

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

Category	2018 Actual	2019 Actual	2020 Budget	2021 Budget	2021/2020 Variance
Expenditures					
Personnel Costs	\$64,418,840	\$65,217,429	\$69,758,153	\$69,764,445	\$6,292
Operation Costs	\$133,197,059	\$143,898,481	\$143,775,185	\$158,737,548	\$14,962,363
Debt & Depreciation	\$0	\$0	\$0	\$0	\$ 0
Capital Outlay	\$110,056	\$2,004	\$100,000	\$0	(\$100,000)
Interdepartmental. Charges	\$2,915,144	\$5,691,498	\$4,380,394	\$5,044,908	\$664,514
Total Expenditures	\$200,641,099	\$214,809,412	\$218,013,732	\$233,546,901	\$15,533,169
Revenues					
Direct Revenue	\$101,822,123	\$111,262,507	\$118,381,453	\$132,743,607	\$14,362,154
Intergovernmental Revenue	\$42,348,233	\$44,104,596	\$43,689,581	\$47,349,303	\$3,659,722
Indirect Revenue	\$0	\$	\$0	\$	\$ 0
Total Revenues	\$144,170,356	\$155,367,103	\$162,071,034	\$180,092,910	\$18,021,876
Tax Levy	(\$56,470,743)	(\$59,442,309)	(\$55,942,698)	(\$53,453,991)	\$2,488,707
Impact on Reserves Increase/(Decrease)	\$1,238,248	(\$2,310,917)	(\$226,697)	\$0	\$226,697
Personnel					
Full-Time Pos. (FTE)	492.2	464.8	458.9	465	6.1
Seasonal/Hourly/Pool Pos.	24.3	20.0	23.6	29.5	5.9
Overtime \$	\$2,433,039	\$2,825,822	\$767,028	\$817,308	\$50,280

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.

Major Changes in FY 2021

2021 tax levy is reduced by \$2.5m to \$53.4m. Changes in the following areas enabled BHD to reduce tax levy without reducing services:

- Increase in WIMCR funding of \$0.9m
- Increase in Crisis Intervention revenue of \$0.9m
- Decrease in personnel expenses of \$0.7m by eliminating vacant positions and legacy healthcare savings.

Funding for behavioral health services are enhanced and expanded in the following areas:

- \$16.2m increased spending in the Comprehensive Community Service (CCS) Adult and Children's program with a projected enrollment of 2,125 by the end of 2021.
- \$1.0m funding for a new High-Fidelity Assertive Community Treatment (ACT) Team.
- \$0.7m additional funding for AODA services including Medication-assisted Treatment.
- \$0.5m for a Crisis Stabilization House redesign.
- \$0.2m to support supported employment services.
- 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	2018 Actual	2019 Actual	2020 Budget	2021 Budget	2021/2020 Variance
Expenditures	(\$148,586)	\$2,786,764	(\$1,697,003)	(\$1,697,002)	\$ 1
Revenues	\$279,039	\$277,178	\$302,997	\$302,997	\$ 0
Tax Levy	(\$134)	\$2,509,586	(\$2,000,000)	(\$1,999,999)	\$ 1
FTE Positions	136.4	120.9	126.4	123.0	(3.4)

What We Do With It: Activity Data				
Activity	2018 Actual	2019 Actual	2020 Target	2021 Target
Impaneling requests processed	N/A	2,262	2,500	2,500

How Well We Do It: Performance Measures				
Performance Measure	2018 Actual	2019 Actual	2020 Target	2021 Target
Revenue dollars/fiscal staff	\$6,931,267	\$7,126,931	\$7,113,311	\$7,187,947
Patient revenue collected/Billed revenue	41.7%	50.7%	54.3%	58.3%

Strategic Overview:

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

Strategic Implementation:

Expenditures of \$32.6m are budgeted in this area, which is allocated out to the other service areas. The 2021 budget includes a net reduction in costs of \$0.3m, primarily related to reductions in interdepartmental charges.

