Category	2019 Actual	2020 Actual	2021 Budget	2022 Budget	2022/2021 Variance
<i>Detoxification</i>					
Expense	\$2,734,471	\$2,715,956	\$2,796,202	\$2,700,830	(\$95,372)
Revenue	\$2,333,730	\$2,046,997	\$2,333,731	\$2,572,145	\$238,414
Tax Levy	\$400,741	\$668,959	\$462,471	\$128,685	(\$333,786)
<i>AODA Residential</i>					
Expense	\$5,823,119	\$4,660,037	\$5,421,931	\$2,152,478	(\$3,269,453)
Revenue	\$6,903,510	\$5,462,991	\$5,430,371	\$1,449,784	(\$3,980,587)
Tax Levy	(\$1,080,391)	\$802,954	(\$8,440)	\$702,694	\$711,134
<i>Day Treatment & Outpatient – AODA</i>					
Expense	\$703,843	\$1,078,299	\$657,381	\$813,314	\$155,933
Revenue	\$611,376	\$391,174	\$532,000	\$401,000	(\$131,000)
Tax Levy	\$92,467	\$687,125	\$125,381	\$412,314	\$286,933
<i>Recovery Support Coordination</i>					
Expense	\$3,545,786	\$3,636,206	\$3,228,756	\$3,738,402	\$509,646
Revenue	\$4,168,289	\$4,888,511	\$3,010,011	\$3,304,762	\$294,751
Tax Levy	(\$622,503)	(\$1,252,305)	\$218,745	\$433,640	\$214,895
<i>Medication Assisted Treatment</i>					
Expense	\$917,939	\$576,325	\$874,183	\$1,021,860	\$147,677
Revenue	\$0	\$160,334	\$701,338	\$723,631	\$22,293
Tax Levy	\$917,939	\$415,991	\$172,845	\$298,229	\$125,384
<i>Prevention</i>					
Expense	\$1,197,175	\$1,543,915	\$1,296,718	\$1,558,042	\$261,324
Revenue	\$425,398	\$362,041	\$1,191,194	\$1,191,194	\$ 0
Tax Levy	\$771,777	\$1,1181,874	\$105,524	\$366,848	\$261,324

Strategic Program Area 5: Wraparound Services

Service Provision: Mandated

How We Do It: Program Budget Summary					
Category	2019 Actual	2020 Actual	2021 Budget	2022 Budget	2022/2021 Variance
Expenditures	\$57,739,134	\$58,999,408	\$60,949,846	\$68,087,811	\$7,137,965
Revenues	\$56,969,014	\$59,386,270	\$61,122,755	\$68,591,706	\$7,468,951
Tax Levy	\$770,120	\$386,862	(\$172,909)	(\$503,895)	(\$330,986)
FTE Positions	45.5	44.5	50.5	47.0	(3.5)

What We Do With It: Activity Data				
Activity	2019 Actual	2020 Actual	2021 Target	2022 Target
<i>Wraparound</i>				
Average Total Enrollment	1,146	703	1,100	1,050
Average Daily Number of REACH enrollees	860	856	900	950
<i>Children's Mobile Crisis Team</i>				
Number of Clients Seen (face-to-face)	1,085	732	1,160	1,000
<i>Children's Comprehensive Community Services</i>				
Year-End Enrollment	301	479	375	550

How Well We Do It: Performance Measures				
Performance Measure	2019 Actual	2020 Actual	2021 Target	2022 Target
Family Satisfaction with Care Coordination (5.0 Scale)	4.56	4.56	4.0	>4.0
Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	64.1%	65.9%	75%	>75%
Percentage of youth who achieved permanency at disenrollment	54.1%	61.8%	70%	>70%
Average level of "Needs Met" at disenrollment (Scale of 1-5)	2.4	2.2	3.0	3.0

Strategic Overview:

BHD'S Children's Community Mental Health Services and Wraparound Milwaukee system of care serves youth and young adults (aged 5-23) along with their families. Through this system of care, eligible youth and young adults in Milwaukee County receive coordinated, community-based mental health services and connections to community resources. All programs emphasize a strength-based care coordination model rooted in underlying need that offers a range of services and supportive options. These community-based options are designed to be individualized to meet

the needs of each family. To fulfill eligibility requirements for all programs, children or young adults must meet Serious Emotional Disturbance (SED) criteria. For the first three options listed below, those programs in which enrollment includes participation in the specialized Managed Care carve out Wraparound Milwaukee, other eligibility criteria consist of risk level for out of home care, including hospitalization, and involvement in two or more systems (Child Welfare, Youth Justice, Mental Health, Social Services, and/or Special Education). For enrollment in Comprehensive Community Services (CCS), individuals must be found functionally eligible per the state assessment, in addition to having a SED diagnosis. Due to our historical ability to manage resources well and form valuable partnerships, the remaining options were able to be developed and sustained to offer Milwaukee County families increased access and choice. Once a determination of eligibility and need is made in partnership with the youth and their family, the following options are available under the Wraparound umbrella:

