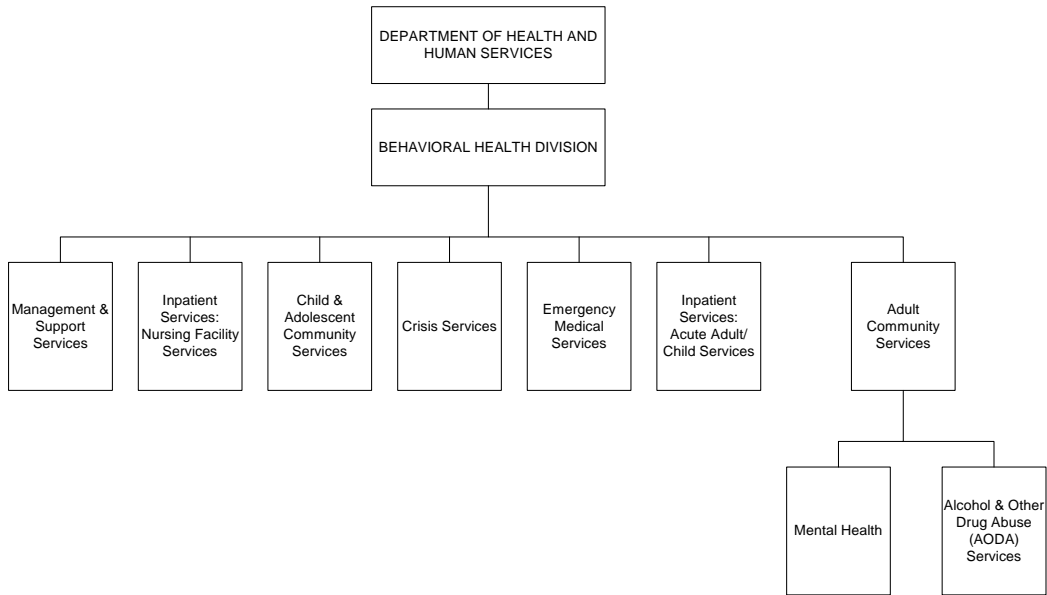


# Department of Health and Human Services – Behavioral Health Division (6300)



## MISSION

The Milwaukee County Department of Health and Human Services (DHHS) – Behavioral Health Division is a public sector system of integrated treatment that promotes resilience, recovery, and well-being of persons with serious behavioral health disorders.

## VISION

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

## CORE VALUES

- Person-centered care
- Best practice standards and optimal outcomes
- Accountability at all levels
- Resiliency and recovery support in the least restrictive environment
- Integrated service delivery across the continuum of care

## Budget Summary

	2013	2012/2013 Change
<b>Expenditures</b>	<b>186,434,440</b>	<b>(1,351,197)</b>
<b>Revenue</b>	<b>123,843,689</b>	<b>(2,778,815)</b>
<b>Levy</b>	<b>62,590,751</b>	<b>1,427,618</b>
<b>FTE's</b>	<b>773.4</b>	<b>(64.0)</b>

## Major Programmatic Changes

- Continue to transition to a recovery focused system of care
- Transition more BHD-operated services to the community, including one Community Support Program and 24 beds within the Center for Independence and Development (formerly Rehabilitation Center-Hilltop) program
- Redesign services in the Center for Independence and Development
- Continue implementation of recommendations from the Mental Health Redesign, including greater investments in community-based services
- Close one unit within Acute Adult Inpatient
- Capture additional revenue from State and private funding sources
- Implement an Electronic Medical Records system
- Achieve Joint Commission certification and invest in other quality improvement initiatives
- Continue to align staffing with the evolving needs of the facility

## REQUESTED 2013 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

### OBJECTIVES

- Provide care and treatment for Milwaukee County residents with serious behavioral health disorders in the least restrictive environment with a recovery orientation
- Promote clinical quality and safety for all patients as the highest priority
- Continue investments to provide services in community-based settings
- Complete implementation of the Electronic Medical Record
- Achieve Joint Commission (JC) certification
- Continue to address on-going fiscal issues and align staffing for maximum efficiency
- Administer and coordinate all county-wide emergency medical services

### DEPARTMENTAL PROGRAM DESCRIPTION

#### Management/Support Services

Management/Support Services is comprised of centralized programs, services and related costs necessary for the overall operation of the Behavioral Health Division, such as Administration (including Clinical and Medical Staff, Office of Clinical Compliance, Quality Assurance and Utilization Review), Fiscal Management, Patient Accounts and Admissions, Management Information Systems, Dietary and Medical Records. Management/Support Services has responsibility for management of the environment of care that is composed of maintenance and housekeeping, and other environmental services. As BHD continues its transition to more community-based services provided by community partners, it is essential that adequate oversight and quality evaluation is in place. Expenditures are allocated to the Inpatient Services/Nursing Facility, Inpatient Services/Acute Adult/Child, Adult Community, AODA, Adult Crisis, Child and Adolescent Programs and Emergency Medical Programs, according to Medicare and Medicaid cost allocation methodologies reflective of services consumed by the programs. BHD will be implementing a new initiative to review and revise the cost reports in 2012 and 2013.

#### Inpatient Services: Nursing Facility Services

The Nursing Home Facilities are licensed Rehabilitation Centers under HFS132 and HFS134 that provide long-term, non-acute care to patients who have complex medical, rehabilitative, psychosocial needs and developmental disabilities. The Rehabilitation Center-Central is a 70-bed, Title XIX certified, skilled-care licensed nursing home. The facility consists of three units, which serve individuals with complex and interacting medical, rehabilitative and psychosocial needs that can be effectively treated in a licensed nursing facility. The Center for Independence and Development (formerly Rehabilitation Center-Hilltop) will be a 48-bed Title XIX certified facility for Persons with Developmental Disabilities following the closure of 24 beds proposed in this budget request. The facility provides active treatment programs and an environment specially designed for residents with dual diagnoses of developmental disability and serious behavioral health conditions. By July 1, 2013, BHD will reduce the number of licensed beds in the Center for Independence and Development, from 72 to 48, by placing 24 clients into community-based settings and reconfiguring the programming for the remaining clients.

#### Inpatient Services: Acute Adult/Child Services

Hospital Inpatient Services are provided in five-licensed psychiatric hospital units with four specialized programs for adults and one specialized unit for children and adolescents. In 2012, BHD implemented the recommendations of the Gender Unit Work Group and reconfigured existing Acute Adult units to: two 24-bed units called Acute Treatment Units (ATUs), one 24-bed Women's Treatment Unit (WTU) and one 12-16 bed Intensive Treatment Unit (ITU). The 2013 Budget proposes the closure of one of the ATUs as of April 1, 2013.

For the past several years, BHD has been working collaboratively with private inpatient mental health providers to transfer clients needing inpatient admission from BHD Crisis Services to their facilities based on clinical, financial and administrative criteria and patient choice. As the number of transfers increases, the demand for beds at BHD decreases. Admissions to the Acute Adult hospital have decreased 18 percent from 2010 to a total of 1,846 admissions in 2011. Approximately 70 to 80 percent of the admissions are considered involuntary. The median length of stay of the Acute Adult hospital is eight days.

## REQUESTED 2013 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

All of the Acute Adult units provide inpatient care to individuals over age 18 who require safe, secure, short-term or occasionally extended 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 of intensive behavioral and pharmacological interventions.

