

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

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

Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Variance
Expenditures¹					
Personnel Costs	\$71,051,105	\$68,846,318	\$63,170,918	\$61,866,902	(\$1,304,016)
Operation Costs	\$112,548,386	\$106,839,611	\$116,137,394	\$125,421,001	\$9,283,607
Debt & Depreciation	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$642,839	\$581,203	\$576,500	\$1,129,000	\$552,500
Net Crosscharge/Abatement	(\$4,448,681)	(\$5,034,924)	(\$289,232)	\$94,648	\$383,880
Total Expenditures	\$179,793,649	\$171,232,208	\$179,595,580	\$188,511,551	\$8,915,971
<i>Legacy Healthcare/Pension</i>	<i>\$17,463,489</i>	<i>\$14,867,814</i>	<i>\$15,700,213</i>	<i>\$14,109,508</i>	<i>(\$1,590,705)</i>
Revenues¹					
Direct Revenue	\$65,786,401	\$67,650,884	\$66,840,693	\$76,920,279	\$10,079,586
Intergov Revenue	\$56,533,125	\$56,277,986	\$53,655,546	\$52,491,931	(\$1,163,615)
Total Revenues	\$122,319,526	\$123,928,870	\$120,496,239	\$129,412,210	\$8,915,971
Tax Levy	\$57,474,123	\$57,468,142	\$59,099,341	\$59,099,341	\$0
Impact on Reserves Increase/(Decrease)	-	\$10,164,804	-	\$1,124,658 ²	\$1,124,658
Personnel³					
Full-Time Pos. (FTE)	669	669	585.3	521.3	(64.0)
Seas/Hourly/Pool Pos.	27.6	27.6	31.0	22.7	(8.3)
Overtime \$	\$2,695,080	\$3,466,377	\$1,188,504	\$1,051,632	(\$136,872)

Department Mission: The Milwaukee County Department of Health and Human Services – Behavioral Health Division will be a Center of Excellence for person-centered, high-quality best practice-based mental health services in collaboration with community partners.

Department Description: The Behavioral Health Division (BHD) consists of Management and Support Services, Adult Crisis Services, Adult and Child Acute Inpatient Services, Community Services Branch, and Wraparound Milwaukee. Rehab Center Central will close in late 2015.

2016 expenditure increased primarily due to investment in the Community Services Branch. This includes increases to the Comprehensive Community Service (CCS) program an initiative to end chronic homelessness and development of a north-side community access hub.

2016 revenue is increased largely due to the expansion of the CCS program.

¹ 2014 Budget and Actual Expenditures and Revenues include Central Rehab for which there is no longer a Service Area page included in the 2016 Budget document. Page 11 includes a chart of those historical revenues and expenditures.

² The \$1,124,658 anticipated contribution to reserves is in Wraparound.

³ Personnel – Reduction in 2016 FTE's includes (50.3) FTE's from the closure of Central Rehab.

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Strategic Program Area 1: Management & Support Services

Service Provision: Administrative

Strategic Outcome: High Quality, Responsive Services

What We Do: Activity Data			
Activity	2014 Actual	2015 Budget	2016 Budget
This program area does not have activity data.			

How We Do It: Program Budget Summary					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Variance
Expenditures	\$1,987,920	\$1,018,180	\$3,490,151	\$1,529,014	(\$1,961,137)
Revenues	\$3,245,324	\$1,080,091	\$1,666,137	\$1,411,187	(\$254,950)
Tax Levy	(\$1,257,404)	(\$61,911)	\$1,824,014	\$117,827	(\$1,706,187)
FTE Positions	149	149	138.6	129.5	(9.1)

How Well We Do It: Performance Measures			
Performance Measure	2014 Actual	2015 Budget	2016 Budget
Overtime Costs / Personal Services Costs	2.7%	2%	1.7%
Revenue dollars / fiscal staff	\$5,050,376	\$4,081,429	\$4,280,407
Patient revenue collected / Billed revenue	31.9%	32%	33.4%

Strategic Implementation:

Management and Support Services provides fiscal management, compliance, administration, patient accounts and admissions, management information systems, dietary and medical records, and environment of care for the entire facility.

