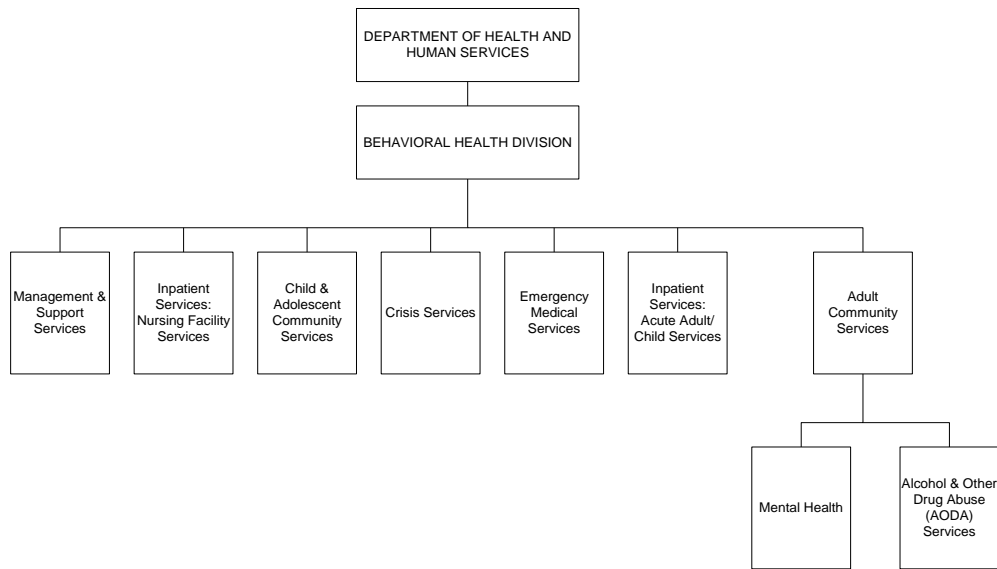


# DHHS - BEHAVIORAL HEALTH DIVISION (6300)



## MISSION

The Milwaukee County Department of Health and Human Services (DHHS) – Behavioral Health Division is a public sector system for the integrated treatment and recovery 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, high quality best practices 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

	2014	2013/2014 Change
Expenditures	183,710,557	6,707,156
Revenue	120,994,303	7,073,172
Levy	62,716,254	(366,016)
FTE's	684.2	(116.8)

### Major Programmatic Approach

Continue to further the mission of the Department by:

- ❖ Implementing performance based budgeting
- ❖ Investing in evidence-based programs
- ❖ Maximizing revenue
- ❖ Expanding quality assurance initiatives to ensure consistently high standards of care
- ❖ Reducing overhead by collaborating with other departments, streamlining services and achieving more efficiencies

## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

### OBJECTIVES

- Provide high quality care and treatment for Milwaukee County residents with serious behavioral health disorders in the least restrictive environment with a focus on recovery.
- Promote clinical quality and safety for all patients as the highest priority.
- Invest in services in community-based settings.
- Complete implementation of the Electronic Medical Records system.
- Address on-going fiscal issues and align staffing for maximum efficiency.
- Administer and coordinate all countywide 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 also has responsibility for management of the environment of care that is composed of maintenance and housekeeping, and other environmental services.

Expenditures are allocated to the Inpatient Services: Nursing Facility, Inpatient Services: Acute Adult and 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.

#### 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. By July 1, 2014, Central is expected to place 24 clients into community-based settings. The second nursing facility known as the Center for Independence and Development (formerly Hilltop) is a Title XIX certified facility for Persons with Developmental Disabilities and is expected to close in 2014 by placing all of its 48 residents in community-based settings by November 1, 2014.

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

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. In 2012, BHD implemented the recommendations of the Gender Unit Work Group and reconfigured existing Acute Adult units to: one 24-bed unit called Acute Treatment Unit (ATU), one 24-bed Women's Treatment Unit (WTU) and one 18-bed Intensive Treatment Unit (ITU). The 2014 Budget proposes the closure of 12 acute beds as of April 1, 2014.

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 11 percent from 2011 to a total of 1,638 admissions in 2012. Approximately 70 to 80 percent of the admissions are considered involuntary. The median length of stay of the Acute Adult hospital is fourteen days.

All of the Acute Adult units provide inpatient care to individuals over age 18 that require safe, secure, short-term or occasionally extended hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service and rehabilitation therapy provides for the assessment and treatment designed to stabilize an acute psychiatric event 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

## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

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 2012, there were 1,350 admissions to the CAIS unit. Of those patients admitted to CAIS, 88 percent are ages 12 and older. The average length of stay is 2.34 days.

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

Adult Community Services is comprised 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 (CSP), day treatment, Community Based Residential Facilities (CBRF), Targeted Case Management (TCM), outpatient treatment for indigent individuals and prevention and intervention services. Services are designed to provide for a single mental health delivery system that reduces the amount of time an individual is 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 final year of the "Access to Recovery (ATR) – 3" grant. Along with Temporary Assistance for Needy Families (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, involved with two or more child or adult serving systems and who are at risk of residential treatment or other institutional settings.

## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

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 – a 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, ages 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, both within BHD and with partners in the community, which 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 community-based, eight-bed Crisis Stabilization Centers and a Peer Specialist program that provides discharge services in the community. All of these represent a comprehensive continuum of care to promote community success by reducing readmissions and decreasing length of stay. A multi-disciplinary team of mental health professionals provides these services.