The Child and Adolescent Inpatient Services (CAIS) unit provides inpatient care to individuals age 18 and under that require secure short-term or occasionally extended hospitalization. CAIS continues to provide all emergency detention services for Milwaukee County as well as inpatient screening for Children's Court. In recent years, child and adolescent inpatient lengths of stay have declined due to the emphasis on community-based care through the Wraparound Program. In 2011, there were 1,343 admissions to the CAIS unit. Of those patients admitted to CAIS, 88% are ages 12 and older. The average length of stay is 2.34 days.

### **Adult Community Services: Mental Health**

Adult Community Services is composed of community-based services for persons with a serious and persistent mental illness, a substance use disorder or both. The majority of services in the mental health program area are provided through purchase of service contracts with community agencies. The mental health program area is composed of several major programs for the medical and non-medical care of consumers in the community. These programs include Community Support Programs, Day Treatment, Community Based Residential Facilities, Targeted Case Management, Outpatient Treatment for indigent individuals and Prevention and Intervention Services. Services are designed to provide for a single mental health delivery system that reduces an individual's time institutionalized by promoting consumer independence and recovery. Adult Community Services provides all services in the least restrictive and most therapeutically appropriate, cost-effective setting.

### **Adult Community Services: Alcohol and Other Drug Abuse (AODA)**

Alcohol and Other Drug Abuse (AODA) Services include funds for the third year of the "Access to Recovery (ATR) – 3" grant. Along with TANF, AODA Block Grant and other Federal, State & local funds, ATR maintains a voucher network for the AODA system, which is now called Wiser Choice. Wiser Choice provides access to a range of services, including clinical treatment, recovery support coordination and recovery support services. Specifically, AODA funds are directed toward four purposes: (1) fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time; (2) fund those priority treatment and support services that demonstrate success in improving outcomes and/or support recovery; (3) fund primary prevention – universal, selective and indicated prevention strategies for persons not identified as needing treatment; and, (4) collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services. Pregnant women and intravenous drug users must be served as a first priority. Remaining purchase of service contracts are specifically for detoxification, prevention, intervention and central intake unit services. Efforts are on-going to create greater integration between the AODA and Mental Health systems.

### **Child and Adolescent Community Services**

Child and Adolescent Community Services functions as a purchaser, provider and manager for the mental health services system for Milwaukee County youth and some young adults through the Wraparound Milwaukee Program and the Family Intervention and Support Services (FISS) Program. Additionally, it provides mental health crisis intervention services to the Bureau of Milwaukee Child Welfare and to any Milwaukee County family experiencing a mental health crisis with their child. Wraparound Milwaukee is now also providing educational advocacy services to the Bureau of Milwaukee Child Welfare for children whose placements are at risk due to behavioral issues in school.

The Wraparound Milwaukee Program functions as a unique managed care entity under a contract and federal 1915(a) agreement with Medicaid for youth with serious emotional disturbance (SED) in Milwaukee County. Services are targeted to children and young adults up to age 24 with severe emotional and mental health needs,

## REQUESTED 2013 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

involved with two or more child or adult serving systems and who are at risk of residential treatment or other institutional settings.

Wraparound Milwaukee consists of five programs with different target groups of SED youth: Regular Wraparound – Child Welfare or Delinquency and Court Services referred youth who are court ordered into Wraparound; REACH – typically referrals are made through the school systems and are for non-court involved SED youth; FOCUS – collaborative program with Delinquency and Court Services for SED youth at risk of juvenile correctional placement; Re-Entry Program - for SED youth transitioning out of the Department of Corrections and Healthy Transitions Program (Project O'YEAH) – for youth, age 16 to 24 with SED who need help obtaining mental health services, housing, employment, education, etc. as they transition to adulthood. There are currently approximately 1,000 slots available on a daily basis for Wraparound. Child and Adolescent Community Services also operates the FISS Services Program for approximately 50 adolescents and their families who have a history of parent/child conflicts and runaway behaviors. FISS Services, which is funded by the Bureau of Milwaukee Child Welfare, provides mental health and supportive services to divert youth from formal court intervention. In 2013, Wraparound Milwaukee will also be providing FISS assessment services for the Bureau of Milwaukee Child Welfare.

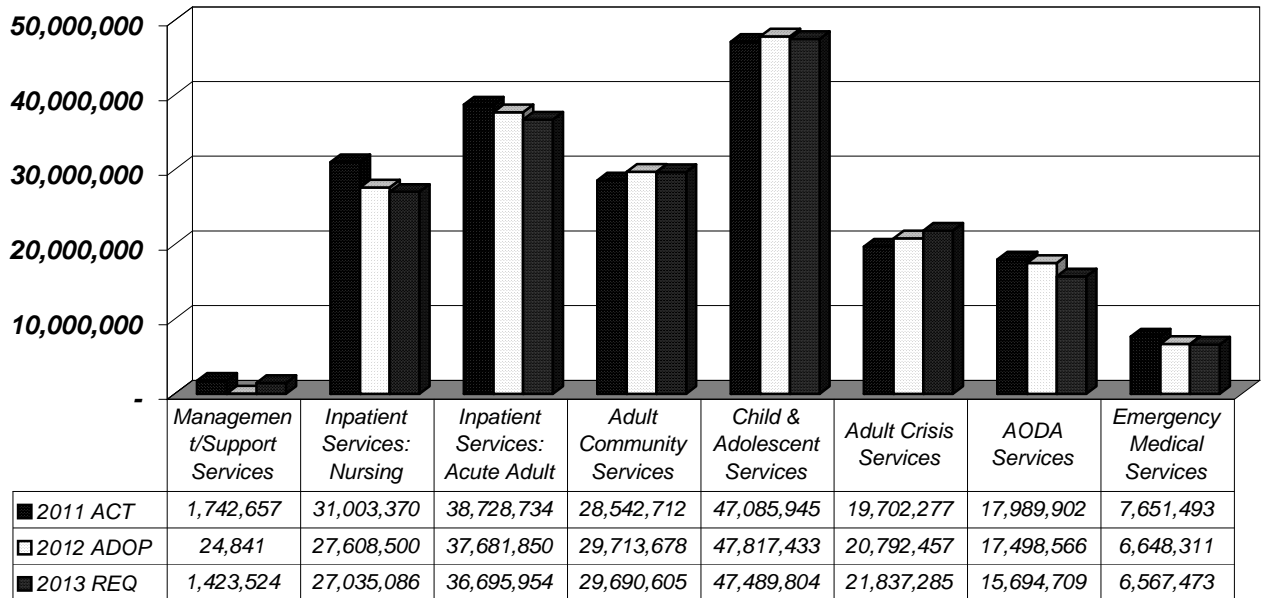
### **Crisis Services**

Crisis Services is composed of multiple programs that assist individuals in need of immediate mental health intervention to assess their problems and develop mechanisms for stabilization and linkage. The Psychiatric Crisis Service/Admission Center (PCS) serves between 12,000 and 14,000 patients each year. Approximately 65 percent of the persons receiving services are brought in by police on an Emergency Detention. The remaining individuals admitted are Milwaukee County residents who walk in and receive services on a voluntary basis. In addition to PCS, Crisis Services runs a Mental Health Access Clinic, an Observation Unit, the Crisis Line, Mobile Crisis Teams, a Geriatric Psychiatry Team, three eight-bed Crisis Stabilization Centers, and a Peer Specialist program that provides stabilization services in the community. A multi-disciplinary team of mental health professionals provides these services. In 2011, there were nearly 53,000 clinical contacts in the various Crisis Services programs.

