

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

Category	2016 Actual	2017 Actual	2018 Budget	2019 Budget	2019/2018 Variance
Expenditures					
Personnel Costs	\$56,790,198	\$60,127,405	\$69,362,179	\$71,899,635	\$2,537,456
Operations Costs	\$120,165,486	\$127,344,974	\$143,255,629	\$134,113,489	(\$9,142,140)
Debt & Depreciation	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$626,059	\$95,869	\$505,500	\$200,000	(\$305,500)
Interdept Charges	\$3,169,539	\$5,194,962	\$417,032	\$1,973,014	\$1,555,982
Total Expenditures	\$180,751,281	\$192,763,210	\$213,540,340	\$208,186,138	(\$5,354,202)
<i>Legacy Healthcare/Pension</i>	\$15,567,504	\$18,800,824	\$21,158,253	\$24,275,504	\$3,117,251
Revenues					
Direct Revenue	\$89,566,818	\$96,489,177	\$113,364,922	\$108,264,629	(\$5,100,293)
Intergov Revenue	\$40,581,023	\$41,228,830	\$41,538,602	\$41,400,097	(\$138,505)
Total Revenues	\$130,147,841	\$137,718,007	\$154,903,524	\$149,664,726	(\$5,238,798)
Tax Levy	\$50,603,440	\$55,045,203	\$58,636,816	\$58,521,412	(\$115,405)
Impact on Reserves Increase/(Decrease)	\$0	\$0	(\$351,697)	(\$351,697)	\$0
Personnel					
Full-Time Pos. (FTE)*	521.30	539.0	505.15	485.3	(19.85)
Seas/Hourly/Pool Pos.	22.69	14.60	24.34	20.0	(4.34)
Overtime\$	\$1,836,952	\$2,359,378	\$1,226,484	\$618,000	(\$608,484)

* The 2019 Budget FTEs exclude Vacancy & Turnover (VANDT) & Overtime (OT).

Department Vision: Together, creating healthy communities

Department Mission: 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.

Executive Summary: For Milwaukee County, the 2019 budget cycle continues to face the realities of costs growing faster than revenues. To assist in bridging the budget gap, all departments were given a targeted reduction of 1.1% of their expenditures in the 2018 Adopted Budget. For the Behavioral Health Division that reduction is \$2,121,974, which helps to cover about two-thirds of the legacy fringe benefits increase of \$3,117,251. This reduction to the budget is accomplished through numerous adjustments to revenue and expenses across the department.

2019 Community Services are enhanced and expanded in the following areas:

- Increases to the Comprehensive Community Service (CCS) Adult program with a projected enrollment of 1,200 by the end of 2019.
- Increase to the Comprehensive Community Service (CCS) Children's program, administered by the BHD Wraparound division, with a projected enrollment of 280 by the end of 2019.
- \$0.7m to fund ongoing placements community residential settings for consumers with complex needs.
- \$0.5m to fund an AODA Outpatient Plus program
- \$0.25m to expand and enhance Bridge Housing
- \$0.8m increase in AODA Recovery Support Coordination based on current utilization
- Mental health outpatient and crisis service expansions in partnership with Federally Qualified Health Centers on north and south side.
- BHD continues to support the partnership with the Milwaukee County Housing Division to end chronic homelessness with our investment of \$1.0m. This initiative has serviced over 700 individuals since it began in July 2015.
- Continued funding for transportation services to ensure BHD service-connected clients have transportation to make clinical appointments based on current demand.
- Continued funding of CART and Peer Run Respite expansions.

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.
- **Recovery-Oriented Philosophy of Care.** Services are characterized by a commitment to expanding choice, as well as promoting and preserving wellness. This approach promotes maximum flexibility, the choice to meet individually defined goals and permits person-centered services.
- **Employee Empowerment.** Effective programs involve people at all levels of the organization in improving quality.
- **Leadership Involvement.** Strong leadership, direction, support of quality assurance and support of quality improvement activities by the Governing Board, Chief Executive Officer, Executive Team and the Medical 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 that foster knowledge and understanding are needed. 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:

- All team members are responsible and empowered to contribute to all aspects of patient safety and quality.
- 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 is 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.

BHD will continue to transform into a community system of care in 2019 with an emphasis on:

- Streamlined access to help.
- Workforce development and training.
- Building trusting relationships with stakeholders.
- Building network service capacity and broader community based solutions.
- Long term fiscal sustainability and cost efficiencies.