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

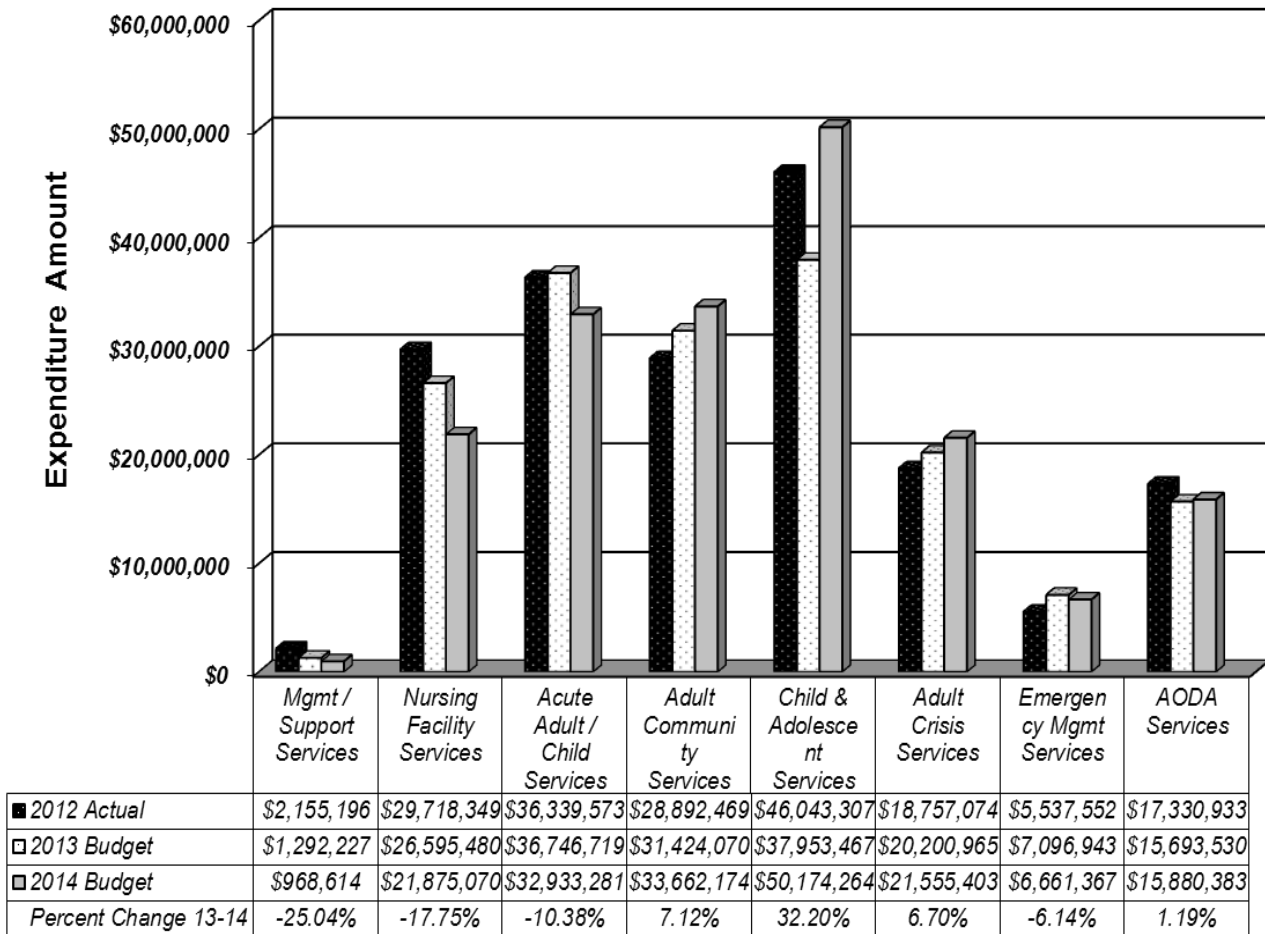
The Emergency Medical Services (EMS) is a Milwaukee County-managed and sponsored program designed to benefit the entire community. There are six major components. The Education/Training Center provides initial and refresher paramedic education and other EMS-related courses. The Quality Assurance program reviews and monitors service delivery. The Health Information Center collects, enters and maintains patient care data. The Communication Center, which is staffed on a 24/7 basis with emergency medical communicators, coordinates on-line medical control, maintains hospital notification for local and regional emergency calls and manages local hospital diversions and communications during disasters. The Equipment and Supplies Center orders and delivers supplies, monitors controlled substances, facilitates equipment repair and maintains compliance with Trans 309. Finally, the American Heart Association (AHA) Community Training Center (CTC) 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).

**REQUESTED 2014 BUDGET**

**DEPT: DHHS - Behavioral Health Division**

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

**Expenditure Summary**



**2014 BUDGET**

**Approach and Priorities**

- Implementing performance-based budgeting by using data for decision making throughout the budget process
- Investing in evidence-based programs including increasing community-based services and expanding crisis related programming in line with the goals of the Mental Health Redesign
- Maximizing and right-sizing revenue through detailed analysis of existing budgeted revenues, securing additional grant revenue and continuing to implement the Electronic Medical Records (EMR) system
- Expanding quality assurance initiatives to ensure consistently high standards of care by continuing to work toward Joint Commission certification and expanding the team of quality assurance professionals at BHD
- Reducing overhead by collaborating with the Comptroller's Office to provide payroll services and decreasing administrative staff based on the continued downsizing efforts in the inpatient areas

## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

### ***Programmatic Impacts***

- Enhance investment in community-based initiatives by providing funding for a variety of new and expanded programs. These efforts, along with those launched over the past few years, are vital to the framework developed by the Mental Health Redesign Task Force and focus on a recovery-based philosophy which supports increased adult community-based mental health services and decreased reliance on inpatient services.
- Secure community placement for the remaining 48 residents of the Center for Independence and Development (formerly Rehabilitation Center-Hilltop) clients.
- Work with the Care Management Organizations (CMO) and the Adult Community Services Branch to find community placements for 24 clients in the Rehab Centers Central program.
- Partner with community providers to further reduce the number of Acute Adult inpatient beds.
- Transition the caseloads for the two BHD operated Community Support Programs (CSP) to community providers and invest in the Assertive Community Treatment (ACT)/Integrated Dual Disorder Treatment (IDDT) model for all CSP clients.
- Continue the implementation of the Electronic Medical Record (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.
- Increase patient care and crisis billing revenue to reflect successful initiatives to maximize those revenue streams and right-size CMO and cost report related revenue to reflect actual experience.
- Reduce overhead costs to reflect the move to a more community based system of care over the past two years.

### ***Budget Highlights***

#### **Department Wide Initiatives**

##### ***Mental Health Redesign and Community Resource Investment***

**\$1,811,815**

The 2014 Budget reflects a significant investment in community-based initiatives with BHD increasing its financial commitment by over \$1.8 million to expand existing and fund a variety of new initiatives. These efforts, along with those launched over the past few years, are vital to the framework developed by the Mental Health Redesign Task Force. Funding for the following initiatives is continued in 2014: 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; expanded Targeted Case Management continuum of care for clients requiring a lower level of service; additional peer support services; funding for a Community Intervention Specialist – Housing and a Behavioral Health Prevention Coordinator and quality improvement initiatives.