### **Emergency Medical Services (EMS)**

The Emergency Medical Services (EMS) is a Milwaukee County-managed and sponsored program designed to benefit the entire community. There are six major components: the Education/Training Center for initial and refresher paramedic education and other EMS-related courses; a Quality Assurance program which reviews and monitors service delivery; the Health Information Center which collects, enters and maintains patient care data; the Communication Center which is staffed with emergency medical communicators to coordinate on-line medical control and hospital notification for local and regional emergency calls; the Equipment and Supplies Center which orders and delivers supplies, monitors controlled substances, facilitates equipment repair and maintains compliance with Trans 309; and the AHA Community Training Center (CTC), which provides and coordinates Milwaukee County employee and public education for Cardio-Pulmonary Resuscitation (CPR), Automatic External Defibrillator (AED), Advanced Life Support (ALS) and Pediatric Advanced Life Support (PALS) courses. Medical direction and management for the EMS Division is provided through a professional services contract with the Medical College of Wisconsin (MCW).

### Organizational Expenditure Summary



### 2013 BUDGET

#### Approach and Priorities

- Maintain investments in community-based services as part of the Mental Health Redesign and begin downsizing of BHD-operated services.
- Provide resources for the Electronic Medical Records (EMR) system to ensure a successful implementation and transition.
- Pursue additional investments in equipment and security to maintain and enhance safety and regulatory compliance.
- Continue quality improvements and achieve Joint Commission certification.
- Continue to address on-going fiscal issues.

#### Programmatic Impacts

- Continue to coordinate, prioritize, and implement new mental health system design ideas through the Mental Health Redesign Task Force, with a focus on a recovery-based philosophy which supports increased adult community-based mental health services and decreased reliance on inpatient services.
- Implement an EMR system that will streamline billing, reporting, and maintenance of patient health records, and also enhance BHD's ability to follow clients into the community and ensure appropriate levels of service and intervention by community providers.
- Secure community placement for 24 existing Center for Independence and Development (formerly Rehabilitation Center-Hilltop) clients, and substantially reconfigure the programming for the clients that remain.
- Reduce the number of Acute Adult Inpatient beds by 24 through partnerships with community providers.
- Outsource the caseloads for the Community Support Program-Downtown to a community-based provider through the competitive bidding process.

## REQUESTED 2013 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

- Capture additional revenue through changes to BHD's State cost reporting and agreements with Care Management Organizations.
- Redeploy existing personnel and create additional positions to align staffing with evolving facility needs.
- Increase funding for a security professional services contract and purchase additional security cameras and electronic locks to enhance patient safety.

### ***Budget Highlights***

#### **Department Wide Initiatives**

##### ***Mental Health Redesign and Community Resource Investment*** **\$50,000**

BHD will continue efforts to build the community capacity that is vital to the framework developed by the Mental Health Redesign Task Force. The \$3 million investment in community-based services made in the 2012 Budget is continued in 2013 and will be used to continue funding programs that began in 2012, including: a community-based stabilization program; an additional eight-bed Crisis Stabilization Center; expansion of the Crisis Mobile Team; an additional Crisis Resource Center; a Developmental Disabilities-Mental Health Respite Program; and quality improvement initiatives.

In addition, Targeted Case Management purchase of service contracts are increased by \$25,000 to expand the continuum of care for clients requiring a lower level of service. This expansion will allow clients that only need monthly contact the ability to retain other benefits as well as meet the co-participation requirement for the Community Recovery Services psychosocial benefit that BHD is exploring. Mental Health purchase of service contracts are also increased by \$25,000 to include additional peer support services. Mental Health Redesign recommendations have pointed to a need for a "wellness" system, which can be achieved by developing this level of care.

BHD continues several community-based investments, including expansion of the Trauma Informed Care (TIC) program; additional outpatient and community care services; and greater support for the Crisis Resource Center and Crisis Stabilization Centers. In addition, the efforts to create greater integration between Adult AODA and Mental Health services continue, in recognition of the fact that more than 70% of clients have a need for both services.

As a result of multiple recommendations from the Mental Health Redesign Task Force, BHD and the DHHS Housing Division are working together on a new initiative to provide \$74,714 in funding to support the creation of 1.0 FTE Community Intervention Specialist – Housing. This position will assist in identifying housing resources for consumers being discharged from hospitals, shelters, and correctional institutions. Funding for the position is transferred from BHD to DHHS, resulting in a zero tax levy impact.

##### ***Destination 2012 – Joint Commission*** **\$55,000**

BHD continues to work toward Joint Commission (JC) certification with a goal to achieve accreditation in 2013. The 2013 Budget reflects this goal by increasing consultation services and evaluation contracts by \$50,000, to a total of \$130,000, to assist BHD leadership in compliance and completion of the JC survey. Additionally, \$5,000 is added to cover the costs associated with the JC survey.

##### ***Electronic Medical Records Implementation*** **\$1,269,000**

BHD is in the implementation phase of the Electronic Medical Records (EMR) system, which began in 2011 and is targeted for completion by the end of 2013. BHD has a total of \$2,103,500 dedicated to this initiative in 2013, which includes funding for hosting fees for the new EMR system, support for the current IT system through the transition to the EMR, dedicated IMSD technical support for the new system, project management consultation, and other implementation costs related to the new EMR. This funding, which remains at the same level used for Accenture prior to 2012, is providing a significant enhancement to the IT and business systems at BHD. Additional savings due to increased revenue, decreased use of IT and project management consulting and elimination of up-front, one-time items associated with the EMR are anticipated in 2014.

## REQUESTED 2013 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

### **Basic County Allocation Changes**

**\$1,822,497**

Effective January 1, 2012, the State budget repealed the requirement that Milwaukee County provide at least \$2.7 million in county property tax levy to support the Income Maintenance program and replaced it with a reduction to the county's Basic County Allocation (BCA) of the same amount. As a result, the 2013 Budget reduces the BCA allocation by \$2.7 million (\$512,831 in the Delinquency and Court Services Division, \$364,672 in the Disabilities Services Division and \$1,822,497 in BHD) resulting in a combined total tax levy increase of \$2.7 million in those divisions for 2013. This increase is offset by a reduction of \$2.7 million in tax levy previously budgeted in the Economic Support Division for a net effect of \$0.

### **Pharmaceutical Services**

**\$29,456**

As a part of its ongoing effort to control costs associated with the pharmacy contract, BHD is creating 1.0 FTE Pharmacy Services Director, at a cost of \$129,456 including salary and active fringe benefits. This position will direct and manage all aspects of the contracted pharmacy services provided to clients of BHD. In addition, it is anticipated that this position will consult on complex patient situations including clients needing one-to-one levels of care. As a result of this position, \$100,000 in pharmacy savings is anticipated and the pharmacy contract is reduced accordingly.