Strategic Program Area 1: Management & Support Services

Service Provision: Administrative

Strategic Outcome: High Quality, Responsive Services

What We Do: Activity Data				
Activity	2016 Actual	2017 Actual	2018 Target	2019 Target
This program area does not have activity data.				

How We Do It: Program Budget Summary					
Category	2016 Actual	2017 Actual	2018 Budget	2019 Budget	2019/2018 Variance
Expenditures	\$369,629	\$309,246	\$757,125	\$378,638	(\$378,487)
Revenues	\$294,476	\$316,340	\$907,244	\$302,997	(\$604,247)
Tax Levy	\$75,153	(\$7,094)	(\$150,119)	\$75,641	\$225,760
FTE Positions	129.50	138.60	143.30	126.0	(17.30)

How Well We Do It: Performance Measures				
Performance Measure	2016 Actual	2017 Actual	2018 Target	2019 Target
Revenue dollars /fiscal staff	\$5,422,827	\$5,553,145	\$6,156,853	\$6,288,434
Patient revenue collected/ Billed revenue	36.3%	36.6%	52.1%	45.1%

Strategic Overview: Management and Support Services provides fiscal management, compliance, and administration.

Strategic Implementation: The actual expenditures budgeted in this area are \$32.1m which is allocated out to the direct service areas. A reduction of (17.3) FTEs in Management and Support Services results in \$1.3m in personnel cost savings. The savings are offset by \$1.1m in increased legacy health care and pension expenses and \$0.3m of increased funds for employee merit raises.

Other expenditure reductions of \$1.5m in 2019 include \$0.8m in the Electronic Medical Records optimization project, \$0.3m legal and psychiatry fees, \$0.4m Professional Service Fees, and \$0.3m capital expenditures. Reductions were partially offset by an increase of \$0.3m in building maintenance expenses.

The reduction in revenue of \$0.6m is just a shift of some revenue streams from administration to the department performing the services.

A Focus on Quality:

A centralized **Behavioral Health Division Quality Management Services** department will be strengthened in 2019 to assure ongoing excellence in the quality and safety of care and services delivered as well as those services purchased. We will define quality as a collective measure of excellence in BHDs (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, vendors and the Milwaukee County Mental Health Board (MCMHB) will continue to demonstrate a commitment to improving the health of patients and ultimately our community.

To truly transform into a healthcare system of high reliability, client satisfaction, quality and safety, the Behavioral Health Division will engage in purposeful activities in support of a **Quality Journey**. 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 an enhanced community based system of care and client outcomes, delineated by measurement goals and benchmarks, are hallmarks of these continued efforts. Plans to eliminate barriers and individual program and department silos 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 community based healthcare system where a client is better cared for throughout the service continuum.

The **BHD Quality Plan** will continue to serve as the Behavioral Health Division's roadmap and strategic blueprint. We will accomplish this by continually measuring (monitoring) and improving the effectiveness and excellence of care and organizational operations across the system of care. Our ultimate goal is to provide care and services that are safe, effective, patient oriented, timely, efficient and equitable, and in so doing provide a true patient centered experience consistent with the *National Triple-Aim Initiative, the Human Services Value Curve and consistent with DHHS Department Strategies*. BHD strives to continuously assess and improve the quality of the treatment and services it contracts and provides. Further attention to the development of tracking/reporting structural components and the development of a Core Measure Data Domain Set will also be priority. All services and programs within the service continuum including community and inpatient services will continue to incorporate measurement and data represented in an evolving **Balanced Scorecard(s) for Key Performance Indicators** with attention to core measures including, but not limited to:

- Client Experience of Care
- Patient Outcomes.
- Service Utilization Data.
- Quality Assurance and Improvement Activities.
- Required Public Data Reporting and Benchmark Comparisons
- Workforce Development
- Staff Wellbeing
- Cost of Care
- Health of the Population

Strategic Program Area 2: Psychiatric Crisis ER/Observation

Service Provision: Mandated

Strategic Outcome: High Quality, Responsive Services

What We Do: Activity Data				
Activity	2016 Actual	2017 Actual	2018 Target	2019 Target
Psychiatric Emergency Department				
Admissions	8,286	8,001	8,000	8,000

How We Do It: Program Budget Summary					
Category	2016 Actual	2017 Actual	2018 Budget	2019 Budget	2018/2019 Variance
Expenditures	\$16,883,092	\$17,925,676	\$17,550,849	\$17,443,096	(\$107,753)
Revenues	\$10,714,636	\$9,478,667	\$10,888,654	\$9,235,541	(\$1,653,113)
Tax Levy	\$6,168,455	\$8,447,009	\$6,662,195	\$8,207,555	\$1,545,360
FTE Positions	76.0	75.30	60.3	59.0	(1.3)