In addition to maintaining prior year investments, BHD is also expanding services by allocating funding to new 2014 initiatives including:

- Expanding BHD's partnership with the Milwaukee Police Department for the Crisis Mobile Team - \$115,327
- Starting a Peer Run Drop in Center - \$343,000
- Opening a Southside Access Clinic in July 2014 - \$250,000
- Initiating a TCM pilot program with the Housing Division - \$100,000
- Adding more quality assurance staff - \$121,832
- Implementing the Community Recovery Services (CRS) program - \$275,000
- Expanding case management - \$125,000
- Continuing funding for Families Moving Forward, focusing on the African American community - \$150,000
- Investing in a new partnership with the UCC/16<sup>th</sup> street clinic to focus on the Latino community- \$45,000

## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

- Establishing a Community Consultation Team specifically for individuals dually diagnosed with both a developmental disability and mental health issue - \$247,452
- Implementing an evidenced-based treatment model for all Community Support Programs - \$389,200
- Right-sizing the funding for the Crisis Resource Centers – (\$350,000)

In addition, the Department of Health and Human Services (DHHS) included the following new initiatives related to the Redesign effort resulting in an additional \$450,000 in new investment funds:

- Developing a Crisis Resource Center that will be available to individuals with Intellectual/Developmental Disabilities and a co-occurring mental illness - \$250,000
- Implementing a new initiative to create 20 permanent supportive housing scattered site units to serve BHD consumers - \$200,000

More information on each new initiative can be found in the various program areas below and in the DHHS budget narrative (Org 8000).

**Destination 2012 – Joint Commission** **\$0**

BHD continues to work toward Joint Commission (JC) certification to ensure a focus on the provision of quality services. Funding is maintained at 2013 levels.

**Quality Assurance Investments** **\$121,832**

In 2014, to continue the Department's goal of expanding quality assurance initiatives to ensure consistently high standards of care, 1.5 FTE of Quality Assurance Coordinator is created for a total cost of \$121,832. One of the positions will be dedicated to the Crisis Services area to assist with its expanded services and the other one will be created on July 1, 2014 to assist with monitoring of the community services dedicated to BHD's long-term care clients moving to the community.

**Electronic Medical Records (EMR) Implementation** **(\$225,103)**

BHD continues the implementation phase of the Electronic Medical Records (EMR) system, which began in 2011 and is targeted for completion by the end of 2014. BHD has a total of \$1,857,397 dedicated to this initiative in 2014, 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 costs related to the new EMR. The decrease of \$225,103 over 2013 funding reflects savings related to completion of the implementation phase of the EMR in the Acute Adult and PCS areas of BHD.

**Contract Adjustments** **(\$1,146,963)**

For 2014, BHD conducted a thorough analysis of the pharmacy, food, security, x-ray, dental and lab contracts which total over \$10.8 million in annual expenditures. Based on 2012 actual spending and year-to-date projections, BHD adjusted the contract amounts for each service area. The majority of this decrease is in the pharmacy area where BHD and the Division of Audit within the Comptroller's Office worked diligently to review costs and make changes to achieve savings in this contract. Overall, these contracts are decreased by \$1,146,963, which does not include any savings related to 2014 downsizing efforts.

**Cost Report Revenue** **\$700,000**

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. Although this initiative has been successful, BHD has not fully realized its 2013 Budget based on multiple factors including reduced census. Therefore, BHD is reducing the cost report revenue by \$700,000 in 2014 to a total of \$1,950,000.

## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

### **Patient Care Revenue** **(\$750,000)**

Based on the success of the EMR and changes within the billing area of BHD, overall patient revenues are increased by \$750,000. This reflects a renewed emphasis on follow up billing and increased use of technology to maximize revenues at BHD.

### **Medicaid Reimbursement Adjustment** **\$628,446**

Due to a new rate methodology being applied by the State of Wisconsin for Medicaid reimbursement of emergency room services, BHD anticipates receiving \$628,446 less in Medicaid reimbursement for Psychiatric Crisis Services (PCS) in 2014. Starting in the first quarter of 2013, the State converted to an Enhanced Ambulatory Patient Grouping (EAPG) rate system. The new EAPG rate is calculated off of a base rate which is adjusted according to the patient's diagnosis. For 2013, the State began phasing in the new rate system but basically maintained the same reimbursement levels. However, the new rate system takes full effect in 2014.

### **Crisis Respite Home – Disabilities Services Division (DSD)** **(\$250,000)**

The cost for the expanded crisis respite was included in the 2013 BHD Budget as part of the \$3 million Mental Health Redesign Initiative. Of the total budget for this initiative, \$250,000 was earmarked for the Mental Health Pilot Respite program component. In 2013, a fund transfer was executed from BHD to DSD to fund four additional crisis respite home beds for a total of eight. The 2014 Budget is adjusted to reflect this change.

### **Reorganization of Nurse Managers** **(\$97,026)**

Based on an analysis of the position descriptions and the needs of the organization, overlap of some nursing roles was identified. In 2014, Nurse Program Coordinators will be responsible for unit-based supervision, which eliminates the need for RN 3 – MH as a unit supervisor. As a result, the following position actions are proposed for 2014:

- Abolish 6.5 FTE RN 3 – MH (\$655,656)
- Create 5.0 FTE Nurse Program Coordinator \$558,630

### **Position Changes** **\$127,996**

The following position changes are made in 2014 based on technical issues and the needs of the department:

- Create 1.0 FTE Occupational Therapist Pool \$33,184
- Create 1.0 FTE Psychiatric Social Worker Pool \$52,918
- Create 0.5 FTE Music Therapist \$41,894
- Create 1.0 Advanced Practice Nurse Practitioner \$0 (off-set with V&T)

## **Management and Support Services**

### **Environment of Care Investments** **(\$45,000)**

In 2014, BHD will continue an investment of \$150,000 in major maintenance funding to build upon the significant repairs and maintenance that have been performed in recent years. Time and materials contracts are also maintained at the 2013 level. All technology investments are maintained including the maintenance and work order system and 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.

In addition, \$45,000 in funding for architectural consulting, key cards and security cameras is reduced in 2014 based on the needs of the Division and the investments made in prior years to get successful systems in place.