Expenditures are decreased in this service area primarily due to a change in net cross charges to other departments resulting in a decrease of (\$1,339,811). Funding of the building reserve was reduced (\$400,000) due to the surplus generated in 2014.

The consolidation of space from the 9201 building to the main hospital will save \$462,323 in utility costs. In this consolidation CSB and WRAP will move from its existing space by the end of 2015.

Revenues realized through the State Plan Amendment are decreased by (\$212,000).

BHD will continue to strengthen its hospital quality structure including personnel with leadership responsibilities toward obtaining and maintaining **Joint Commission Accreditation**. Aggressive efforts to hire and retain quality nursing personnel and managers to ensure inpatient service accountability and quality care of individuals with complex challenging behavioral health care needs continues. This includes strategies to improve coordination of human resources as well as continual review of nurse staffing and scheduling processes that impact patient safety, employee satisfaction and fiscally accountable practice.

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The implementation and enhancements to the Electronic Medical Records (EMR) system will continue in 2016 to enhance the utilization of the electronic record by optimizing workflows, standardize data entry, and eliminate all paper forms.

Implementation of enhanced pharmacy technologies including new Pyxis machines, bar coding, e-prescribing and RX Connect. This new technology will improve patient safety by implementing a closed loop medication administration process, result in a new pharmacy formulary and reduce pharmacy costs by purchasing and owning drug inventory, streamlining automated processes and improve the demand forecasting and inventory management of drugs.

Due to the recent redesign efforts at BHD, including the complete closure of the long-term care facilities, 9.1 FTE's are eliminated.

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Strategic Program Area 2: Adult Crisis Services

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2014 Actual	2015 Budget	2016 Budget
<i>Psychiatric Crisis Services</i>			
Admissions	10,698	10,681	9,500
<i>Access Clinic</i>			
Number of Clients Served	3,541	6,576	1,428
<i>Crisis Mobile</i>			
Number of Mobiles Completed	2,008	1,806	2,100
Number of Mobiles Requested by Law Enforcement	266	463	488

How We Do It: Program Budget Summary					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Var
Expenditures	\$20,120,206	\$21,537,136	\$23,663,850	\$25,977,497	\$2,313,647
Revenues	\$10,711,680	\$12,798,112	\$11,522,653	\$11,911,882	\$389,229
Tax Levy	\$9,408,526	\$8,739,024	\$12,141,197	\$14,065,615	\$1,924,418
FTE Positions	102.9	102.9	110	109.3	(0.7)

How Well We Do It: Performance Measures			
Performance Measure	2014 Actual	2015 Budget	2016 Budget
Percent of clients returning to PCS within 90 days	34%	27%	27%
Percent of Time on Waitlist Status	9%	5%	10%
Clients transferred to private facilities from PCS	12%	23%	12%

Strategic Implementation:

Adult Crisis Services operates the Psychiatric Crisis Service (PCS) Emergency Room, Observation Unit, Access Clinic, Crisis Line, Crisis Mobile Team (CMT), Crisis Assessment Response Team (CART), Community Consultation Team (CCT). The Adult Crisis Services also oversees Access Clinic-South, and expansion programs for CMT and CCT.

Expenditures increased primarily due to an increase in administrative and overhead cross charges, resulting from the closure of long term care unit in 2015. Cross charges previously absorbed by the long term care unit are spread to the remaining units.

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In 2014, there was a significant decrease in uninsured individuals seeking services from the Access Clinics and an even greater reduction is projected for 2015. Due to this reduction, Access Clinic medication costs have been decreased by \$589,177 in 2016.

In 2016, the Crisis Services will implement one new initiative to provide prevention services within the community by providing follow-up with patients post-discharge to decrease risk of harm, ensure patients connect/transition to outpatient services, and decrease the rate of recidivism. In an effort to accomplish these goals, a new service will be added to the Crisis Mobile Team (CMT) in to provide enhanced crisis prevention services, post-acute community based strategies, and mobile peer services. This increase in prevention services will work to make telephone contact with patients post-discharge from BHD Acute Inpatient, Psychiatric Crisis Services, and Observation Unit within 24 hours. This team will also have the capability to do mobile follow-up and “bridge services” with individuals as needed with the intent to connect people to resources and assist with system navigation. It is being recommended that 2 Behavioral Health Emergency Service Clinicians (BHESC) be added to the service to team with Certified Peer Specialists (CPS) through the Community Linkages and Stabilization Program (CLASP) offered through La Causa. Estimated costs are 2 BHESC \$200,000 and La Causa-CLASP contract increase \$95,000 (total contract \$500,000).