How Well We Do It: Performance Measures					
Performance Measure	2016 Actual	2017 Actual	2018 Target	2019 Target	2018/2019 Variance
Percent of clients returning to PCS within 30 days	25%	23.1%	24%	24%	0%
Percent of Time on Waitlist Status	80%	75%	25%	60%	0%

Strategic Overview: Psychiatric Crisis ER/Observation includes:

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

Strategic Implementation: Budgeted Patient Revenue for the Emergency Room and Observation Unit decreases (\$0.8m) in 2019 to reflect current trends. The additional revenue reduction of (\$0.8m) is to move the budgeted State WIMCR revenue to the Community Crisis programs that receive it.

Personnel expenses increase by \$0.6m due to the increased cost of Psychiatrists and legacy pension and health care costs. Other patient related expenses decrease by \$0.1m due to the declining number of admissions.

Inpatient Services will be integrating a new position, psychiatric technicians (“psych techs”), into the inpatient care areas of BHD. Psych techs are commonly used within behavioral health care hospitals nationwide to provide an intermittent level of service between that of the certified nursing assistant (CNA) and the registered nurse (RN). The psychiatric technician role will be responsible for performing various functions that are now provided by CNAs such as group activities and milieu management, however the expected level of complexity of the service will be beyond that of a CNA’s scope. The change from CNA’s to the new Psych Tech positions reduces the need for outsourced security and saves \$0.8m in the Emergency Room.

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

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data					
Activity	2016 Actual	2017 Actual	2018 Target	2019 Target	2018/2019 Variance
<i>Acute Adult Inpatient</i>					
Average Daily Census	46	42.8	54	44	(10)
Number of Admissions	683	656	800	700	(100)
Number of Patient Days	16,703	15,648	18,000	16,100	(1,900)
Average Length of Stay (Days)	25	24	23	23	0
<i>Child and Adolescent Inpatient Services</i>					
Average Daily Census	8	8.6	12	8	(4)
Number of Admissions	617	709	800	650	(200)
Number of Patient Days	3,068	3,146	3,600	3,000	(600)
Average length of Stay (Days)	5	4.4	4.5	4.5	0

How We Do It: Program Budget Summary					
Category	2016 Actual	2017 Actual	2018 Budget	2019 Budget	2018/2017 Variance
Expenditures	\$36,200,780	\$37,481,336	\$40,047,790	\$37,518,386	(\$2,529,404)
Revenues	\$14,941,987	\$14,626,499	\$17,607,495	\$16,488,612	(\$1,118,883)
Tax Levy	\$21,258,792	\$22,854,837	\$22,440,295	\$21,029,774	(\$1,410,521)
FTE Positions	184.0	185.0	159.75	153.5	(6.25)

How Well We Do It: Performance Measures					
Performance Measure	2016 Actual	2017 Actual	2018 Target	2019 Target	2018/2017 Variance
Acute Adult Inpatient					
Percent of clients returning to Acute Adult within 30 days	10.8%	7.7%	10%	10%	0%
Patients Responding Positively to Satisfaction Survey	70%	73.8%	75%	75%	0%
Child and Adolescent Inpatient Services					
Percent of children who return to CAIS within 30 days	11.8%	12.3%	12%	12%	0%
Patients Responding Positively to Satisfaction Survey	78%	71.3%	75%	75%	0%

Strategic Overview: 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 16 bed adult unit called the Acute Treatment Unit (ATU), one 16 bed Women's Treatment Unit (WTU), and one 16 bed Intensive Treatment Unit (ITU). A total of 48 adult beds will be available in 2019 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 provides assessment and treatment. This approach is designed to stabilize any patient with acute psychiatric needs and assist the return of the patient to their 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.

Strategic Implementation: Inpatient expenditures decrease \$2.5m in the 2019 Budget. Personnel expenditures decrease by \$0.8m due to lower budgeted overtime of \$0.5m along with a reduced allocation of pension and health care for this area of \$0.3m.

Inpatient Services will be integrating a new position, psychiatric technicians ("psych techs"), into the inpatient care areas of BHD. Psych techs are commonly used within behavioral health care hospitals nationwide to provide an intermittent level of service between that of the certified nursing assistant (CNA) and the registered nurse (RN).

The psychiatric technician role will be responsible for performing various functions that are now provided by CNAs such as group activities and milieu management, however the expected level of complexity of the service will be beyond that of a CNA's scope.