### **Cost Report Revenue**

**(\$2,228,000)**

In 2012, BHD hired a consultant to review all elements of the Medicaid Cost Report and the Wisconsin Medicaid Cost Reporting (WIMCR) system to ensure Medicaid reimbursement from the State was maximized. Due to this review, it is expected that BHD will be able to draw down an additional \$2,400,000 in revenue in 2013. The additional revenue is offset by a consultant fee of 8% of the anticipated additional revenue generated, or approximately \$192,000. A \$20,000 professional services contract for this project from 2012 is maintained in 2013 and will be applied toward the consultant fee, resulting in a total savings from this initiative of \$2,228,000.

### **Other Revenue and Expenditure Adjustments Based on Actuals**

**\$231,731**

BHD conducted a review of revenues and expenditures and made various adjustments based on actual experience. Revenue associated with the revenue maximization initiative in 2011 is reduced by \$300,00. Dietary revenues are reduced by \$18,000 and EMS fee revenues are reduced by \$80,000. TRIP revenues are increased by \$216,787 and State supplemental bed payments for long-term care increased by \$123,000. Adjustments to the amount spent on payments to patients and received as revenue from recoveries result in a net increase of \$66,955.

Also included are funds for new initiatives that started 2012 and are continued in 2013. Specifically, BHD will expend \$15,000 for MANDT training for staff to reduce the use of seclusion and restraint and \$20,000 for nursing staff professional attire. BHD increased utility costs by \$50,563 due to inflation and added \$18,000 for the delivery of sandwiches to Crisis Services.

### **Unemployment Compensation**

**\$50,000**

As a result of the staffing reductions planned for 2013, unemployment compensation is increased by \$50,000. BHD will work to maximize the number of staff that can be absorbed within existing vacancies, though some layoffs are still anticipated.

## **Management and Support Services**

### **Security and Surveillance**

**\$82,634**

BHD includes \$1,261,948 for contracted security services in 2013. This includes an increase of \$200,000 based on 2011 and 2012 utilization and reductions related to downsizing of beds in other areas of BHD (reductions are accounted for within those initiatives). In addition, the investment in security cameras and electronic card readers is continued in 2013.

Included in the Sheriff's 2010 report on safety at the BHD complex was a recommendation to post security personnel at the front entrance to better control access into and out of the facility. In 2013, BHD will implement

## REQUESTED 2013 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

this recommendation on 1<sup>st</sup> and 2<sup>nd</sup> shifts by increasing the security contract by \$116,800. Security staff will perform the administrative functions of the front desk, including answering and directing telephone calls and checking in visitors, and additionally will be responsible for preventing unauthorized entry and exit. To offset the contract increase, BHD will reallocate some of the positions that currently staff the front desk during 1<sup>st</sup> and 2<sup>nd</sup> shifts and make the following position actions as of January 1, 2013 that result in a savings of \$234,166:

- Abolish 1.0 FTE Distribution Asst (\$56,992)
- Abolish 1.0 FTE –RC–Distribution Asst (\$57,748)
- Abolish 1.5 FTE Office Supp Asst 2 (\$71,656)
- Transfer 1.0 FTE Office Supp Asst 2 to Department of Health and Human Services (\$47,770)

All of these initiatives will continue to promote safety within the BHD facility in a cost-effective manner.

### ***Environment of Care Investments***

**\$64,975**

In 2013, BHD will continue an investment of \$150,000 in major maintenance funding to build upon the significant repairs and maintenance that were performed between 2010-2012. Time and materials contracts are increased by \$65,000 based on actual utilization, partially offset by a decrease of \$31,025 in unused professional services contracts. Additionally, \$15,000 is provided for ongoing fees associated with maintenance and work order system investments made in 2012, as well as \$16,000 for a system to electronically track all environment of care issues. These technology investments assist BHD in meeting the requirements of Joint Commission and allow for more efficient and effective management of facility operations.

### ***Dietary Changes***

**\$264,345**

Based on 2011 and 2012 actual utilization, the dietary contract is increased by \$318,369. Also, in an effort to create more efficiencies, dietitian services will be provided by the dietary contractor rather than BHD. To accomplish this, BHD will abolish 3.0 FTE Dietitian I positions as of January 1, 2013, for a savings of \$204,024, and the incumbents will be offered right of first refusal for the new dietitian positions to be created by the contractor. BHD will increase the dietary contract by an additional \$150,000 to cover the cost of the dietitians. The total cost of these changes is \$264,345.

### ***Fleet Management***

**\$20,000**

BHD will procure four new vehicles for use in part by the Adult Crisis Services and Wraparound Milwaukee Mobile Teams. The new vehicles will replace five existing vehicles with high mileage, which BHD will sell. BHD is able to reduce the total number of vehicles in its fleet as a result of the vehicle pool that was established in 2011.

### ***Multifunctional Device Leases***

**\$68,166**

Since 2011, BHD has been developing a multi-year plan to move away from owning its stock of copiers and printers toward leasing multifunctional copier/printer/scanner/fax devices. In 2013, the number of leased devices is increased by 14, to a total of 25, at a cost of \$26,166. Additionally, BHD will receive document management services from its copier vendor, at a cost of \$42,000, that will provide all maintenance and track per device usage and costs to better inform the leasing plan. All services, toner and maintenance for BHD copiers and printers will be included with the exception of paper. Ultimately, this initiative will reduce the number of copy and print devices in the facility, replacing them with fewer, more cost-effective multipurpose machines. BHD anticipates that the cost of additional leases in future years will be paid for through reduced copier/printer supplies, overhead and maintenance costs.

### ***Contract Changes***

**(\$70,113)**

Various professional services contracts are adjusted for services within fiscal and central administration, medical service fees, and support services. These changes are based on actual utilization in 2011 and 2012 and anticipated needs in 2013. Also included is \$45,000 for professional legal services to assist with the visa application process for foreign-born psychiatrists. Offering visa application assistance is an important tool in recruiting for BHD's vacant psychiatry positions. In total, the contract changes result in savings of \$70,113.



## REQUESTED 2013 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

### **Day Hospital**

**\$22,260**

BHD will continue to rent out portions of the unused space in the Day Hospital facility to outside agencies to create more synergies for BHD programs and increase revenue. Current tenants are St. Charles Youth and Family Services, Willowglen Community Care, and My Home, Your Home, Inc. The three current tenants generate approximately \$225,000 in rent revenue, which represents a decrease of \$125,000 over 2012 as St. Charles Youth and Family Services reduced the amount of space rented. Due to the change in vacant space, BHD plans to move the Emergency Medical Services program into the Day Hospital, from its current location in the adjacent CATC Building, which will result in additional revenue for BHD and a reduction in space crosscharges of \$102,740.

### **Position Changes**

**(\$97,786)**

One position of Community Relations Coordinator is transferred to DHHS based on department needs.

## **Inpatient Services: Nursing Home Facilities**

### **Center for Independence and Development (CID)**

**(\$195,030)**

Furthering an initiative that started in 2011, BHD will reduce the number of licensed beds in the Center for Independence and Development (formerly Rehabilitation Center-Hilltop) by a total of 24. The Division will work closely with the Disabilities Services Division to secure community placements for 12 clients by April 1, 2013 and an additional 12 clients by July 1, 2013.