An additional BHESC position is being requested to be added to the Crisis Assessment Response Team (CART) which is a partnership with the Milwaukee Police Department (MPD). MPD has applied for a grant to support a police officer for a third team for CART in 2016, and BHD has committed to providing the BHESC position for this team.

WIMCR revenue in Crisis Services is increased by \$611,171 in 2016. Other revenue accounts are reduced based on actual experience.

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

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2014 Actual	2015 Budget	2016 Budget
<i>Acute Adult Inpatient</i>			
Average Daily Census	55	60	60
Number of Admissions	1095	1,142	1,275
Number of Patient Days	19,913	21,900	20,148
Average Length of Stay (Days)	16	16.4	13.5
<i>Child and Adolescent Inpatient Services</i>			
Average Daily Census	9	11	12
Number of Admissions	951	1,005	890
Number of Patient Days	3,250	4,380	4,030
Average length of Stay (Days)	3.5	3.4	3.6

How We Do It: Program Budget Summary					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Var
Expenditures	\$33,696,594	\$32,796,608	\$36,374,950	\$41,699,117	\$5,324,167
Revenues	\$10,968,733	\$14,853,270	\$14,606,010	\$17,089,423	\$2,483,413
Tax Levy	\$22,727,861	\$17,943,338	\$21,768,940	\$24,609,694	\$2,840,754
FTE Positions	168	168	185.6	184	(1.6)

How Well We Do It: Performance Measures			
Performance Measure	2014 Actual	2015 Budget	2016 Budget
<i>Acute Adult Inpatient</i>			
Percent of clients returning to Acute Adult within 30 days	12.2%	N/A changed from 90	16.7%
Patients Responding Positively to Satisfaction Survey	70%	72%	75%
<i>Child and Adolescent Inpatient Services</i>			
Percent of children who return to CAIS within 30 days	14.4%	N/A changed from 90	9.5%
Patients Responding Positively to Satisfaction Survey	72%	75%	78%

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Strategic Implementation:

The Milwaukee County Behavioral Health Division's Hospital Inpatient Services are provided in four-licensed psychiatric hospital units with three specialized programs for adults and one specialized unit for children and adolescents. Adult units include one 21-24 licensed bed adult unit called the Acute Treatment Unit (ATU), one 21-24 licensed bed Women's Treatment Unit (WTU) and one 18 bed Intensive Treatment Unit (ITU). It is projected in 2016 that a total of 60 of the licensed adult beds will be available. All units provide inpatient care to individuals who require safe, secure, short-term or occasionally extended psychiatric hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service and rehabilitation therapy provide assessment and treatment designed to stabilize an acute psychiatric need and assist the return of the patient to his or her own community. The WTU program provides specialized services for women recovering from complex and co-occurring severe mental health disorders. The ITU program provides a safe, supportive environment for those individuals with mental health conditions who are at high risk for aggressive behavior and in need for intensive behavioral and pharmacological interventions. The Child and Adolescent (CAIS) unit provides inpatient care to individuals age 18 and under. The CAIS unit also provides emergency detention services for Milwaukee County as well as inpatient screening for Children's Court.

Expenditures increased primarily due to an increase in administrative and overhead cross charges, resulting from the closure of long term care unit in 2015. Cross charges previously absorbed by the long term care unit are spread to the remaining units.

Revenue increases \$2,483,413 due to increased collection and an initiative to charge professional fees for services which were previously not billed.

The following initiatives have been implemented or are in process to further strengthen quality services at the Behavioral Health Division. These improvements have been instituted to ensure the health, safety and welfare of those served as well as to include continued compliance in 2016 with all conditions of participation for state psychiatric hospitals as established by the Centers for Medicare and Medicaid.

Staffing – BHD has dedicated significant efforts into assuring we have consistent and prepared RN and CNA staff at the unit level. This involved recruitment strategies, retention strategies and ongoing education and development. We have also worked diligently in hiring nursing leadership, including a Director of Nursing and nurse managers at the unit level. We have used a LEAN process to redesign our scheduling processes for those staff as well. And ultimately with consistent staff at the unit level, who are being coached and guided by dedicated managers, we can enhance interdisciplinary team building to support patient centered, recovery oriented care.