The change from CNA's to the new Psych Tech positions reduces the need for outsourced security and saves \$0.4m in the Inpatient Units. There is also reduced spending on Temporary Personnel Services \$0.4m, food \$0.3m and other patient related expenses \$0.3 m due to the declining number of admissions. The reduction of Management and Support Services result in a lower allocation to the Inpatient areas of \$.3m.

In 2019, Overall revenue decreases by \$1.1m. Patient revenue decreases by \$2.3m primarily related to the decrease in average daily census. This is partially offset by increases in DSH (Disproportionate Share Hospital) and State Plan Amendment funds

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

Service Provision: Mandated

Strategic Outcome: Self-Sufficiency/Quality of Life

How We Do It: Program Budget Summary					
Category	2016 Actual	2017 Actual	2018 Budget	2019 Budget	2018/2019 Variance
Expenditures	\$74,696,280	\$82,707,109	\$94,602,063	\$97,859,972	\$3,257,909
Revenues	\$51,458,574	\$58,433,197	\$64,909,649	\$68,235,948	\$3,326,299
Tax Levy	\$23,237,706	\$24,273,912	\$29,692,414	\$29,624,024	(\$68,390)
FTE Positions	131.80	140.10	141.80	146.80	5.0

How Well We Do It: Performance Measures					
Performance Measure	2016 Actual	2017 Actual	2018 Target	2019 Target	2018/2019 Variance
Average Satisfaction Survey Score	76%	78.9%	78.0%	78%	0
Percent with any emergency room utilization	12.44%	14.53%	10.6%	10%	(0.6%)
Percent Homeless	4.74%	7.44%	3.8%	6.8%	3.0%
Percent Employed	15.80%	16.35%	18.25%	18.25%	0%

Strategic Overview:

CARSD consists of two program areas:

1. Community Mental Health and Community Crisis Services
2. 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 mental illness 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 2019 budget sustains investment in community-based mental health care with an emphasis on recovery.

CARS: Community Mental Health and Community Crisis Services

What We Do: Activity Data					
Activity	2016 Actual	2017 Actual	2018 Target	2019 Target	Variance
<i>Crisis Mobile Team</i>					
Mobiles Completed	2,046	2,898	3,504	3,504	0
<i>Targeted Case Management</i>					
Average Enrollment	1,366	1,715	1,602	1,602	0
<i>Community Support Program</i>					
Average Enrollment	1,249	1,359	1,267	1,300	33
<i>Comprehensive Community Services</i>					
Average Enrollment	523	745	1,100	1,200	100

How We Do It: Program Budget Summary					
Category	2016 Actual	2017 Actual	2018 Budget	2019 Budget	2018/2019 Variance
Expenditures	\$60,369,924	\$66,879,552	\$80,605,698	\$82,326,363	\$1,720,665
Revenues	\$39,830,411	\$46,514,742	\$53,199,057	\$56,686,212	\$3,487,155
Tax Levy	\$20,539,513	\$20,364,810	\$27,406,641	\$25,640,151	(\$1,766,490)

How Well We Do It: Performance Measures					
Performance Measure	2016 Actual	2017 Actual	2018 Target	2019 Target	2018/2019 Variance
CCS: Tax levy per capacity	\$1,963	\$617	\$3,087	\$1,646	(\$1,441)
CSP: Tax levy per capacity	\$5,248	\$5,553	\$5,523	\$5,036	(\$487)
TCM: Tax levy per capacity	\$2,987	\$2,827	\$2,668	\$2,330	(\$338)

Strategic Overview:

Community Mental Health and Crisis Services includes the following service options:

1. Comprehensive Community Services (CCS)
2. Targeted Case Management (TCM)
3. Community Support Program (CSP)
4. Community Recovery Services (CRS)
5. Community Based Residential Facilities (CBRF)
6. Access Clinic
7. Crisis Mobile Team (CMT)
8. Community Assessment Response Team (CART)
9. Community Consultation Team (CCT)
10. Team Connect
11. Crisis Resource Centers (CRC)
12. Crisis Stabilization Houses (CSH)
13. Community Linkage and Stabilization Program (CLASP)

Strategic Implementation: CARS continues to increase enrollments into Comprehensive Community Services (CCS), which is a Medicaid entitlement that provides a coordinated and comprehensive array of recovery, treatment, and psychosocial rehabilitation services. As a part of this continued expansion, CARS staff are working with the approximately 15 individuals enrolled in Community Recovery Services (CRS) to determine which individuals should receive CCS services in addition to their CBRF placement. CCS enrollment is expected to increase to 1,200 in 2019.