As a result of the downsizing, the following positions are abolished on the dates indicated below. The FTE reductions reflect the annualized impact to FTEs while the savings shown in parentheses is the fiscal impact in 2013:

Positions abolished as of April 1, 2013:

- 9.75 FTE Nursing Asst 1 (\$389,616)
- 1.75 FTE Psych LPN MHC (\$100,466)
- 2.00 FTE RN1/RN2 (\$158,631)

Positions abolished as of July 1, 2013:

- 9.75 FTE Nursing Asst 1 (\$129,872)
- 1.75 FTE Psych LPN MHC (\$33,489)
- 2.00 FTE RN1/RN2 (\$52,877)
- 1.00 FTE Nursing Program Coord (\$46,132)
- 1.00 FTE Developmental Disability Spec (\$37,368)
- .50 FTE Music Therapist (\$21,920)
- .50 FTE BH Clinic Psychologist I (\$22,314)

The downsizing will result in a savings of \$195,030 including personnel, dietary, pharmacy, security, other expenditure reductions and reduced patient revenue. These mid-year 2013 reductions result in a total annual reduction of 30.0 FTEs. BHD is eligible to receive an enhanced Medicaid rate from the State during the period of downsizing, which is assumed in the savings figure above. The full impact of the savings will be realized in 2014.

As part of this initiative, BHD plans to redesign the remaining services for clients in the CID. The clinical team at BHD has developed a new continuum of care approach with three separate treatment tracks:

- *Intensive Treatment Track:* For clients struggling in the community with behavioral issues and in need of stabilization for return to the community

## REQUESTED 2013 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

- *Community Transition Track*: For clients who are candidates for transition into the community within six to twelve months
- *Behavioral Modification/Treatment Track*: For clients in need of traditional active treatment for highly challenging behaviors

Goals will be established upon admission to the CID and will be frequently reviewed by treatment teams. Clients will participate in daily programming focused on meeting their established goals, such as practicing household skills in a model apartment and engaging in community integration activities.

### **Care Maintenance Organization Revenue** **(\$1,106,715)**

The Division will work with the Care Maintenance Organizations that support clients in the Center for Independence and Development and Rehabilitation Center-Central to increase reimbursement for services on a case-by-case basis in 2013. This change would result in increased revenue of \$1,106,715.

### **State Licensed Bed Fee** **\$215,542**

BHD must pay the State a per licensed bed fee based on the number of beds in the Nursing Home Facilities. Funding for this fee is increased by \$215,542 in 2013 based on actual expenditures in 2010 and 2011. Adjustments to this fee for the reduction in licensed beds as a result of the Center for Independence and Development initiative are included in the savings figure for that initiative.

## **Inpatient Services: Acute Adult/Child & Adolescent Services**

### **Inpatient Unit Downsizing** **(\$875,224)**

The Acute Adult Inpatient Units were reconfigured in 2012 to establish one 24-bed Women's Treatment Unit, one 12-16 bed Intensive Treatment Unit, and two 24-bed Acute Treatment Units. In response to declining census, partnerships with other community hospital providers and recommendations from the Mental Health Redesign, one of the Acute Treatment Units will be closed as of April 1, 2013. This initiative will result in savings of \$875,224 including personnel, dietary, pharmacy, other expenditures and reduced patient revenue.

The following positions are abolished as of April 1, 2013. The FTE reductions reflect the annualized impact to FTEs while the savings shown in parentheses is the fiscal impact in 2013.

- 2.0 FTE Unit Clerk (\$71,784)
- 1.0 FTE Nursing Asst MH Pool (\$28,404)
- 13.0 FTE Nursing Asst MH (\$435,504)
- 8.5 FTE RN 1 (\$495,126)
- 2.0 FTE RN 2 – MH (\$127,772)
- 1.0 FTE Nursing Program Coordinator (\$86,500)
- .25 FTE BH House Physician 3 (\$45,336)
- 1.0 FTE Staff Psychiatrist (\$173,274)
- 1.0 FTE Occupational Therapist (\$65,754)
- .50 FTE Music Therapist (\$34,578)
- 2.0 FTE Psych Social Worker (\$118,928)
- 1.0 FTE Clinical Program Director – Psychology (\$105,934) – *transferred to Crisis Services*

These mid-year reductions result in a total annual reduction of 32.25 FTE. The full impact of the savings will be realized in 2014.

## REQUESTED 2013 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

### Adult Community Services: Mental Health

#### **Comprehensive Community Services and Community Recovery Services**

**\$0**

In an effort to strengthen and align community-based services with the recommendations of the Mental Health Redesign Task Force, BHD recommends adding the Comprehensive Community Services (CCS) and Community Recovery Services (CRS) psychosocial rehabilitation benefits to its service array. CCS and CRS are recovery benefits for Medicaid recipients to assist individuals in developing a community recovery plan. CCS is a step down benefit for individuals with a mental health disorder transitioning from a Community Support Program or for individuals with a substance use disorder who require more service intensity than outpatient care. CRS is a co-participation benefit for individuals with a severe and persistent mental illness to connect them to necessary recovery services to promote independence. Those services include supported employment, housing and the utilization of peers as providers. BHD is pursuing this in 2012 through the Board process and plans to begin implementation in 2013.

#### **Community Support Program - Downtown Outsourcing**

**(\$397,569)**

Beginning July 1, 2013, the caseload currently covered by BHD's Community Support Program (CSP) - Downtown will be assumed by a community provider through a competitively bid purchase of service contract. The initiative will produce savings of \$667,569 including personnel, other expenditures and revenue reductions. This is offset by \$270,000 for the purchase of additional community slots, resulting in a tax levy savings of \$397,569.

The following CSP - Downtown staff positions will be abolished as of July 1, 2013. The FTE reductions reflect the annualized impact to FTEs while the savings shown in parentheses is the fiscal impact in 2013.

- 1.0 FTE Office Supp Asst 2 (\$28,500)
- 1.0 FTE –RC–Office Supp Asst 2 (\$26,543)
- .50 FTE RN Pool (\$22,521)
- 2.0 FTE Comm Service Nurse (PR18N) (\$104,992)
- .50 FTE Adv Prac Nurse Prescriber-Pool (\$0)
- .50 FTE Adv Prac Nurse Prescriber (\$26,470)
- .50 FTE BH Staff Psychiatrist (\$59,647)
- 4.0 FTE Cert Occ Therapy Asst (\$125,212)
- 6.0 FTE Occupational Therapist (\$283,345)
- 1.0 FTE Comm Supp Prog Coord (\$47,114)
- 3.0 FTE Psych Soc Wkr (\$113,225)
- 1.0 FTE Psych Soc Wkr CSP (\$39,638)

These mid-year reductions result in a total annual reduction of 21.0 FTE. The full impact of the savings will be realized in 2014.

#### **Transfer of Housing Contracts**

**(\$297,309)**

BHD included funds for two purchase of service contracts managed by the DHHS Housing Division in previous budgets. In 2013, those contracts are transferred to the Housing Division budget to better reflect program management and ensure the appropriate staff is involved contract monitoring.

#### **Potawatomi Revenue**

**\$0**

In 2013, Potawatomi revenue is maintained at \$837,203, with \$500,000 dedicated to AODA Services and \$337,203 to support client services in the community.