### **Payroll Transfer** **(\$110,656)**

In an effort to create countywide efficiencies, the Comptroller's Office will assume all payroll duties countywide. As part of this initiative, BHD will transfer the following positions to the Comptroller's Office for a decrease in salary, social security, and active fringe benefits of \$110,656:



## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

- Transfer 2.0 FTE Payroll Assistant (\$110,656)

### **Operations Positions Reductions**

**(\$1,349,625)**

Due to the recent downsizing efforts at BHD, including the 2013 closure of 24 beds in the Center for Independence and Development and 24 beds on the Acute Adult units, and all of the proposed inpatient downsizings in 2014, BHD conducted an analysis of overhead needs. It is important to note that throughout the downsizing, the entire facility must be maintained to be in compliance with State and Federal standards even though parts of the building will be vacated.

As a result of the analysis, the following positions are abolished on the dates indicated below. The reductions reflect the annualized impact to FTEs while the savings shown in parentheses is the fiscal impact in 2014:

The following positions are abolished as of Jan. 1, 2014:

- 1.0 FTE Emergency Management Coord (\$83,042)
- 1.0 FTE Safety and Training Specialist (\$74,302)
- 1.0 FTE Clothing Supply Clerk 1 (\$47,880)
- 1.0 FTE Housekeeper 1 NR (\$55,335)
- 1.0 FTE Distribution Asst (\$45,752)
- 1.0 FTE Hospital Maintenance Worker (\$59,052)
- 1.0 FTE Admin Asst MH NR (\$59,194)
- 1.0 FTE Accounting Manager (\$91,124)
- 1.0 FTE Fiscal Asst 2 (\$59,016)
- 1.0 FTE Clerical Asst 1 (\$53,418)
- 1.0 FTE Staffing Asst (\$59,199)
- 1.0 FTE Human Services Worker in Legal Services (\$79,136)
- 1.0 FTE Nursing Program Coordinator in Nursing Admin (\$111,726)
- 1.0 FTE Admin Coordinator Training (\$77,476)
- 1.0 FTE RN 2 Staff Development (\$92,154)
- 1.0 FTE Medical Records Supervisor (\$55,666)

One position is unfunded as of Jan. 1, 2014:

- 1.0 FTE Pharmacy Services Director (\$125,520)

One position is abolished as of July 1, 2014:

- 1.0 FTE Staffing Asst (\$29,599)

One position is transferred to DHHS as of January 1, 2014:

- 1.0 FTE Contract Services Coordinator (\$91,304)

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

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

**(\$768,601)**

Furthering an initiative that started in 2011, BHD will be closing the Center for Independence and Development (formerly Rehabilitation Center-Hilltop) in two stages, initially reducing the number of licensed beds by 24 by May 1, 2014 and ultimately closing the remaining 24 licensed beds by November 1, 2014. The Division will work closely with the Disabilities Services Division, the State of Wisconsin Division of Long Term Care and area Care Management Organizations to secure community placements for these clients on the proposed time frame.

## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

As a result of the downsizing and closure, the following positions are abolished on the dates indicated below. The reductions reflect the annualized impact to FTEs while the savings shown in parentheses is the fiscal impact in 2014:

Positions abolished as of Jan. 1, 2014 include:

- 1.0 FTE Occupational Therapist (\$97,234)
- 1.0 FTE Developmental Disability Specialist (\$81,676)
- .50 FTE Music Therapist (\$48,624)
- 1.0 FTE Cert Occupational Therapy Asst (\$60,250)
- 1.0 FTE Clerical Asst 1 (\$48,950)

Positions abolished as of May 1, 2014 include:

- 1.0 FTE Unit Clerk (\$31,474)
- 16.5 FTE Nursing Asst 1 MH (\$528,176)
- 3.2 FTE Psych LPN MHC (\$141,388)
- 2.3 FTE RN1 (\$136,048)
- 1.0 FTE RN 2 – MH (\$63,618)
- 2.0 FTE Cert Occupational Therapy Asst (\$80,136)

Positions abolished as of November 1, 2014 include:

- 1.0 FTE Clerical Asst 2 (\$8,440)
- .50 FTE Unit Clerk (\$3,990)
- 20 FTE Nursing Asst 1 MH (\$163,026)
- 2.8 FTE Psych LPN MHC (\$29,436)
- 3.6 FTE RN 1 (\$53,366)
- 0.6 FTE RN 2 - MH (\$9,498)
- 1.0 FTE Nursing Program Coordinator (\$19,002)
- .50 FTE Adv Prac Nurse Prescriber (\$9,738)
- .50 FTE BH Staff Psychiatrist (\$19,818)
- 2.0 FTE Cert Occupational Therapy Asst (\$19,488)
- 1.0 FTE Occupational Therapist (\$15,924)
- 1.0 FTE Developmental Disability Specialist (\$13,376) – *Transfer to Crisis Mobile Team*
- 1.0 FTE BH Clinical Psychologist I (\$16,506) - *Transfer to Crisis Mobile Team*
- 1.0 FTE BH Clinical ProgDir Psychology (\$26,444) - *Transfer to Crisis Mobile Team*

The downsizing and closure will result in a savings of \$768,601 including personnel, dietary, pharmacy, security other expenditure reductions and reduced patient revenue. These phased in 2014 reductions result in a total annual reduction of 67 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 2015.

As part of this initiative, BHD plans to expand the Crisis Mobile Team and invest in a new Community Consultation Team, which are detailed below in the Adult Crisis Services area. In addition, the Disabilities Services Division (in Org 8000 narrative) is investing in a new Crisis Resource Center to help support the transition of individuals who relocate from the CID.

## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

### **Rehabilitation Center – Central**

**(\$591,367)**

In 2014, BHD will reduce the number of licensed beds in Rehabilitation Center-Central by a total of 24. The Division will work closely with Family Care and Services and Access to Independent Living (SAIL) to secure community placements for 24 clients by July 1, 2014.

As a result of the downsizing, the following positions are abolished on the dates indicated below. The reductions reflect the annualized impact to FTEs while the savings shown in parentheses is the fiscal impact in 2014:

Positions abolished as of July 1, 2014:

- 8.5 FTE Nursing Asst 1 MH (\$204,000)
- 4.5 FTE Psych LPN MHC (\$143,708)
- 4.0 FTE RN 1 (\$177,884)
- 1.0 FTE RN 2 – MH (\$44,462)
- 1.0 FTE Music Therapist (\$48,624)
- 1.0 FTE Psych Social Worker (\$40,860)

The downsizing will result in a savings of \$591,367 including personnel, dietary, pharmacy, security, other expenditure reductions and reduced patient revenue. These mid-year 2014 reductions result in a total annual reduction of 20 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 2015.