CARS serves individuals in need of community residential settings such as Adult Family Homes and CBRF's. These placements are often individualized to meet the person's clinical and residential needs in the community. These individualized plans support people with complex needs with various supportive services with varying costs. To continue to support these placements and service plans, an additional \$0.8m is dedicated to fund ongoing community placements for individuals with complex needs.

Redesigning the service structure of the Milwaukee County BHD Crisis Services provided the opportunity to implement changes across all of the community based crisis services (Crisis Line, Crisis Mobile Team, Crisis Stabilization Houses, Crisis Resource Centers, and Access Clinic). The redesign of the Crisis Services was completed to meet the needs of individuals in crisis throughout the continuum of care, find new and inventive ways to provide the continuum of services, and increase revenue generating services by maximizing current billing practices and increasing clinical staff completion of revenue generating vs. non-revenue generating services, to also include the Care Coordination Team. This redesign also offered opportunities to bill for Crisis Services that have previously not been billed, such as CARS Intake Team. The implementation of this revenue optimization plan has created an additional \$0.5m revenue.

The development of the Northside and Southside Hubs has been a priority redesign and improvement project for BHD, our partners, stakeholders, and the community for the last two years. This project seeks to integrate BHD crisis and outpatient operations with two Federally Qualified Health Centers (FQHC) in Milwaukee. This project will implement and sustain an array of operational and clinical evidence based practices which more closely integrate BHD services with existing FQHC services and resources. Successful implementation will lead to more same day services for residents, improved safety for clients and families, a more efficient service delivery system, and increased billable revenues for crisis and outpatient services. As a part of this redesign, Access Clinic services have been enhanced and expanded. These investments are possible through reallocation of Adult Day Treatment Resources.

TCM expenses are increased based on a strategic shift to focus more heavily on crisis case management. This will better support TCM consumers in their transition to this level of care. This is offset by an increase in Medicaid and cost report revenue. Expenses and revenues in CSP are adjusted down based on actual experience with Medicaid pass-through revenue. This will not impact the number of clients enrolled in the program.

Community Mental Health Financials by Major Program Area					
Activity	2016 Actual	2017 Actual	2018 Budget	2019 Budget	2018/2019 Variance
<i>Crisis Mobile Team & CART</i>					
Expense	\$3,513,923	\$3,977,776	\$4,822,208	\$4,913,738	\$91,530
Revenue	\$251,691	\$447,064	\$645,214	\$885,019	\$239,805
Tax Levy	\$3,262,232	\$3,530,712	\$4,176,994	\$4,028,719	(\$148,275)
<i>CARS Care Coordination</i>					
Expense	-	\$894,732	\$930,380	\$1,008,918	78,538
Revenue	-	\$4,696	\$93,186	\$112,320	\$19,134
Tax Levy	-	\$890,036	\$837,194	\$896,598	\$59,404
<i>Targeted Case Management</i>					
Expense	\$6,424,896	\$7,330,410	\$6,665,960	\$7,287,439	\$621,479
Revenue	\$2,345,033	\$2,481,341	\$2,416,464	\$3,553,778	\$1,137,314
Tax Levy	\$4,079,863	\$4,849,069	\$4,249,496	\$3,733,661	(\$515,835)
<i>Community Support Program</i>					
Expense	\$14,671,260	\$14,559,320	\$16,795,089	\$15,643,135	(\$1,151,954)
Revenue	\$7,694,410	\$7,039,205	\$9,880,388	\$9,095,234	(\$785,154)
Tax Levy	\$6,976,850	\$7,520,115	\$6,914,701	\$6,547,901	(\$366,800)
<i>Comprehensive Community Services</i>					
Expense	\$7,168,035	\$11,895,126	\$19,811,612	\$19,136,768	(\$674,844)
Revenue	\$6,141,203	\$11,434,999	\$16,513,433	\$17,160,888	\$647,455
Tax Levy	\$1,026,831	\$460,127	\$3,298,179	\$1,975,880	(\$1,322,299)
<i>Community Recovery Services</i>					
Expense	\$1,679,945	\$1,136,526	\$746,482	\$109,877	(\$636,605)
Revenue	\$748,650	\$508,463	\$305,053	\$50,000	(\$255,053)
Tax Levy	\$931,295	\$628,063	\$441,429	\$59,877	(\$381,552)
<i>Community-Based Residential¹</i>					
Expense	-	\$12,681,192	\$11,950,929	\$12,347,995	\$397,066
Revenue	-	\$9,780,317	\$9,780,317	\$9,780,317	\$0
Tax Levy	-	\$2,900,875	\$2,170,612	\$2,567,678	\$397,066
<i>Access Clinic</i>					
Expense	\$496,946	\$322,826	\$447,524	\$1,504,805	\$1,057,281
Revenue	\$28,492	\$23,677	\$27,720	\$104,952	\$77,232
Tax Levy	\$468,454	\$299,149	\$419,804	\$1,399,853	\$980,049

¹ CARS Community-Based Residential does not have 2016 Actual financials because this service did not exist as a standalone cost center at that time.