## REQUESTED 2013 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

### Adult Community Services: Alcohol and Other Drug Abuse (AODA)

#### ***Realign Detox Funding***

***(\$200,000)***

Expenditures will decrease by \$200,000 by instituting new quality improvements for the AODA detox program. The detox program utilizes a nationally recognized patient placement model for care. Current detox services are provided through a purchase of services contract. The contractor is reimbursed by the county based on the type of bed that is provided to a patient. Social beds can only be used for patients that are experiencing alcohol-only and/or sedative intoxication. Utilizing current admission standards, a contractor may assign a walk-in or police-delivered intoxicated individual to a medical bed even if they may be appropriately placed in a social bed. Admission criteria based on nationally recognized standards of care clarify the intent of each type of bed resulting in more appropriate assignments. BHD will focus on quality improvements in this area in 2013 to produce savings.

#### ***Prevention Services Funding***

***(\$267,016)***

BHD receives AODA Block Grant funding which requires that 20% of the funds go toward prevention services. The current purchase of service contract for prevention services is for \$753,220 or approximately 31% of the grant, with the difference between the requirement and the actual contract being made up through tax levy. In 2013, BHD recommends reducing the purchase of service contract for AODA prevention services by \$267,016, from \$753,220 to \$486,204, to be consistent with the requirements established by the funding source. Prevention services would be reduced as a result of this adjustment.

#### ***Revenue and Other Expenditure Changes***

***(\$82,849)***

Revenues are reduced in 2013 as a result of the expiration of two Federal grants and lower than anticipated awards from the State for the TANF and IV Drug grants. Expenditures are reduced by a like amount for a zero tax levy impact. Other contract and expenditure changes based on actuals and anticipated needs in 2013 are also included. Total savings from changes to revenues and expenditures equal \$82,849.

### Child and Adolescent Community Services

#### ***Overview and Slot Delineation***

***(\$228,293)***

The 2013 Budget for Wraparound Milwaukee includes various changes in revenue and expenditure accounts, resulting in a savings of \$228,293. The reduction stems from caseload and rate changes and actual experience. This savings figure includes \$275,000 in new expenditures to cover maintenance and equipment for Wraparound Milwaukee. Program funds go to support the programs listed below:

- Wraparound Milwaukee will serve a projected average daily enrollment of 900 children in 2013 in all of its programs.
- The FOCUS program will serve up to 47 youth who would otherwise be committed to Juvenile Corrections.
- The FISS program will serve approximately 50 families per month.
- The Wraparound Milwaukee REACH program will serve approximately 275 youth.

#### ***Position Changes***

***(\$47,940)***

To better meet the needs of the Wraparound Milwaukee program, 1.0 FTE of Quality Assurance Specialist – Wraparound is created, at a cost of \$56,822. The position will be responsible for ensuring all providers in the Wraparound Milwaukee network meet the credentialing requirements and program qualifications required to provide direct services. To offset the cost of the new position, 2.0 FTE Office Support Assistant 2 positions are abolished for a savings of \$104,762 including salary and active fringe benefits. In total, this initiative produces savings of \$47,940.

**REQUESTED 2013 BUDGET**

**DEPT: DHHS - Behavioral Health Division**

**UNIT NO. 6300**  
**FUND: General - 0077**

---

**Adult Crisis Services**

***Psychology Postdoctoral Fellowships and Other Position Changes* (\$37,250)**

The creation of 2.0 FTE Psychology Postdoctoral Fellowship positions will increase BHD's ability to provide direct psychological services to various programs, promote successful completion of graduate education and licensure of future mental health professionals, and aid in the recruitment of psychologists eligible for Medical Staff membership and capable of generating revenue. Creation of an educational opportunity to enhance recruitment is consistent with discussions with the Personnel Committee of the County Board of Supervisors. Participation of Psychology Department staff in the training of new psychologists provides an opportunity for the transfer of institutional and professional knowledge, which is both an investment in the future of mental health service delivery and a way in which professional staff remain current in academic and professional advancements in the field. The cost of the positions, \$137,832, is partially offset by a \$50,000 increase in revenue, as BHD will be able to bill for work performed by the new positions.

In addition, 1.0 FTE Clinical Program Director – Psychology, with a cost of \$105,934, is transferred from the Acute Treatment Unit closure to Adult Crisis Services, and a vacant 1.0 FTE BH Staff Psychiatrist is unfunded for a savings of \$231,016. The addition of the Psychology position will assist in offsetting vacant Psychiatry positions to ensure adequate medical staff coverage is available for the Crisis Services area.

**Emergency Medical Services (EMS)**

***Revenue and Expenditure Changes Based on Actuals* (\$12,000)**

Budgeted revenues and expenditures are reconciled with actuals and adjusted accordingly for a savings of \$17,000. The contract with the Medical College of Wisconsin for EMS Medical Direction is increased by \$5,000 to reflect actual utilization.

***EMS Fees* \$0**

In general, American Heart Association and EMS course fees remain unchanged from their 2012 levels. The two exceptions are a \$500 increase in the per person charge for the Paramedic Course and a new fee in 2013 of \$225 for the EMT/Basic Full Refresher Course.

***EMS Subsidy to Local Municipalities* \$0**

The EMS subsidy paid to specific Milwaukee County municipalities is maintained at \$1,500,000 for 2013.

**REQUESTED 2013 BUDGET**

**DEPT: DHHS - Behavioral Health Division**

**UNIT NO. 6300  
FUND: General - 0077**

<b>AHA Courses Offered by the Community Training Center</b>			
	<b>2012</b>	<b>2013</b>	<b>2012/2013</b>
<b>Service</b>	<b>Fee</b>	<b>Fee</b>	<b>Change</b>
Basic Life Support (CPR) Health Care Provider	\$80	\$80	\$0
Basic Life Support (CPR) Health Care Provider (Skill testing only)*	\$60	\$60	\$0
Basic Life Support (CPR) in conjunction with ACLS	\$60	\$60	\$0
Advanced Cardiac Life Support (per person)	\$275	\$275	\$0
Advanced Cardiac Life Support (per person) (Skill testing only)*	\$150	\$150	\$0
Pediatric Advanced Life Support (per person)	\$300	\$300	\$0
Advanced Life Support Instructor (per person)	\$200	\$200	\$0
Pediatric Advanced Life Support Instructor (per person)	\$200	\$200	\$0
Basic Life Support (CPR) Instructor (per person)	\$150	\$150	\$0
Automatic Electronic Defibrillator (per person)	\$75	\$75	\$0
Heartsaver Adult CPR	\$75	\$75	\$0
Heartsaver Children and Infant CPR	\$75	\$75	\$0
Heartsaver First Aid & CPR	\$75	\$75	\$0

<b>EMS Courses Offered by the Education Center Service</b>			
	<b>2012</b>	<b>2013</b>	<b>2012/2013</b>
<b>Service</b>	<b>Fee</b>	<b>Fee</b>	<b>Change</b>
Paramedic Course (per person)	\$8,000	\$8,500	\$500
Paramedic Refresher Course (8 Hour Block)	\$125	\$125	\$0
EMT/Basic Mini Refresher Course (6 Hour Block)	\$50	\$50	\$0
EMT/Basic Full Refresher Course (30 hours)	N/A	\$225	N/A
Paramedic Continuing Education Units (per person/per hour)	\$35	\$35	\$0
National Registry Exam			
Practical (only)	\$300	\$300	\$0
Practical Retakes (per station)	\$40	\$40	\$0
Basic IV Tech Course	\$500	\$500	\$0
Basic IV Refresher Course	\$125	\$125	\$0
First Responder Course	\$325	\$325	\$0
First Responder Refresher Course	\$200	\$200	\$0
Observational Ride along/8 hour day	\$75	\$75	\$0

<b>Other Services Offered by the Emergency Medical Department</b>			
	<b>2012</b>	<b>2013</b>	<b>2012/2013</b>
<b>Service</b>	<b>Fee</b>	<b>Fee</b>	<b>Change</b>
Quality Assurance-fee is based on every 1,000 runs in system	\$2,700	\$2,700	\$0
Data Management-fee is based on every 1,000 runs in system	\$6,000	\$6,000	\$0
Medical Director-fee is based on every 1,000 runs in system	\$9,000	\$9,000	\$0
Administrative Fee-system charged at 20% of total system run fees above	20%	20%	\$0

\* Offered to the public as well as EMS providers.