As part of this initiative, BHD plans to increase funding for Community Support Program (CSP) slots and other community based services within the Adult Community Services Branch, as detailed below. In addition, the Housing Division (in Org 8000 narrative) is investing in a new scattered site housing initiative aimed at clients moving out of Central into the community.

### **Care Management Organization Revenue**

**\$825,000**

In 2013, BHD included \$1,106,715 in Care Management Organizations (CMO) revenue for support of clients in the Center for Independence and Development and Rehabilitation Center-Central. BHD worked with the CMOs and the State in 2013 to achieve this revenue but, based on the existing rate structure and the closure of the BHD long term care units, it was determined that this revenue should be reduced by \$825,000 to a total of \$281,715.

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

#### ***Inpatient Downsizing***

**(\$462,676)**

In response to declining census, partnerships with other community hospital providers and recommendations from the Mental Health Redesign Task Force, one of the Acute Treatment Units closed in December 2012. The configuration of the remaining Acute Adult Inpatient Units includes one 24-bed Women's Treatment Unit, one 18-bed Intensive Treatment Unit, and one 24-bed Acute Treatment Unit. In 2014, BHD is proposing to close an additional 12 beds effective April 1, 2014. This initiative will result in savings of \$462,676 including personnel, dietary, pharmacy, other expenditures and reduced patient revenue.

The following positions are abolished as of April 1, 2014. The FTE reductions reflect the annualized impact to FTEs while the savings shown in parentheses is the fiscal impact in 2014.

- 1.0 FTE Nursing Asst MH Pool (\$28,844)
- 6.0 FTE Nursing Asst 1 MH (\$220,344)
- 4.0 FTE RN 1 (\$266,784)
- 1.0 FTE RN 2 – MH (\$64,026)
- 1.0 FTE BH Staff Psychiatrist (\$167,319)
- 1.0 FTE Psych Social Worker (\$59,066)
- 1.0 FTE BH Clinical Program Dir Psychology (\$107,406)

## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

These reductions result in a total annual reduction of 15 FTEs. The full impact of the savings will be realized in 2015.

### ***Future of Children and Adolescent Inpatient Services***

**\$0**

In 2014 BHD will conduct a thorough review of the fiscal and programmatic impacts and available community options related to a possible outsourcing of the Child and Adolescent inpatient unit in 2015. If deemed appropriate, BHD will develop a Request for Proposals to solicit information regarding community capacity for a child and adolescent unit.

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

#### ***Overview***

The budget initiatives for 2014 are the outcome of a survey of providers conducted by the Mental Health Taskforce and several listening sessions hosted by the managers of the Community Services Branch (CSB) held throughout the community in early 2013. The decisions of where and how to invest in expanding the continuum of care were informed by members of the community including advocates, peers, mental health providers, substance use disorder providers, faith based partners and the prevention coalition.

#### ***Community Support Program Outsourcing***

**(\$387,351)**

As of March 1, 2014, BHD proposes to outsource the caseload currently covered by BHD's Community Support Program (CSP) – Downtown and Southside locations and have all 337 caseloads assumed by community providers through a competitively bid purchase of service contract. The initiative will produce savings of \$387,351 including personnel, other expenditures and revenue reductions. This overall savings includes \$1,488,806 for the purchase of community slots, including a cost of living increase for providers and implementation of the Assertive Community Treatment (ACT)/Integrated Dual Disorder Treatment (IDDT) models, as detailed below.

The following CSP staff positions will be abolished as of April 1, 2014. The FTE reductions reflect the annualized impact to FTEs while the savings shown in parentheses is the fiscal impact in 2014.

#### **CSP - Downtown**

- 1.0 FTE Office Supp Asst 2 (\$41,084)
- .50 FTE RN Pool (\$34,272)
- 2.0 FTE Comm Service Nurse (PR18N) (\$150,660)
- .50 FTE Adv Prac Nurse Prescriber-Pool (\$0)
- .50 FTE Adv Prac Nurse Prescriber (\$38,476)
- .50 FTE BH Staff Psychiatrist (\$88,192)
- 4.0 FTE Cert Occ Therapy Asst (\$180,728)
- 6.0 FTE Occupational Therapist (\$406,244)
- 1.0 FTE Comm Supp Prog Coord (\$76,234)
- 3.0 FTE Psych Soc Wkr (\$163,842)
- 1.0 FTE Psych Soc Wkr CSP (\$59,066)

#### **CSP - Southside**

- 1.0 FTE Office Supp Asst 2 (\$41,084)
- 1.0 FTE Clerical Asst 1 (\$35,814)
- .50 FTE RN Pool (\$34,272)
- 2.0 FTE Comm Service Nurse (PR18N) (\$147,118)
- .50 FTE Adv Prac Nurse Prescriber-Pool (\$0)
- .50 FTE Adv Prac Nurse Prescriber (\$38,476)
- .50 FTE BH Staff Psychiatrist (\$91,114)
- 5.0 FTE Cert Occ Therapy Asst (\$223,102)
- 8.0 FTE Occupational Therapist (\$529,592)

## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

- 1.0 FTE Comm Supp Prog Coord (\$76,224)
- 4.0 FTE Psych Soc Wkr (\$239,548)
- 1.0 FTE Psych Soc Wkr CSP (\$61,270)

These April 1 reductions result in a total annual reduction of 45 FTE. The full impact of the savings will be realized in 2015.

### ***Evidenced-Based Treatment Model Implementation & Cost of Living Increase*** **\$949,862**

In 2014, BHD plans to dedicate \$389,200 to add ACT/Integrated Dual Disorder Treatment (IDDT) models to the existing CSP programs to improve and expand services for clients enrolled in that program. Both ACT and IDDT are evidence-based treatment approaches in working with individuals with a serious mental illness and a co-occurring substance use disorder. This fidelity based national model utilizes intensive treatment teams to address the behavioral health, physical health, vocational, rehabilitation and social supports needs of clients. All of these services are provided at the same time by one program with the goal of helping individuals achieve and maintain recovery.