What We Do: Activity Data					
Activity	2016 Actual	2017 Actual	2018 Target	2019 Target	2019/2018 Variance
Detoxification					
Admissions	6,316	6,483	6,000	6,000	0
AODA Residential					
Capacity	83	99	112	112	0
Recovery Support Coordination					
Average Enrollment	292	397	295	400	105
Recovery Support Services					
Average Enrollment	197	187	200	240	40

How We Do It: Program Budget Summary					
Category	2016 Actual	2017 Actual	2018 Budget	2019 Budget	2019/2018 Variance
Expenditures	\$14,326,356	\$15,827,556	\$13,996,365	\$15,533,609	\$1,537,244
Revenues	\$11,628,164	\$11,918,455	\$11,710,592	\$11,549,736	(\$160,856)
Tax Levy	\$2,698,192	\$3,909,101	\$2,285,773	\$3,983,873	\$1,698,100

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: The 2019 budget includes \$1.5m in increased spending to support ongoing AODA needs in Milwaukee County. \$0.5m tax levy funding supports a new level of service to the continuum. Outpatient Plus services are designed to meet the substance abuse treatment needs of residents by combining safe, sober, temporary housing with an on-site clinical level of care. Outpatient Plus allows for a gradual reduction in treatment intensity, degree of structure and support, and allows for increasing independence and responsibility based on the consumers’ treatment progress. The services in Outpatient Plus fall into three categories: Recovery House, Day Treatment (AODA) and Outpatient (AODA). Although the services are always provided in conjunction with one another, this service model allows for Day Treatment and Outpatient services to be billed to insurance when that is an option.

An additional \$0.25m has been allocated to expand and enhance Bridge Housing. Bridge Housing is a sober living environment for individuals who are living with a substance use disorder and preparing for longer-term independent housing. Bridge Housing supports the recovery of individuals living with substance abuse challenges and provides a vital housing service that empowers individuals to take control of their recovery through support and connection to resources.

\$0.8m supports ongoing need in Recovery Support Coordination services based on current year experience. Other AODA program budgets receive adjustments based on current and anticipated service demand.

AODA Financials by Major Program Area¹					
Activity	2016 Actual	2017 Actual	2018 Budget	2019 Budget	2019/2018 Variance
<i>Detoxification</i>					
Expense	-	-	\$2,975,816	\$2,910,945	(\$64,871)
Revenue	-	-	\$2,333,731	\$2,333,731	\$0
Tax Levy	-	-	\$642,085	\$577,214	(\$64,871)
<i>AODA Residential</i>					
Expense	-	-	\$5,925,339	\$5,908,664	(\$16,675)
Revenue	-	-	\$5,279,316	\$4,455,371	(\$823,945)
Tax Levy	-	-	\$646,023	\$1,453,293	\$807,270
<i>Day Treatment & Outpatient - AODA</i>					
Expense	-	-	\$433,485	\$1,189,587	\$756,102
Revenue	-	-	\$764,832	\$480,000	(\$284,832)
Tax Levy	-	-	(\$331,347)	\$709,587	\$1,040,934
<i>Recovery House</i>					
Expense	-	-	\$167,168	\$45,088	(\$122,080)
Revenue	-	-	\$60,750	\$0	(\$60,750)
Tax Levy	-	-	\$106,418	\$45,088	(\$61,330)
<i>Recovery Support Coordination</i>					
Expense	-	-	\$2,258,076	\$3,078,519	\$820,443
Revenue	-	-	\$2,291,471	\$2,610,011	\$318,540
Tax Levy	-	-	(\$33,395)	\$468,508	\$501,903
<i>Recovery Support Services</i>					
Expense	-	-	\$837,088	\$996,159	\$159,071
Revenue	-	-	\$615,132	\$610,429	(\$4,703)
Tax Levy	-	-	\$221,956	\$385,730	\$163,774
<i>Medication Assisted Treatment</i>					
Expense	-	-	\$78,162	152,587	\$74,425
Revenue	-	-	\$16,000	\$0	(\$16,000)
Tax Levy	-	-	\$62,162	\$152,587	90,425
<i>Prevention</i>					
Expense	-	-	\$1,235,744	\$1,210,798	(\$24,946)
Revenue	-	-	\$316,000	\$1,025,194	\$709,194
Tax Levy	-	-	\$919,744	\$185,604	(\$734,140)

¹ 2016 & 2017 financials are not available because these programs were not budgeted at this level of detail prior to 2017.