**REQUESTED 2013 BUDGET**

**DEPT: DHHS - Behavioral Health Division**

**UNIT NO. 6300**  
**FUND: General - 0077**

**EXPENDABLE TRUST ACCOUNTS**

The following, for informational purposes, 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.

<u>Org. Unit</u>	<u>Description of Expendable Trust</u>	<u>Projected Balances as of 12/31/12</u>
701	BHD – Research Fund	\$206,000
	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 this fund are made by the Research Committee at BHD.	
	<u>Expenditure</u>	<u>Revenue</u>
	\$25,000	\$25,000
702	BHD – Patient Activities and Special Events	\$137,500
	This fund is comprised of various trusts, which stipulate the expenditures should be made to provide for patient activities and special events.	
	<u>Expenditure</u>	<u>Revenue</u>
	\$10,100	\$10,100

**REQUESTED 2013 BUDGET**

**DEPT: DHHS - Behavioral Health Division**

**UNIT NO. 6300**  
**FUND: General - 0077**

<b>BUDGET SUMMARY</b>				
<b>Account Summary</b>	<b>2011 Actual</b>	<b>2012 Budget</b>	<b>2013 Budget</b>	<b>2012/2013 Change</b>
Personal Services (w/o EFB)	\$ 47,794,470	\$ 46,529,006	\$ 44,682,095	\$ (1,846,911)
Employee Fringe Benefits (EFB)	32,964,324	31,282,974	32,809,922	1,526,948
Services	23,378,330	18,282,810	20,150,371	1,867,561
Commodities	7,741,653	6,561,252	6,173,331	(387,921)
Other Charges	74,371,405	78,509,772	76,107,268	(2,402,504)
Debt & Depreciation	0	0	0	0
Capital Outlay	343,176	440,000	476,875	36,875
Capital Contra	0	0	0	0
County Service Charges	41,143,348	43,523,773	43,874,229	350,456
Abatements	(35,289,618)	(37,343,950)	(37,839,651)	(495,701)
<b>Total Expenditures</b>	<b>\$ 192,447,089</b>	<b>\$ 187,785,637</b>	<b>\$ 186,434,440</b>	<b>\$ (1,351,197)</b>
Direct Revenue	61,899,073	58,801,943	59,915,679	1,113,736
State & Federal Revenue	61,600,093	58,019,971	54,127,420	(3,892,551)
Indirect Revenue	10,002,135	9,800,590	9,800,590	0
<b>Total Revenue</b>	<b>\$ 133,501,302</b>	<b>\$ 126,622,504</b>	<b>\$ 123,843,689</b>	<b>\$ (2,778,815)</b>
<b>Direct Total Tax Levy</b>	<b>58,945,787</b>	<b>61,163,133</b>	<b>62,590,751</b>	<b>1,427,618</b>

<b>PERSONNEL SUMMARY</b>				
	<b>2011 Actual</b>	<b>2012 Budget</b>	<b>2013 Budget</b>	<b>2012/2013 Change</b>
<b>Position Equivalent (Funded)*</b>	<b>843.8</b>	<b>837.4</b>	<b>773.4</b>	<b>(64.0)</b>
<b>% of Gross Wages Funded</b>	<b>92.7</b>	<b>92.0</b>	<b>91.8</b>	<b>(0.2)</b>
<b>Overtime (Dollars)</b>	<b>\$ 4,116,266</b>	<b>\$ 3,072,984</b>	<b>\$ 2,950,944</b>	<b>\$ (\$122,040)</b>
<b>Overtime (Equivalent to Position)</b>	<b>86.2</b>	<b>64.3</b>	<b>59.8</b>	<b>(4.5)</b>

\*For 2011 Actuals, the Position Equivalent is the budgeted amount.



**REQUESTED 2013 BUDGET**

**DEPT: DHHS - Behavioral Health Division**

**UNIT NO. 6300**  
**FUND: General - 0077**

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Unit Clerk <sup>1</sup>	2000	Abolish	(2)	(1.50)	Acute Adult	(\$39,920)
Nursing Asst MH Pool <sup>1</sup>	43820	Abolish	(1)	(0.75)	Acute Adult	(\$26,390)
Nursing Asst 1 Mh <sup>1</sup>	43840	Abolish	(10)	(9.75)	Acute Adult	(\$234,176)
RN 1 <sup>1</sup>	44500	Abolish	(7)	(6.38)	Acute Adult	(\$323,892)
RN 2 - MH <sup>1</sup>	44540	Abolish	(2)	(1.50)	Acute Adult	(\$85,352)
Nursing Prog Coord <sup>1</sup>	45110	Abolish	(1)	(0.75)	Acute Adult	(\$61,052)
BH House Physician 3 <sup>1</sup>	47322	Abolish	(1)	(0.19)	Acute Adult	(\$34,480)
BH Staff Psychiatrist <sup>1</sup>	50772	Abolish	(1)	(0.75)	Acute Adult	(\$131,494)
Occupational Therapist <sup>1</sup>	53460	Abolish	(1)	(0.75)	Acute Adult	(\$44,208)
Music Therapist <sup>1</sup>	53960	Abolish	(1)	(0.38)	Acute Adult	(\$23,414)
Psych Soc Wkr <sup>1</sup>	56900	Abolish	(2)	(1.50)	Acute Adult	(\$78,180)
BH Clinical Prog Dir Psychology <sup>1</sup>	57093	Transfer Out	(1)	(0.75)	Acute Adult	(\$76,820)
Office Supp Asst 2 <sup>2</sup>	7	Abolish	(1)	(0.50)	Adult Community	(\$17,014)
-RC-Office Supp Asst 2 <sup>2</sup>	12	Abolish	(1)	(0.50)	Adult Community	(\$15,428)
RN Pool <sup>2</sup>	44510	Abolish	(1)	(0.25)	Adult Community	(\$20,922)
Comm Service Nurse (PR 18N) <sup>2</sup>	44611	Abolish	(2)	(1.00)	Adult Community	(\$72,988)
Adv Prac Nurse Prescriber-Pool <sup>2</sup>	45750	Abolish	(1)	(0.25)	Adult Community	\$0
Adv Prac Nurse Prescriber <sup>2</sup>	45760	Abolish	(1)	(0.25)	Adult Community	(\$18,428)
BH Staff Psychiatrist <sup>2</sup>	50772	Abolish	(1)	(0.25)	Adult Community	(\$45,364)
Cert Occ Therapy Asst <sup>2</sup>	53290	Abolish	(2)	(2.00)	Adult Community	(\$77,152)
Occupational Therapist <sup>2</sup>	53460	Abolish	(3)	(3.00)	Adult Community	(\$193,334)
Comm Supp Prog Coord <sup>2</sup>	56660	Abolish	(1)	(0.50)	Adult Community	(\$32,130)
Psych Soc Wkr <sup>2</sup>	56900	Abolish	(2)	(1.50)	Adult Community	(\$73,548)
Psych Soc Wkr CSP <sup>2</sup>	56996	Abolish	(1)	(0.50)	Adult Community	(\$26,064)
Office Supp Asst 2	7	Abolish	(2)	(2.00)	Child & Adolescent Comm	(\$60,562)
Qual Assur Spec - Wrap	Z0006	Create	1	1.00	Child & Adolescent Comm	\$33,884
Psychology Postdoc Fellow	Z0005	Create	2	2.00	Crisis Services	\$87,404
BH Staff Psychiatrist	50772	Unfund	(1)	(1.00)	Crisis Services	(\$175,326)
BH Clinical Prog Dir Psychology <sup>1</sup>	57093	Transfer In	1	0.75	Crisis Services	\$76,820
Comm Relations Coord	56665	Transfer Out	(1)	(1.00)	Management Services	(\$67,144)
Office Supp Asst 2	7	Abolish	(2)	(1.50)	Management Services	(\$39,816)
Office Supp Asst 2	7	Transfer Out	(1)	(1.00)	Management Services	(\$26,534)
-RC-Distribution Assistant	6624	Abolish	(1)	(1.00)	Management Services	(\$34,638)
Distribution Assistant	6625	Abolish	(1)	(1.00)	Management Services	(\$34,028)
Dietitian 1	15501	Abolish	(3)	(3.00)	Management Services	(\$128,910)
Pharmacy Svcs Dir	Z0004	Create	1	1.00	Management Services	\$92,868
Nursing Asst 1 MH <sup>1</sup>	43840	Abolish	(7)	(6.75)	Nursing Facilities Services	(\$162,113)
Nursing Asst 1 MH <sup>2</sup>	43840	Abolish	(5)	(4.88)	Nursing Facilities Services	(\$117,201)
Psych LPN MHC <sup>1</sup>	43890	Abolish	(2)	(1.31)	Nursing Facilities Services	(\$49,012)
Psych LPN MHC <sup>2</sup>	43890	Abolish	(1)	(0.88)	Nursing Facilities Services	(\$32,924)