The **BHD Quality Plan** was developed and will continue to serve in 2016 as the Behavioral Health Division's call to action and evidence of commitment to continuously assess and improve the quality of the treatment and services it provides. All services and programs within the service continuum including inpatient services will incorporate measurement and data represented in **Balanced Scorecards for Key Performance Indicators** and include attention to:

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

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

Service Provision: Mandated

Strategic Outcome: Self-sufficiency / Quality of Life

What We Do: Activity Data			
Activity	2014 Actual	2015 Budget	2016 Budget
<i>Adult Day Treatment</i>			
Number of Visits	12,883	12,883 ⁴	12,883
<i>AODA – clients seen for:</i>			
Detoxification – All Levels	6,776	5,566	5,400
Outpatient Treatment	2,049	2,500	2,300
Medication Assisted Treatment	103	180	180
<i>Family Intervention Support Services</i>			
Number of Clients Served	696	800	750
<i>Wraparound</i>			
Number of Clients Served	1,153	1,205	1,300
<i>Wraparound, Non-court ordered</i>			
Number of Clients Served	552	500	550
<i>Mobile Urgent Treatment</i>			
Number of Clients Seen	1,650	1,800	1,800

How We Do It: Program Budget Summary					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Var
Expenditures	\$102,398,645	\$91,078,735	\$105,539,297	\$118,305,923	\$13,766,626
Revenues	\$91,110,212	\$88,432,540	\$90,882,761	\$97,999,718	\$8,116,957
Tax Levy	\$11,288,433	\$2,863,715	\$14,656,536	\$20,306,205	\$5,649,669
FTE Positions	132.9	132.9	100.9	98.5	(2.4)

⁴ The 2015 Adopted Budget showed a projected 3,888 visits. This has been adjusted to 12,883 based on a new tracking methodology showing total numbers of client visits (usually 3-4 per day) rather than each day of treatment.

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How Well We Do It: Performance Measures			
Performance Measure	2014 Actual	2015 Budget	2016 Budget
Provider agencies completed a NIATx change project	42%	62%	63%
Average Satisfaction Survey Score	78%	75%	76%
Percent of outpatient clients screened for Medicaid and placed with a Medicaid certified agency	20%	40%	41%
<i>Wraparound</i>			
Average Daily Number of REACH enrollees	351	400	425
Family Satisfaction with Care Coordination (5.0 Scale)	4.7	4.6	4.6
Percent of Total Youth in Wraparound Programming Using Residential Treatment Care	28.1%	17.0%	17.0%

Strategic Implementation:

Community Access to Recovery Services is the community-based mental health and substance abuse system for adults in Milwaukee County. Wraparound Milwaukee is a unique type of managed care program operated by the Milwaukee County Behavioral Health Division that is designed to provide comprehensive, individualized and cost effective care to children with complex mental health and emotional needs.

The Executive Team of BHD is proposing a new structure that includes placement of services in more centrally located sites within the community. The recommendation is to transition the physical space needed to either two or three sites away from the Milwaukee Regional Medical Campus. This could include an administrative space that would contain CARS, Wraparound and other administrative oversight services, and two separate clinical or service delivery spaces-one on the north side and one on the south side of Milwaukee. The service delivery sites/hubs will potentially contain services such as Crisis Mobile Team, Crisis Line, Access Clinic services, peer run services, adult care coordination, Wraparound Medication Clinic, Intensive Outpatient Services, Mobile Urgent Treatment Team (MUTT), and other potential services.

\$1.2 million is budgeted for the development of a north-side location.