- **Wraparound:** Referrals are received from the Division of Youth and Family Services (DYFS) and the Division of Milwaukee Child Protective Services (DMCPS) for youth either placed out of home and outside of their community or at risk of being placed. It provides cost-effective, community-based alternatives to residential treatment placements, youth correctional placements, and psychiatric hospitalization.
- **REACH (Reaching, Engaging, and Assisting Children):** Referrals come directly from families, schools, service providers, and the Children's Mobile Crisis (CMC) Team. Youth generally are not involved with DYFS or DMCPS. Under the same practice model, youth and families receive the same type of supports and services as those in the Wraparound program.
- **CCS (Comprehensive Community Services for Children):** An option for families, which provides support and services to youth and young adults who may be experiencing mental health or substance abuse diagnoses. As a voluntary community-based program, CCS addresses needs throughout a person's lifespan, with a coordinated and comprehensive array of recovery, treatment, and psychosocial rehabilitation services.
- **CORE (Coordinated Opportunities for Recovery and Empowerment):** A subset of CCS, CORE serves youth either at Clinical High-Risk for Psychosis (CHRP) or who have experienced their First Episode of Psychosis (FEP). A pre-build five-person team trained in psychosis related treatment and support is leveraged, inclusive of a Care Coordinator, Clinician, Peer Support, Education/Employment Specialist and a Psychiatrist.

Strategic Implementation:

BHD'S Children's Community Mental Health Services and Wraparound Milwaukee system of care contains a diverse number of programs, services, and supports available to Milwaukee County families and young adults aimed at providing comprehensive, individualized, and cost-effective care to children with complex mental health and emotional needs. The 2022 expectation for Wraparound Milwaukee is a daily enrollment of 1,600 children, young adults, and their families. Enrollment numbers in Wraparound are expected to remain consistent, and increase slightly with the re-opening of the community, including school systems, from the COVID-19 Pandemic. The expectation is also to continue to see an increase in enrollments for both REACH and CCS, including CORE. Program enrollment is anticipated to be positively impacted by the completion of the Joint Intake Initiative between Wraparound Milwaukee and the Children's Disabilities Services Division, which is set to conclude Quarter 4 of 2021. With the completion of this project, there will be one Screening and Assessment area for the voluntary programs under the Department of Health and Human Services (DHHS) Children's Area. Shared resources will allow for expedited screening experiences, and comprehensive options counseling for youth, young adults and their families.

2022 budget contains annual funding for the Youth Crisis Stabilization Facility (YCSF). The YCSF was opened in Oct. 2020 in partnership between WCS and Wraparound as a diversionary resource to provide short-term therapeutic respite care to male and trans male youth experiencing a mental health crisis. This community-based resource will prevent police contact, emergency detentions, psychiatric crisis services visits, and in-patient hospitalization for youth who have a support need that can be safely served through a community-based alternative as a diversion or step-down resource. YCSF offers 6 beds to serve male and trans male youth 10-17 years old across Milwaukee County through an average 3-5 day stay. During their stay, they receive therapy and therapeutic support, academic support, skills groups, and resource connection through transition planning.

The 2022 budget also supports integration of children's services through a Joint Screening Initiative. DHHS aims to provide families access to services/supports regardless of which "door" they enter through with fewer handoffs. Integrating services will build a system that focuses on the individual and their unique needs. The Joint Screening will

remove duplication of services, reduce handoffs, and provide one screener for families to connect to Wraparound and Disability Services Division, putting the child, youth, and families at the center of care. In 2022, Wraparound will operate the new Children's intake area to support youth with complex needs.

For 2022, the Children's Mobile Crisis Team (CMC) is combined with the Adult Crisis Mobile Team to form one cohesive unit capable of providing services across the lifespan. This will result in lower wait time and better overall service deliveries. Financials related to this program now appear with "Crisis Mobile Team" in "Community Mental Health and Community Crisis Services".

Expenses increase by a net of \$7.0m across all youth services. This includes a \$6.0m increase to youth CCS services and other increases to Wraparound services based on enrollment trends.

Wraparound Services by Major Program Area					
Category	2019 Actual	2020 Actual	2021 Budget	2022 Budget	2022/2021 Variance
<i>Wraparound Services (Reach, O-Yeah, Crisis Intervention)</i>					
Expense	\$50,354,261	\$48,987,869	\$52,373,614	\$53,087,811	\$714,197
Revenue	\$50,161,406	\$48,967,554	\$53,090,009	\$54,220,281	\$1,130,272
Tax Levy	\$192,855	\$20,315	(\$716,395)	(\$1,132,470)	(\$416,075)
<i>Youth CCS</i>					
Expense	\$6,645,293	\$9,871,867	\$8,129,230	\$14,178,123	\$6,048,893
Revenue	\$6,387,718	\$8,391,584	\$7,601,466	\$14,128,595	\$6,527,129
Tax Levy	\$257,575	\$82,843	\$527,764	\$49,528	(\$478,236)
<i>Family Intervention and Support Services</i>					
Expense	\$739,580	\$526,532	\$735,683	\$656,829	(\$78,854)
Revenue	\$419,890	\$242,830	\$431,280	\$242,830	(\$188,450)
Tax Levy	\$319,690	\$283,702	\$304,403	\$413,999	\$109,596