**REQUESTED 2013 BUDGET**

**DEPT: DHHS - Behavioral Health Division**

**UNIT NO. 6300**  
**FUND: General - 0077**

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
RN 1 <sup>1</sup>	44500	Abolish	(1)	(0.11)	Nursing Facilities Services	(\$5,586)
RN 1 <sup>2</sup>	44500	Abolish	(1)	(0.08)	Nursing Facilities Services	(\$4,062)
RN 2 - MH <sup>1</sup>	44540	Abolish	(2)	(1.39)	Nursing Facilities Services	(\$79,093)
RN 2 - MH <sup>2</sup>	44540	Abolish	(1)	(0.92)	Nursing Facilities Services	(\$52,349)
Nursing Prog Coord <sup>2</sup>	45110	Abolish	(1)	(0.50)	Nursing Facilities Services	(\$31,324)
Devlpmntl Disability Spec <sup>2</sup>	53920	Abolish	(1)	(0.50)	Nursing Facilities Services	(\$24,208)
Music Therapist <sup>2</sup>	53960	Abolish	(1)	(0.25)	Nursing Facilities Services	(\$14,740)
BH Clinical Psychologist I <sup>2</sup>	57023	Abolish	(1)	(0.25)	Nursing Facilities Services	(\$15,052)
<b>Total:</b>						<b>(\$2,615,396)</b>

<sup>1</sup> Action taken as of April 1, 2013.

<sup>2</sup> Action taken as of July 1, 2013.

ORGANIZATIONAL COST SUMMARY					
DIVISION		2011 Actual	2012 Budget	2013 Budget	2012/2013 Change
Management / Support Services	Expenditure	\$ 1,742,657	\$ 24,841	\$ 1,423,524	\$ 1,398,683
	Revenue	4,648,348	1,769,607	3,998,629	2,229,022
	Tax Levy	\$ (2,905,691)	\$ (1,744,766)	\$ (2,575,105)	\$ (830,339)
Inpatient Services: Nursing Facility Services	Expenditure	\$ 31,003,370	\$ 27,608,500	\$ 27,035,086	\$ (573,415)
	Revenue	10,109,731	10,437,835	10,394,809	(43,026)
	Tax Levy	\$ 20,893,639	\$ 17,170,665	\$ 16,640,277	\$ (530,389)
Inpatient Services: Acute Adult / Child Services	Expenditure	\$ 38,728,733	\$ 37,681,850	\$ 36,695,954	\$ (985,896)
	Revenue	14,753,808	12,534,373	11,018,143	(1,516,230)
	Tax Levy	\$ 23,974,925	\$ 25,147,477	\$ 25,677,811	\$ 530,334
Adult Community Services	Expenditure	\$ 28,542,712	\$ 29,713,678	\$ 29,690,605	\$ (23,073)
	Revenue	25,743,868	25,161,311	23,931,063	(1,230,248)
	Tax Levy	\$ 2,798,844	\$ 4,552,367	\$ 5,759,542	\$ 1,207,175
Child and Adolescent Services	Expenditure	\$ 47,085,945	\$ 47,817,433	\$ 47,489,804	\$ (327,629)
	Revenue	48,572,801	48,170,562	47,900,255	(270,307)
	Tax Levy	\$ (1,486,856)	\$ (353,129)	\$ (410,451)	\$ (57,322)
Adult Crisis Services	Expenditure	\$ 19,702,277	\$ 20,792,457	\$ 21,837,285	\$ 1,044,828
	Revenue	13,102,186	12,002,522	11,415,126	(587,396)
	Tax Levy	\$ 6,600,091	\$ 8,789,935	\$ 10,422,159	\$ 1,632,224
AODA Services	Expenditure	\$ 17,989,902	\$ 17,498,566	\$ 15,694,709	\$ (1,803,857)
	Revenue	16,012,255	15,808,649	14,641,912	(1,166,737)
	Tax Levy	\$ 1,977,647	\$ 1,689,917	\$ 1,052,797	\$ (637,120)
Emergency Medical Services	Expenditure	\$ 7,651,493	\$ 6,648,311	\$ 6,567,473	\$ (80,837)
	Revenue	558,305	737,645	543,752	(193,893)
	Tax Levy	\$ 7,093,188	\$ 5,910,666	\$ 6,023,721	\$ 113,056

All departments are required to operate within their expenditure appropriations and their overall budgets. Pursuant to Section 59.60(12), Wisconsin Statutes, "No payment may be authorized or made and no obligation incurred against the county unless the county has sufficient appropriations for payment. No payment may be made or obligation incurred against an appropriation unless the director first certifies that a sufficient unencumbered balance is or will be available in the appropriation to make the payment or to meet the obligation when it becomes due and payable. An obligation incurred and an authorization of payment in violation of this subsection is void. A county officer who knowingly

**REQUESTED 2013 BUDGET**

**DEPT: DHHS - Behavioral Health Division**

**UNIT NO. 6300**  
**FUND: General - 0077**

---

*violates this subsection is jointly and severely liable to the county for the full amount paid. A county employee who knowingly violates this subsection may be removed for cause."*