What We Do: Activity Data					
Activity	2016 Actual	2017 Actual	2018 Target	2019 Target	2019/2018 Variance
<i>Wraparound</i>					
Average Total Enrollment	1,227	1,201	1,309	1,198	(111)
Average Daily Number of REACH enrollees	488	521	575	550	(25)
<i>Children's Mobile Crisis Team</i>					
Number of Clients Seen (face-to-face)	1,519	1,507	1,750	1,750	0
<i>Children's Comprehensive Community Services</i>					
Average Total Census	N/A	33	100	280	180

How We Do It: Program Budget Summary					
Category	2016 Actual	2017 Actual	2018 Budget	2019 Budget	2019/2018 Variance
Expenditures	\$52,473,532	\$54,339,842	\$60,582,513	\$54,986,046	(\$5,596,467)
Revenues	\$52,730,695	\$54,863,303	\$60,590,482	\$55,401,628	(\$5,188,854)
Tax Levy	(\$257,163)	(\$523,461)	(\$7,969)	(\$415,582)	(\$407,613)

How Well We Do It: Performance Measures					
Performance Measures	2016 Actual	2017 Actual	2018 Target	2019 Target	2019/2018 Variance
Family Satisfaction with Care Coordination (5.0 Scale)	4.6	4.7	>= 4.0	>= 4.0	0
Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	60.2%	65.8%	>= 75%	>= 75%	0
Percentage of youth who achieved permanency at disenrollment	53.6%	55.1%	>= 70%	>= 70%	0
Average level of "Needs Met" at disenrollment (Scale of 1-5)	2.9	2.6	>= 3.0	>= 3.0	0

Strategic Overview: BHD'S Children's Community 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 to youth and their families. These community based services are designed to be individualized to meet the needs of each family. In order to fulfill eligibility requirements for all programs, children must meet Serious Emotional Disturbance (SED) criteria. Other eligibility criteria consist of risk level for out of home care, including hospitalization, and involvement in two or more systems (Child Welfare, Juvenile Justice, Mental Health and Education). The first three options listed below are those programs in which enrollment includes participation in our specialized Managed Care carve out, Wraparound Milwaukee. 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 programming is for children who are system-involved, through the Department of Youth and Family Services and/or Department of Milwaukee Child Protective Services (DMCPS).
- REACH (Reaching, Engaging and Assisting Children) programming serves children who are not on court orders, but still meet the qualifications for the Wraparound program and have the same complex needs. Services are delivered within the same practice model as traditional Wraparound programming.
- O-YEAH (Older Youth and Emerging Adult Heroes) programming for young adults, ages 16-23, who are experiencing emotional and behavioral challenges that are interfering in their ability to successfully transition to adulthood. Emphasis is on support and services, including life skills, housing, education and employment.
- FISS (Family Intervention and Support Services) is a contract from DMCPS which utilizes a shorter-term care coordination model, aimed at stabilization and prevention. It is designed to assist families in meeting their needs while preventing court and system involvement. Children who are enrolled have identified behavioral issues, but diagnostic information is not required.
- CCS (Comprehensive Community Services for Children) is an option for families which provides support and services to youth and young adults who may be experiencing mental health or substance abuse diagnoses. CCS services are available throughout the lifespan and provides a comprehensive array of services to promote recovery.
- Children's Mobile Crisis Team (CMC) is a crisis response team available to all of Milwaukee County. CMC provides 24/7 crisis intervention services to any family residing in Milwaukee County. The Trauma Response Team (TRT), housed within CMC, works specifically with District 5 and 7 to address community trauma.

Strategic Implementation: Within all of the options listed there are a diverse number of programs, services, and supports available to Milwaukee County families all aimed at providing comprehensive, individualized, and cost-effective care to children with complex mental health and emotional needs. The 2019 expectation for Wraparound Milwaukee is a daily enrollment of 1,198 children and their families. The anticipated decrease in this program is due to the trend of less children going into both the Delinquency and Child Welfare system overall. The expectation is to see an increase in enrollments for both REACH and CCS, as new potential referral sources are identified and aware of the increased options for prevention. The number of youth and young adults seen by Children's Mobile Crisis may exceed projections, however the current numbers reflect actual staff capacity. Wraparound will continue to depend on the use of Crisis Stabilization services within the Provider Network, as well as seek additional staff expansion opportunities for 2018/19 through potential contract arrangements with Child Welfare and the City of Milwaukee for trauma response teams and/or prevention teams.