In addition, due to CSP providers being level funded since 2000, a cost of living adjustment of \$560,662 is included to align services with actual costs. BHD will continue to review and consider COLA increases for other service areas in future years.

### ***Crisis Resource Center Funding Alignment*** **(\$350,000)**

In 2013, BHD included \$1.1 million in funding for two Crisis Resource Centers (CRC) – one located on Milwaukee's south side and the other located on Milwaukee's north side. The CRCs provide early intervention and short-term, intensive, community-based services to avoid the need for hospitalization. The CRCs operate under the county's DHS 34 license for the delivery of crisis services and programs. The services offered in the CRCs are reimbursable under Medicaid. Funding for this program is reduced by \$350,000 to a total of \$750,000 to account for the billable per diem rate allowable under Medicaid and to more closely align the funding for both of the CRCs in the County. This will not result in decreased services or number of beds.

### ***Southside Access Clinic*** **\$250,000**

In 2012, there was a 61 percent increase in the number of new patients served in the BHD Access Clinic (mental health outpatient clinic for individuals without insurance), and a 34 percent increase in the overall number of patients served. This large increase demonstrates a need for both psychiatric assessment and outpatient therapy as provided through the Mental Health Outpatient Services (MHOP). In July 2014, BHD is proposing to create an additional Access Clinic on the Southside of Milwaukee to help meet increased demand and also to address community needs by having a second location for services that individuals can more easily access. Creation of a second clinic location is in accordance with the goals of the Mental Health Redesign efforts.

### ***Peer Services Expansion*** **\$343,000**

In 2014, BHD is including \$200,000 in funding for the creation of a peer run drop-in center that would primarily operate in the evenings and on weekends. In addition, BHD plans to increase the existing peer services contracts by \$143,000 to better align services with actual costs. The increased funding will result in expanded service provision to peers and is a result of input from community stakeholders.

### ***Community Recovery Services (CRS) Expansion*** **\$275,000**

In 2013, BHD developed a plan to implement CRS, which is a co-participation benefit for individuals with a severe and persistent mental illness that connects clients to necessary recovery services to promote independence. Services include supported employment, housing and the utilization of peers as providers. In 2014, BHD will continue to grow CRS including the creation of the following positions:

- 1.0 FTE Fiscal Specialist \$52,878
- 1.0 Admin Coordinator BH \$78,750
- 1.0 FTE Integrated Services Coordinator \$91,304

## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

In total, including the costs of the new positions and additional services, expenditures for this program increase by \$1,870,682. This is off-set by \$1,595,682 in anticipated revenue. The \$275,000 in tax levy dedicated to this program is for start-up costs. BHD anticipates that through successful revenue collection efforts, a risk reserve can be established, pending approval from the Comptroller's Office, County Executive and County Board, and that eventually this program will be levy neutral. CRS adds many essential services to the continuum of care and is consistent with the Mental Health Redesign goals.

***Community Comprehensive Services (CCS)*** **\$0**

A component of the Governor's 2013-2015 Mental Health Initiative is the statewide expansion of the Comprehensive Community Services (CCS) Medicaid psychosocial rehabilitation benefit. Under the Governor's proposal, the Medical Assistance (MA) program would reimburse a county for both the non-federal and the federal share of the MA allowable CCS costs if the county agrees to provide the benefit on a regional basis according to criteria (yet to be) established by the State Department of Health Services. BHD plans to apply for this benefit, which would begin in July 2014.

***Case Management Expansion*** **\$125,000**

In 2013, BHD, through the use of one-time funds, expanded case management services by adding slots to the Targeted Case Management (TCM) program. In 2014, this investment is maintained.

***Families Moving Forward and Latino Community Investment*** **\$195,000**

For people of color seeking behavioral health services, the quality of the services they receive may be negatively affected by the lack of cultural sensitivity in service delivery. This initiative is designed to specifically address the needs of African American and Latino consumers and families through the delivery of various behavioral health preventative intervention strategies and treatment approaches that are culturally specific and delivered in a culturally responsive manner.

***Investments for Rehab Centers – Central Clients*** **\$597,162**

In 2014, the Community Services Branch will work closely with the Rehab-Centers Central team to assist in moving clients from Central into appropriate community placements. To achieve this, BHD has included \$88,356 for 20 additional CSP slots, \$276,250 for group home beds and \$232,556 for additional supports such as adult family homes and other needed services for a total investment of \$597,162.

***Crisis Billing Expansion*** **(\$225,000)**

In 2013, BHD began billing for various crisis services provided within the Community Services Branch. As a result, \$225,000 in additional revenue is included in the 2014 budget which is based on actual experience.

***Reduction to Outpatient Contracts*** **(\$250,000)**

In 2014, BHD will reduce outpatient contracts based on the Governor's BadgerCare expansion that will allow more individuals who were previously uninsured to have access to Medicaid health insurance coverage. In addition, BHD plans to explore transitioning the existing outpatient providers to a fee for service network.

***Pathways to Permanent Housing*** **(\$276,250)**

In 2013, the Housing Division worked on a new initiative called the Pathways To Permanent Housing program. This program provides transitional housing including intensive care management and the presence of a robust level of peer specialist resources and expertise. In the 2014 Budget, \$276,250 is transferred from BHD to Housing to reflect the support provided by BHD for this program.

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

***Housing Pilot for AODA/TCM*** **\$100,000**

In 2014, in partnership with the Division of Housing, BHD plans to offer a new housing pilot program specifically aimed at AODA clients. The program is expected to provide a safe living environment coupled with Targeted

## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

Case Management (TCM) services for individuals who are in the early stages of recovery from a substance use disorder.

### **ATR Grant Reductions**

**\$0**

Since 2004, Milwaukee County has received a federal discretionary grant called Access to Recovery (ATR) that has served as the financial structural support for the Wiser Choice voucher network for treatment and recovery support services for individuals with a substance use disorder. This grant funding is scheduled to end in September 2014, which could result in a loss of \$3.2 million annually. In 2014, BHD will develop a long-term funding strategy to address the anticipated loss of funding. The 2014 Budget includes decreased revenue and the related expenditures for the last quarter of 2014 which result in no levy change but will significantly impact services. This program enrolls an average of 300 clients per month.