1.0 FTE Grant Accountant position is created. 2.0FTE vacant positions are eliminated. Other adjustments are made for vacancy and turnover based on actual experience.

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 2021. 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 2020 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 2021 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 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, 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 2021. 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/Observation

Service Provision: Mandated

How We Do It: Program Budget Summary					
Category	2018 Actual	2019 Actual	2020 Budget	2021 Budget	2021/2020 Variance
Expenditures	\$16,963,438	\$17,412,328	\$18,512,591	\$17,321,434	(\$1,191,157)
Revenues	\$8,921,538	\$9,101,269	\$8,959,547	\$9,081,833	\$122,286
Tax Levy	\$8,041,900	\$8,311,059	\$9,553,044	\$8,239,602	(\$1,313,442)
FTE Positions	70.4	68.7	71.7	73.1	1.4

What We Do With It: Activity Data				
Activity	2018 Actual	2019 Actual	2020 Target	2021 Target
<i>Psychiatric Emergency Department</i>				
Admissions	7,375	7,492	8,250	7,500

How Well We Do It: Performance Measures				
Performance Measure	2018 Actual	2019 Actual	2020 Target	2021 Target
Percent of clients returning to PCS within 30 days	24.0%	26.1%	24.0%	24.0%
Percent of Time on Waitlist Status	83.2%	100%	80%	80%

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. The Observation Unit is designed to provide crisis intervention and stabilization services that are less than 48 hours in duration.

Strategic Implementation:

Budgeted Patient Revenue for the Emergency Room and Observation Unit is increased \$0.1m in 2021 to reflect current experience.

Personnel expenses are reduced by \$1.0m, primarily due to a decrease in legacy fringe costs charged to this area.

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

Service Provision: Mandated

How We Do It: Program Budget Summary					
Category	2018 Actual	2019 Actual	2020 Budget	2021 Budget	2021/2020 Variance
Expenditures	\$37,903,846	\$36,360,224	\$39,159,390	\$37,174,661	(\$1,984,729)
Revenues	\$15,547,280	\$17,489,269	\$20,408,055	\$20,252,425	(\$155,630)
Tax Levy	\$22,356,566	\$18,870,955	\$18,751,335	\$16,922,236	(\$1,829,099)
FTE Positions	173.6	155.4	141.8	143.1	1.3

What We Do With It: Activity Data				
Activity	2018 Actual	2019 Actual	2020 Target	2021 Target
<i>Acute Adult Inpatient</i>				
AverageDaily Census	41.8	40.6	44	42
Numberof Admissions	770	693	700	700
Numberof PatientDays	15,272	14,809	16,100	16,100
Average Length of Stay (Days)	23	23	23	23
<i>Child and Adolescent Inpatient Services</i>				
AverageDaily Census	7.5	7.5	8	8
Numberof Admissions	644	660	650	650
Numberof PatientDays	2,734	2,731	3,000	3,000
Average length of Stay (Days)	4.2	4.1	4.5	4.5

How Well We Do It: Performance Measures				
Performance Measure	2018 Actual	2019 Actual	2020 Target	2021 Target
<i>Acute Adult Inpatient</i>				
Percent of clients returning to Acute Adult within 30 days	6.6%	9%	10%	10%
PatientsRespondingPositively toSatisfaction Survey	74.8%	71.5%	75%	75%
<i>Child and Adolescent Inpatient Services</i>				
Percent of children who return to CAIS within 30 days	12.4%	16.7%	12%	12%
PatientsRespondingPositively toSatisfaction Survey	71.1%	70.2%	75%	75%

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 AICE, and one 16 bed Intensive Treatment Unit (ITU). A total of 48 adult beds will be available in 2021 with a projected 87.5% 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 ATU program is the primary area for a variety of students including psychiatric residents, medical students, and nursing students to gain experience in the care of individuals who require inpatient care. 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 by \$1.6m primarily due to reduction of legacy fringe costs, State Institute reduction of \$0.5m to reflect current trends in spending, and a reduction in pharmaceutical costs of \$0.3m. Locum Tenens costs increase by \$0.5m. 1.0 FTE vacant psychiatrist position is eliminated. Other adjustments are made for vacancy and turnover based on actual experience.