Wraparound Services by Program Area					
Program	2016 Actual	2017 Actual	2018 Budget	2019 Budget	2019/2018 Variance
Wraparound Services (Reach, O-Yeah, CMC)					
Expense	\$51,883,995	\$53,362,606	\$57,750,197	\$52,246,549	(\$5,503,648)
Revenue	\$52,224,270	\$54,210,150	\$58,340,440	\$53,027,000	(\$5,313,440)
Tax Levy	(\$340,275)	(\$847,544)	(\$590,243)	(\$780,452)	(\$190,209)
Youth CCS					
Expense	-	\$146,922	\$1,875,272	\$1,981,988	\$106,716
Revenue	-	\$133,853	\$1,655,042	\$1,834,628	\$179,586
Tax Levy	-	\$13,069	\$220,230	\$147,360	(\$72,870)
Family Intervention and Support Services					
Expense	\$874,224	\$830,314	\$957,044	\$757,509	(\$199,535)
Revenue	\$506,425	\$519,300	\$595,000	\$540,000	(\$55,000)
Tax Levy	\$83,112	\$311,224	\$362,044	\$217,509	(\$144,535)

AMENDMENT #1

4

BUDGET RECOMMENDATION 2019 REQUESTED BUDGET MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION



Please send completed recommendation forms to:
Maria Perez, PhD (Maria.Perez@milwaukeecountywi.gov) &
Lisa Wozny (Lisa.Wozny@milwaukeecountywi.gov)

Title: Veteran Health Support Program

MCMHB Sponsor: Robert Curry

Narrative Description:

After recent discussions with various community stakeholders, it has become apparent that a gap exists in community service which results in an unnecessary burden upon Milwaukee's county-funded behavioral health services. Other communities throughout the nation, facing similar financial hurdles, have invested resources into addressing this problem at its source rather than at the point of crisis, which results in improvements to the health of the targeted community while expanding available resources for the general public. The gap which this proposal seeks to fill is the lack of accessible legal services for trauma-affected veterans who have earned VA healthcare, but are unnecessarily utilizing county-funded behavioral health services.

Milwaukee's current legal and advocacy services lack the capacity to provide specialized administrative knowledge on a pro bono basis to veterans who suffered service-connected trauma and have been denied VA eligibility. Private attorneys accept cases on retainer or collecting fees from the client's financial award, and county veteran resources provide advice on completing paperwork and filing deadlines. What Milwaukee lacks is a resource for veterans with PTSD or other trauma to have an attorney represent them for free to challenge their denial of benefits, one who has been trained in current administrative guidance and the evolving treatment of PTSD and trauma by the military and VA. Investing in this advocacy as a priority to address public health is the forward-thinking solution which will, within months, reduce unnecessarily utilization of county resources.

The MCMHB can receive a great return on investing in such a program. By funding a local non-profit with \$150,000 annually, the MCMHB could invite proposals from organizations to describe how they would implement such a project, and how county health services could better identify veterans currently utilizing BHD services whose costs of care should be borne by the federal government, not by Milwaukee County. Proposals would require the director of such a project to be a licensed attorney and accredited by the VA, and should describe how the remaining funds would be used to train a network of volunteer attorneys and implement positive change to BHD services. This Veteran Peer should be WI State Certified Peer, as well as Paralegal training. Assuming a limited commitment of 3 years of funding, proposals would also need to identify how the project would sustain itself once financial investments from MCMHB expire.

Anticipated 2019 Financial Impact of Recommendation:

Description	Revenue	Expense	Tax Levy
Veteran Health Support Program	-	\$150,000	-
Contribution from Reserves	\$150,000	-	-
Total	\$150,000	\$150,000	\$0

This initiative requires a total commitment of \$450,000 from the BHD general reserve. This is a three year commitment, not to exceed \$150,000 annually. The \$450,000 commitment also does not include the administrative costs of setting up or administering an RFP.

The 2019 budgeted contribution from reserves would increase from \$351,697 to \$501,697 in 2019 and 2020. The 2021 budgeted contribution from reserves would decrease to \$150,000, since other initiatives currently funded from the reserve would have been completed at that time.

Contract expenditures would increase by \$150,000 in 2019, and then decrease by \$150,000 in 2022.