### **Aids Resource Center of Wisconsin**

**(\$100,000)**

An appropriation of \$100,000 for HIV prevention services is eliminated for the Aids Resource Center of Wisconsin (ARCW). This decision was made based on a continued focus of investing in services directly related to BHD's mission.

## **Child and Adolescent Community Services**

### **Overview and Slot Delineation**

**\$8,024**

The Wraparound Milwaukee Program, as a special managed care or HMO model, delivers behavioral health and supportive services to children with severe emotional and mental health needs and their families. In 2014, daily enrollment in Wraparound Milwaukee is projected to significantly increase by approximately 150 youth to over 1,200 families. The continual increase in enrollments is primarily due to the increases in the voluntary REACH program and also due to the removal of the Medicaid enrollment cap in the Wraparound HMO.

The increase in enrollment results in over \$12.2 million in additional client expenditures, which is off-set by revenues for behavioral health services provided by Wraparound. In addition, overall expenditures are increased to reflect actual experience and to cover the cost of maintenance and equipment for the program. This increase in expenditures is completely off-set by a corresponding increase in the capitation and crisis payments from Medicaid, along with additional increases in state Child Welfare payments.

### **Position Changes**

**\$0**

To better meet the needs of the Wraparound Milwaukee program, 1.0 FTE of Clinical Program Manager is created, at a cost including salary, social security, and active fringe benefits of \$94,606. The position will be responsible for providing clinical oversight of the growing number of high risk juvenile sex offenders and other delinquent youth with serious emotional needs (now over 200). The position will also assist in the design and implementation of more evidence-based practices among provider agencies, as well as develop some additional evaluation studies around monitoring reduction in recidivism and improved clinical functioning. This position is 100 percent offset with Medicaid revenue.

## **Adult Crisis Services**

### **Community Consultation Team (CCT; DD-MH Mobile Team)**

**\$247,452**

In 2014, BHD will establish a new Community Consultation Team (CCT). The goal of the CCT will be to provide individuals with developmental disabilities with services in the community as a way to support their community placements, and thereby reduce the need for admissions to higher levels of care such as emergency room visits and hospitalizations. The primary focus of CCT will be to provide: support to individuals who are transitioning from the Center for Independence and Development (CID) (formerly Hilltop) to the community; support to their providers; staff consultation and development for providers; and crisis services. Once the CID closure is complete, the team will focus on crisis services and continued educational programming for service providers to successfully support these individuals in their placements and address the needs of the DD-MH population. The following position actions result from this initiative:

## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

- Fund 1.0 FTE RN 2 – MH \$74,070
- Create 1.0 FTE Clinical Psychologist III \$117,060
- Transfer 1.0 FTE Developmental Disability Specialist \$13,376 – *Transfer from CID*
- Transfer 1.0 FTE BH Clinical Psychologist I \$16,506 - *Transfer from CID*
- Transfer 1.0 FTE BH Clinical ProgDir Psychology \$26,444 - *Transfer from CID*

### **Milwaukee Police Department (MPD) Crisis Mobile Team** **\$115,327**

In an effort to meet the Mental Health Redesign goal to decrease Emergency Detentions (ED's) in Milwaukee County, a MPD Crisis Mobile Team was created in 2013. The team allows clinicians to work directly with law enforcement in serving as first responders to ED calls. The goal of this team is to find alternative ways to help individuals in crisis stabilize in the community, ultimately reducing involuntary treatment ED's. In 2014, this team is expanded with the creation of 1.0 FTE Behavioral Health Emergency Service Clinician for a total cost of \$78,750 and a contract with MPD for two dedicated police officers. This contract was begun in mid-2013 and is continued for a full year in 2014 at an increased cost of \$36,577.

### **Chapter 55 Investment** **\$200,000**

In 2014, BHD, in coordination with the Department on Aging and the Disabilities Services Division, will work to create a pilot program to address the County's responsibility under Chapter 55 of the Wisconsin Statutes in the Milwaukee community. The goal is to create a 24/7 crisis intervention team to assess the behavioral health, medical and cognitive needs of elderly individuals in Milwaukee County. Some of the primary responsibilities of the crisis intervention team would be to provide comprehensive assessments, including cognitive abilities and limitations, provide crisis interventions as needed, implement plans of care, make referrals for services and provide educational services to family members and/or providers when available.

### **Crisis Services Coordinator** **\$94,606**

In 2014, 1.0 FTE Psychiatric Crisis Services Coordinator is created for a cost of \$94,606. This supervisory position is needed to assist with the initiatives previously mentioned above, the expansion of the Mental Health Outpatient Services Access Clinic (see Adult Community Services narrative) and monitoring of existing initiatives such as the Community Linkages and Stabilization Program (CLASP).

### **Position Changes** **(\$226,052)**

The following vacant positions are abolished in 2014 to reflect actual needs of the Crisis Services area:

- 1.5 FTE Human Service Worker (\$81,888)
- 2.0 Psychiatric Social Worker (\$144,164)

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

#### **Revenue and Expenditure Changes Based on Actuals** **\$103,037**

Budgeted revenues and expenditures are reconciled with actuals and adjusted accordingly for a cost of \$103,037, including various contract and commodity reductions that result in savings of \$137,580 offset by a decrease in refund and fee revenue of \$240,617.

#### **EMS Fees** **\$0**

In general, American Heart Association (AHA) and EMS course fees to the public remains unchanged from their 2012 levels. The two exceptions are a \$50 increase to a total fee of \$350 for the National Registry Exam – Practical portion and a \$10 increase to a total fee of \$50 for the Practical Retakes. In addition, the Paramedic Refresher Course will cost \$19 per hour and the Observational Ride Along will no longer be offered.

#### **EMS Subsidy to Local Municipalities** **(\$500,000)**

The EMS subsidy paid to specific Milwaukee County municipalities is reduced by \$500,000 to \$1,500,000 for 2014 to reflect the four-year EMS agreement with municipalities.