Patient revenue is decreased by \$0.4m based on actual experience and payer mix trends.

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

Service Provision: Mandated

How We Do It: Program Budget Summary					
Category	2018 Actual	2019 Actual	2020 Budget	2021 Budget	2021/2020 Variance
Expenditures	\$89,914,819	\$100,494,656	\$103,707,773	\$119,547,782	\$15,840,009
Revenues	\$64,089,966	\$71,530,371	\$74,732,311	\$89,332,900	\$14,600,589
Tax Levy	\$25,824,853	\$28,964,285	\$28,975,462	\$30,214,882	\$1,239,420
FTE Positions	93.8	97.6	100.7	108.0	7.3

What We Do With It: Activity Data				
Activity	2018 Actual	2019 Actual	2020 Target	2021 Target
Number of Unique Clients Served	9,363	10,049	9,500	10,500

How Well We Do It: Performance Measures				
Performance Measure	2018 Actual	2019 Actual	2020 Target	2021 Target
Average Satisfaction Survey Score	77.4%	81.50%	78%	78%
Percent with any emergency room utilization	14.6%	16.4%	10%	10.0%
Percent Homeless	9.18%	9.6%	6.8%	7.0%
Percent Employed	20.06%	19.04%	18.25%	19.0%

Strategic Overview:

CARSD 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 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 2020 Budget sustains investment in community-based mental health care with an emphasis on recovery.

CARS: Community Mental Health and Community Crisis Services

How We Do It: Program Budget Summary					
Category	2018 Actual	2019 Actual	2020 Budget	2021 Budget	2021/2020 Variance
Expenditures	\$73,672,957	\$84,756,346	\$88,336,751	\$103,517,369	\$15,180,618
Revenues	\$51,484,921	\$56,548,095	\$61,172,616	\$74,971,867	\$13,799,251
Tax Levy	\$22,188,036	\$28,208,251	\$27,164,135	\$28,545,502	\$1,381,367

What We Do With It: Activity Data				
Activity	2018 Actual	2019 Actual	2020 Target	2021 Target
<i>Crisis Mobile Team</i>				
Mobiles Completed	3,337	3,785	3,600	3,600
<i>Targeted Case Management</i>				
Average Enrollment	1,566	1,305	1,602	1,600
<i>Community Support Program</i>				
Average Enrollment	1,320	1,298	1,300	1,300
<i>Comprehensive Community Services</i>				
Year-End Enrollment	922	1,225	1,430	1,750

How Well We Do It: Performance Measures				
Performance Measure	2018 Actual	2019 Actual	2020 Target	2021 Target
CCS: Tax levy per capacity	\$123	\$ 2,426	\$1,167	\$ 1,958
CSP: Tax levy per capacity	\$5,912	\$ 6,114	\$5,376	\$ 5,282
TCM: Tax levy per capacity	\$2,228	\$ 2,238	\$2,204	\$ 2,139

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).

Strategic Implementation:

The 2021 Community Access to Recovery Services Division MH budget includes \$15.2m in expanded services. The primary driver of this increase is \$11.5m in expanded CCS services. This is offset by \$11.2m in increased Medicaid and WIMCR revenue.

Expenses are increased by \$1.0m to support a new Assisted Outpatient Treatment (AOT) program using the Assertive Community Treatment (ACT) model for individuals with severe mental illness, high utilization rates of acute adult inpatient services, and under involuntary commitment for treatment. Project goals are to enhance crisis treatment services for individuals unable to adhere to treatment and who cycle repeatedly from tenuous stability to psychiatric crisis; provide more effective and comprehensive evidence-based practices (EBP) services for individuals with complex clinical and social needs; and sustain the AOT program through ongoing EBP training for the ACT Team, third party revenue, and mentorship. This is funded by a Substance Abuse and Mental Health Services (SAMHSA) award for \$1.0m per year for four years.