In addition to centralizing direct services into the community, CARS also continues to remain committed to increasing the capacity for individuals to live successfully in the community with needed services. The CARS 2016 budget has several initiatives to expand the continuum of services within Milwaukee County:

- Continue implementation of Comprehensive Community Services (CCS) to increasing enrollment for individuals across the lifespan with the goal of enrolling 560 individuals by the end of 2016. CARS will also transition several individuals to receive services thru CCS instead of CRS in 2016. To assist in the continued expansion of CCS, CARS will be adding an Administrative Coordinator position. This budget includes \$7.7 million in expenses \$6.6 million in revenue related to CCS.
- Investing in additional group home resources to meet the needs of individuals with complex co-occurring issues. \$2 million for two CBRF's with Horizons/Matt Talbot to serve individuals with complex mental health issues and presenting behavioral issues. \$1.4 million for two additional CBRF's-one to serve individuals with co-occurring mental health and substance use issues and one to specialize on needed supports and

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care for women who have experienced trauma. An Integrated Services Coordinator position will be added to CARS for the oversight of all the CBRF's.

- \$750,000 will be dedicated to the End Chronic Homelessness initiative. These funds will be utilized to support the Housing First model of services in Milwaukee and the supports and services needed to assist individuals with mental health issues as they receive housing. This initiative will be a joint effort of BHD and the Housing Division.
- Revenues and expenditures are increased by \$723,885 to \$9.5 million as CSB continues to process provider claims to Medicaid. This has no net effect on tax levy.
- \$54,000 to fund training of additional Peer Specialists in Milwaukee County.
- \$290,000 will provide additional peer support and clinician services through a community provider.
- In September 2014, the Access to Recovery grant for treatment and recovery support services for individuals with substance use disorder termed and was not re-issued by SAMHSA. To counteract this, BHD included \$1.5 million in tax levy as a partial replacement to the grant in 2015. Clients previously receiving support with ATR funding have been successfully transferred to programs under other funding sources and many are now insured through the ACA. Because of this, the tax levy replacement funds related to ATR have been reduced by \$1.1 million in 2016.
- BHD's Adult Drug Treatment Court grant is set to expire in September 2015. BHD has applied for continuation of this grant, but due to the competitive nature of this federal grant from SAMHSA, BHD will continue the services of the drug treatment courts whether or not Milwaukee County is the recipient of the federal grant. Assisting individuals involved in the criminal justice system access treatment for substance abuse issues is important to BHD's mission, resulting in \$272,000 in tax levy to replace the grant funds in 2016.
- WIMCR revenue in CARSD is increased by \$1,110,277 in 2016.

Community-based crisis service contracts are transferred to CARSD in 2016. This includes Crisis Resource Centers (CRC), Community Linkages and Stabilization Program (CLASP), and respite stabilization homes.

In Wraparound Milwaukee, contract service expenditures increase by \$1,243,871 based on updated enrollment figures. Revenue is increased by \$1,201,379 due to expected capitated rate increases and actual experience. 1.0 FTE Program Coordinator and 1.0 FTE Supervisor Office Manager are added and 1.0 FTE clerical position is eliminated. Wraparound is budgeting a \$1.1 million contribution to reserves in 2016.

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EXPENDABLE TRUST ACCOUNTS

The following are expendable trust accounts, which may be utilized only for purposes which are legally mandated or where a formal trust relationship exists. The expenditures from these organizational units are limited to the purpose specifically designated by the donor. These trusts are not included as part of the BHD operating budget.

Org Unit	Description of Expendable Trust		Projected Balances as of 12/31/15
878	MHD - Research Fund		\$216,704
	Referred to as the Frieda Brunn Mental Health Research Fund. This fund was created in 1970 for the purpose of supporting mental health research. Expenditure recommendations from the fund are made by the Research Committee at BHD.		
	Expenditure	Revenue	
	\$10,000	\$10,000	
879	MHD - Patient Activities and Special Events		\$85,840
	This fund is comprised of various trusts which stipulate the expenditures should be made to provide for patient activities and special events.		
	Expenditure	Revenue	
	\$5,000	\$5,000	

Former BHD Service Areas

Rehab Centers – Hilltop and Central					
Category	2014 Budget	2014 Actual	2015 Budget	2016 Budget	2016/2015 Var
Expenditures	\$21,590,283	\$24,330,642	\$10,527,332	\$0	(\$10,527,332)
Revenues	\$6,283,577	\$6,982,378	\$1,818,678	\$0	(\$1,818,678)
Tax Levy	\$15,306,706	\$17,348,264	\$8,708,654	\$0	(\$8,708,654)
FTE Positions	116.2	116.2	50.2	0	(50.2)