\$0.2m expense increase supports various employment services for individuals with behavioral health issues which can be an important role in an individual's recovery. This budget maintains support for Individual Placement and Support (IPS) which is a model of supported employment for people with serious mental illness. In 2021, BHD will continue the expansion of IPS in Community Support Programs (CSP) and will examine the use of Community Recovery Services (CRS) funding for sustainability of these employment services.

The integration of mental health and substance use disorder services with primary care remains a priority for community-based service delivery. The development of service partnerships with the area Community Health Centers (CHC) remains a programmatic and budgetary commitment for BHD. In December of 2019, the first collaboration was operationalized with Progressive CHC and two additional partnerships will be operationalized in the next year: Outreach CHC projected to be operational in November 2020 and Sixteenth Street CHC projected to be operational by April 2021. The 2021 budget contains funding to sustain operations at these integrated partnerships.

\$0.5m is dedicated to the redesign of the current Crisis Stabilization House services. BHD will be working to change this to a fully contracted service that provides short-term (less than six month), intensive crisis stabilization services to individuals post-hospitalization. The goal will be able to provide a higher level of services to individuals in home-like settings that support their recovery and allows time for community-based planning and service implementation to address the individuals self-identified ongoing needs. Lastly, the expected programming will support community involvement and promote social interactions.

The redesign of the Crisis Stabilization House (CSH) program will also allow for expanded Crisis Mobile Team (CMT) services. This change will create the opportunity for 4.5 FTE existing Emergency Service Clinicians to be re-allocated solely to the completion of mobile crisis services in the community. This will greatly increase the number of clinical staff available to respond to mobiles and expand the hours of available adult mobile team staff. It should also be noted that the 2021 budget continues to support the specialized crisis response services for people with developmental and intellectual disabilities. The budget also contains an Emergency Service Clinician for a county-wide Crisis Assessment Response Team should discussions with the Sheriff's Department lead to the implementation of this team.

The Crisis Resource Center (CRC) offers a safe, recovery-oriented environment that provides short-term crisis intervention to individuals. These settings provide a multitude of services, which includes crisis stabilization, peer support, and linkage to ongoing support and services. There is one CRC located on the Southside of Milwaukee and one on the Northside that provides walk-in crisis services along with short-term stabilization services. 2021 includes a fully operational third CRC location on the northwest side of Milwaukee, which will be supported partly through BHD funding.

BHD continues to support the use of Certified Peer Support Specialists as an integral part of service delivery teams. The 2021 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. Lastly, the BHD budget maintains funding dedicated to the completion of peer support trainings to have more trained peer specialists enter the job market.

Expenses are increased by \$0.2m to support ongoing Community-Based Residential Facility and Adult Family home placements for individuals with complex needs. \$2.7m BCA funds are shifted into this area to support these services.

Wisconsin Medicaid Cost Report (WIMCR) and CCS cost report revenue is increased by \$0.9m. This impacts the following areas: crisis services, TCM, CSP, and CCS. Funding in 2021 will be based on the FY 2020 cost report.

Community Mental Health Financials by Major Program Area					
Category	2018 Actual	2019 Actual	2020 Budget	2021 Budget	2020/2019 Variance
<i>Crisis Mobile Team</i>					
Expense	\$4,443,833	\$4,660,687	\$4,881,301	\$5,073,057	(\$191,756)
Revenue	\$1,449,635	\$911,483	\$1,298,160	\$2,198,921	(\$1,017,334)
Tax Levy	\$2,994,198	\$3,749,204	\$3,583,141	\$2,757,563	\$825,578
<i>CARS Care Coordination</i>					
Expense	\$884,136	\$908,980	\$1,052,255	\$1,094,321	(\$42,066)
Revenue	\$168,098	\$278,107	\$86,351	\$258,362	(\$172,011)
Tax Levy	\$716,038	\$630,873	\$965,904	\$835,959	\$129,945
<i>Targeted Case Management & Crisis Care Management</i>					
Expense	\$6,505,212	\$6,560,972	\$7,029,854	\$7,433,832	(\$403,978)
Revenue	\$3,015,369	\$3,640,161	\$3,452,193	\$4,010,899	(\$558,706)
Tax Levy	\$3,489,843	\$2,920,811	\$3,577,661	\$3,422,933	\$154,728
<i>Community Support Program</i>					
Expense	\$15,164,903	\$15,969,922	\$15,826,894	\$16,708,403	(\$881,509)
Revenue	\$7,360,606	\$8,033,566	\$8,729,866	\$9,842,042	(\$1,112,176)
Tax Levy	\$7,804,297	\$7,936,356	\$7,097,028	\$6,866,361	\$230,667
<i>Comprehensive Community Services</i>					
Expense	\$15,492,052	\$23,042,579	\$24,295,281	\$36,590,320	(\$12,295,039)
Revenue	\$15,378,461	\$20,070,811	\$22,226,708	\$33,163,319	(\$10,936,611)
Tax Levy	\$113,591	\$2,971,768	\$2,068,573	\$3,427,001	(\$1,358,428)
<i>Community Recovery Services</i>					
Expense	\$230,836	\$1,358	\$0	\$193,121	(\$193,121)
Revenue	\$348,543	\$0	\$0	\$100,000	(\$100,000)
Tax Levy	(\$117,707)	\$1,358	\$0	\$93,121	(\$93,121)
<i>Community-Based Residential</i>					
Expense	\$13,551,949	\$14,122,126	\$13,554,226	\$13,705,948	(\$151,722)
Revenue	\$9,780,317	\$14,016,985	\$10,572,898	\$13,272,898	(\$2,700,000)
Tax Levy	\$3,771,632	\$105,141	\$2,981,328	\$433,050	(\$2,248,278)
<i>Access Clinic and CHC Partnerships (2018 included Day Treatment)</i>					
Expense	\$1,750,952	\$1,252,482	\$4,491,532	\$4,886,886	(\$395,354)
Revenue	\$1,500,780	\$1,073,375	\$2,045,686	\$1,952,188	\$93,498
Tax Levy	\$250,172	\$179,107	\$2,445,846	\$2,934,698	(\$488,852)

CARS: Community AODA Services

How We Do It: Program Budget Summary					
Category	2018 Actual	2019 Actual	2020 Budget	2021 Budget	2021/2020 Variance
Expenditures	\$16,241,982	\$15,895,172	\$15,371,022	\$16,030,413	\$659,391
Revenues	\$12,605,045	\$14,982,276	\$13,559,695	\$14,361,033	\$801,338
Tax Levy	\$3,636,937	\$912,896	\$1,811,327	\$1,669,380	(\$141,947)

What We Do With It: Activity Data				
Activity	2018 Actual	2019 Actual	2020 Target	2021 Target
<i>Detoxification</i>				
Mobiles Completed	6,698	6,216	6,000	6,216
<i>AODA Residential</i>				
Average Enrollment	99	102	112	112
<i>Recovery Support Coordination</i>				
Average Enrollment	386	551	400	500
<i>Recovery Support Services</i>				
Year-End Enrollment	188	122	240	240

How Well We Do It: Performance Measures				
Performance Measure	2018 Actual	2019 Actual	2020 Target	2021 Target
Detoxification 7 Day Readmissions	60.12%	50.67%	49.00%	49.00%
Percent abstinent from drug or alcohol use	63.65%	62.99%	64.18%	64.18%

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:

2021 AODA expenses are increased by \$0.7m. This is primarily in support of expanded medication-assisted treatment (MAT) and Recovery Support Coordination services. Other expenses are shifted between AODA programs based on current utilization trends.

Revenue is increased by a total of \$2.2m. Of those increases, \$1.4m is from shifting BCA from other BHD programs to support AODA services. State Opioid Response funds are increased by \$0.4m and Bureau Justice Assistance grant funds \$0.4m enhanced AODA programming.

AODA Financials by Major Program Area					
Category	2018 Actual	2019 Actual	2020 Budget	2021 Budget	2020/2019 Variance
<i>Detoxification</i>					
Expense	\$2,661,453	\$2,734,471	\$2,927,071	\$2,808,469	\$118,602
Revenue	\$2,333,731	\$2,333,730	\$2,333,731	\$2,333,731	\$ 0
Tax Levy	\$327,722	\$400,741	\$593,340	\$474,738	\$118,602
<i>AODA Residential</i>					
Expense	\$5,607,958	\$5,823,119	5,579,145	\$5,445,240	\$133,905
Revenue	\$5,351,007	\$6,903,510	5,430,371	\$5,430,371	\$ 0
Tax Levy	\$256,951	(\$1,080,391)	\$148,774	\$14,869	\$133,905
<i>Day Treatment & Outpatient – AODA</i>					
Expense	\$631,923	\$703,843	\$641,029	\$660,266	(\$19,237)
Revenue	\$619,489	\$611,376	\$532,000	\$532,000	\$ 0
Tax Levy	\$12,434	\$92,467	\$109,029	\$128,266	(\$19,237)
<i>Recovery House</i>					
Expense	\$71,640	\$45,538	\$49,644	\$27,942	\$21,702
Revenue	\$0	\$0	\$0	\$0	\$ 0
Tax Levy	\$71,640	\$45,538	\$49,644	\$27,942	\$21,702
<i>Recovery Support Coordination</i>					
Expense	\$3,296,405	\$3,545,786	\$2,930,517	\$3,242,916	(\$312,399)
Revenue	\$3,470,248	\$4,186,289	\$2,810,011	\$3,010,011	(\$200,000)
Tax Levy	(\$173,843)	(\$640,503)	\$120,506	\$232,905	(\$112,399)
<i>Medication Assisted Treatment</i>					
Expense	\$79,777	\$917,939	\$389,715	\$878,043	(\$80,966)
Revenue	\$0	\$0	\$100,000	\$701,338	(\$601,338)
Tax Levy	\$2,850,874	\$ 0917,939	\$289,715	\$176,705	(\$113,010)
<i>Prevention</i>					
Expense	\$3,138,513	\$1,197,175	\$1,222,810	\$1,303,776	\$80,966
Revenue	\$287,639	\$425,398	\$1,191,194	\$1,191,194	\$0
Tax Levy	\$2,850,874	\$771,777	\$31,616	\$112,582	\$80,966

Strategic Program Area 5: Wraparound Services

Service Provision: Mandated

How We Do It: Program Budget Summary					
Category	2018 Actual	2019 Actual	2020 Budget	2021 Budget	2021/2020 Variance
Expenditures	\$56,007,462	\$57,755,442	\$58,330,981	\$61,200,026	\$2,869,045
Revenues	\$55,332,534	\$56,969,014	\$57,668,124	\$61,122,755	\$3,454,631
Tax Levy	\$674,928	\$786,428	\$662,857	\$77,271	(\$585,586)
FTE Positions	40.0	42.1	41.7	47.2	5.5

What We Do With It: Activity Data				
Activity	2018 Actual	2019 Actual	2020 Target	2021 Target
<i>Wraparound</i>				
Average Total Enrollment	1,139	1,146	1,246	1,100
Average Daily Number of REACH enrollees	540	860	600	900
<i>Children's Mobile Crisis Team</i>				
Number of Clients Seen (face-to-face)	1,235	1,085	1,650	1,160
<i>Children's Comprehensive Community Services</i>				
Year-End Enrollment	79	301	350	375

How Well We Do It: Performance Measures				
Performance Measure	2018 Actual	2019 Actual	2020 Target	2021 Target
Family Satisfaction with Care Coordination (5.0 Scale)	4.68	4.56	4.0	4.0
Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	65.3%	64.1%	75%	75%
Percentage of youth who achieved permanency at disenrollment	53.9%	54.1%	70%	70%
Average level of "Needs Met" at disenrollment (Scale of 1-5)	2.4	2.4	3.0	3.0

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. 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, Juvenile Justice, Mental Health Social Services, and Education). For enrollment in Comprehensive Community Services (CCS), individuals must be founded 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 are at risk of being placed. It provides cost-effective, community-based alternatives to residential treatment placements, juvenile 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 with the exception of placement services.
- OYEAH (Older Youth and Emerging Adult Heroes): Supports older youth and young adults (age 16-23) who are experiencing emotional and behavioral challenges to successfully transition to adulthood. In addition to mental health services, there is a focus on life skills, housing, and employment/training.
- 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.
- FISS (Family Intervention and Support Services): A contract from DMCPS in partnership with St. Charles, 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.
- Children's Mobile Crisis Team (CMC): Provides 24/7 crisis intervention services to any family in Milwaukee County with a child who is experiencing a mental health emergency in which the behavior of the child threatens his/or her removal from home, a community placement, and/or school placement. The team can also provide short-term case management and can link the child and family to crisis stabilization and community resources.

Strategic Implementation:

BHD'S Children's Community Services and Wraparound Milwaukee system of care contains a diverse number of programs, services, and supports available to Milwaukee County families and young adults and all aimed at providing comprehensive, individualized, and cost-effective care to children with complex mental health and emotional needs. The 2021 expectation for Wraparound Milwaukee is a daily enrollment of 1,100 children, young adults, and their families. Enrollment numbers in Wraparound are expected to remain consistent or slightly increase due to a planned integration of screening and assessment between DYFS and Wraparound Milwaukee. The expectation is to continue to see an increase in enrollments for both REACH and CCS, as new potential referral sources are identified and an integration with the Disability Services Division – Children's area continues. Additionally, enrollment into CORE (Coordinated Opportunities for Recovery and Empowerment), a specialized program within CCS, continues to see a steady enrollment of youth and young adults who are clinically at high risk for psychosis or who have already experienced their first episode of psychosis. The number of youth and young adults seen by Children's Mobile Crisis may exceed projections, however numbers reflect current staffing. With the implementation of Crisis Redesign, there is an expectation the continuum of care within crisis response will increase in both capacity and breadth. Wraparound will continue to depend on the use of Crisis Stabilization services as a component of this expansion.

Expenses increase by a net of \$2.8m and revenues increase by a net of \$3.4m based on projected enrollment and utilization trends for Wraparound and Youth CCS.

A net of 5.5 FTE positions are added to the 2021 Wraparound budget. 4.5 FTE positions are supported by grant funding. 1.0 FTE System Navigator Manager position is transferred from DHHS (Agency 800).

Wraparound Services by Major Program Area					
Category	2018 Actual	2019 Actual	2020 Budget	2021 Budget	2020/2019 Variance
<i>Wraparound Services (Reach, O-Yeah, CMC)</i>					
Expense	\$52,995,112	\$50,354,261	\$54,517,868	\$52,335,114	\$2,182,754
Revenue	\$53,849,963	50,161,406	\$54,357,800	\$53,090,009	\$1,267,791
Tax Levy	(\$854,851)	\$192,855	\$160,068	(\$754,895)	\$914,963
<i>Youth CCS</i>					
Expense	\$2,387,473	\$6,645,293	\$3,077,815	\$8,129,230	(\$5,051,415)
Revenue	\$1,051,291	\$6,387,718	\$2,879,044	\$7,601,466	(\$4,722,422)
Tax Levy	\$1,336,182	\$257,575	\$198,771	\$527,764	(\$328,993)
<i>Family Intervention and Support Services</i>					
Expense	\$624,877	\$739,580	\$735,298	\$735,683	(\$ 385)
Revenue	\$431,280	\$419,890	\$431,280	\$431,280	\$ 0
Tax Levy	\$193,597	\$319,690	\$304,018	\$304,403	(\$ 385)