## REQUESTED 2014 BUDGET

DEPT: DHHS - Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

---

### *EMS Position Adjustments*

**\$81,492**

In 2013, as part of the new EMS agreements with municipalities, EMS initiated performance measures. As a result, additional staff is necessary to properly review patient care records, analyze patient outcomes and provide expanded EMS classes for contracting municipalities. The following position changes are included in the budget for a net cost of \$81,492:

- Abolish .50 FTE Paramedic Trainer Hourly (\$19,346)
- Create .80 FTE EMS Instructor Hourly \$46,244
- Create 1 FTE QA Specialist EMS \$54,594

**REQUESTED 2014 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>
878	MHD – Research Fund	\$216,691
	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
879	MHD – Patient Activities and Special Events	\$95,654
	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 2014 BUDGET**

**DEPT: DHHS - Behavioral Health Division**

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

<b>BUDGET SUMMARY</b>				
Account Summary	2012 Actual	2013 Budget	2014 Budget	2013/2014 Change
Personal Services (w/o EFB)	\$ 47,631,778	\$ 46,512,666	\$ 40,708,476	\$ (5,804,190)
Employee Fringe Benefits (EFB)	30,056,096	31,542,707	30,670,851	(871,856)
Services	19,918,651	20,121,254	18,087,964	(2,033,290)
Commodities	5,961,657	6,145,861	5,227,885	(917,976)
Other Charges	74,720,450	75,385,251	92,734,616	17,349,365
Debt & Depreciation	0	0	0	0
Capital Outlay	642,502	476,875	379,648	(97,227)
Capital Contra	0	0	0	0
County Service Charges	40,896,089	43,831,080	38,363,676	(5,467,404)
Abatements	(35,052,770)	(47,012,293)	(42,462,559)	4,549,734
<b>Total Expenditures</b>	<b>\$ 184,774,453</b>	<b>\$ 177,003,401</b>	<b>\$ 183,710,557</b>	<b>\$ 6,707,156</b>
Direct Revenue	61,353,132	59,556,136	64,461,178	4,905,042
State & Federal Revenue	54,772,683	54,364,995	56,533,125	2,168,130
Indirect Revenue	10,309,375	0	0	0
<b>Total Revenue</b>	<b>\$ 126,435,189</b>	<b>\$ 113,921,131</b>	<b>\$ 120,994,303</b>	<b>\$ 7,073,172</b>
<b>Direct Total Tax Levy</b>	<b>58,339,264</b>	<b>63,082,270</b>	<b>62,716,254</b>	<b>(366,016)</b>

<b>PERSONNEL SUMMARY</b>				
	2012 Actual	2013 Budget	2014 Budget	2013/2014 Change
<b>Position Equivalent (Funded)*</b>	<b>808.4</b>	<b>801.0</b>	<b>684.2</b>	<b>(116.8)</b>
<b>% of Gross Wages Funded</b>	<b>91.5</b>	<b>92.7</b>	<b>92.6</b>	<b>(0.1)</b>
<b>Overtime (Dollars)</b>	<b>\$ 3,393,523</b>	<b>\$ 3,136,764</b>	<b>\$ 2,555,616</b>	<b>\$ (581,148)</b>
<b>Overtime (Equivalent to Position)</b>	<b>67.0</b>	<b>62.8</b>	<b>49.5</b>	<b>(13.3)</b>

\* For 2012 actuals, the Position Equivalent and the Percentage of Gross Wages Funded are the budgeted amounts.

**REQUESTED 2014 BUDGET**

**DEPT: DHHS - Behavioral Health Division**

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

<b>PERSONNEL CHANGES</b>						
<b>Job Title/Classification</b>	<b>Title Code</b>	<b>Action</b>	<b># of Positions</b>	<b>Total FTE</b>	<b>Division</b>	<b>Cost of Positions (Salary Only)</b>
RN 3 MH	44570	Abolish	(7)	(6.50)	Nursing Admin	(\$477,420)
Nursing Prog Coordinator	45110	Create	1	1.00	Nursing Admin	\$82,624
Nursing Prog Coordinator	45110	Create	1	1.00	Acute Adult Inpatient	\$82,624
Nursing Prog Coordinator	45110	Create	1	1.00	CID (formerly Hilltop)	\$82,624
Nursing Prog Coordinator	45110	Create	1	1.00	Psychiatric Crisis Services	\$82,624
Nursing Program Coord	45110	Create	1	1.00	Child & Adolescent Inpatient	\$82,624
Adv. Practice Nurse Prescriber	45760	Create	1	1.00	Psychiatry Admin	\$0
Clerical Asst 1	42	Abolish	(1)	(1.00)	CID (formerly Hilltop)	(\$29,638)
Clerical Asst 2 <sup>3</sup>	45	Abolish	(1)	(0.14)	CID (formerly Hilltop)	(\$5,492)
Unit Clerk <sup>1</sup>	2000	Abolish	(1)	(0.67)	CID (formerly Hilltop)	(\$18,740)
Unit Clerk <sup>3</sup>	2000	Abolish	(1)	(0.08)	CID (formerly Hilltop)	(\$2,430)
Nursing Asst 1 MH <sup>1</sup>	43840	Abolish	(17)	(11.00)	CID (formerly Hilltop)	(\$317,262)
Nursing Asst 1 MH <sup>3</sup>	43840	Abolish	(20)	(3.33)	CID (formerly Hilltop)	(\$98,694)
Psych LPN MHC <sup>1</sup>	43890	Abolish	(3)	(2.13)	CID (formerly Hilltop)	(\$94,444)
Psych LPN MHC <sup>3</sup>	43890	Abolish	(3)	(0.47)	CID (formerly Hilltop)	(\$19,352)
RN 1 <sup>1</sup>	44500	Abolish	(2)	(1.53)	CID (formerly Hilltop)	(\$96,960)
RN 1 <sup>3</sup>	44500	Abolish	(4)	(0.60)	CID (formerly Hilltop)	(\$38,026)
RN 2 - MH <sup>1</sup>	44540	Abolish	(1)	(0.67)	CID (formerly Hilltop)	(\$45,868)
RN 2 - MH <sup>3</sup>	44540	Abolish	(1)	(0.10)	CID (formerly Hilltop)	(\$6,844)
Nursing Prog Coordinator <sup>3</sup>	45110	Abolish	(1)	(0.17)	CID (formerly Hilltop)	(\$14,050)
Adv Prac Nurse Prescriber <sup>3</sup>	45760	Abolish	(1)	(0.08)	CID (formerly Hilltop)	(\$7,284)
BH Staff Psychiatrist <sup>3</sup>	50772	Abolish	(1)	(0.08)	CID (formerly Hilltop)	(\$15,790)
Cert Occ Therapy Asst	53290	Abolish	(1)	(1.00)	CID (formerly Hilltop)	(\$39,168)
Cert Occ Therapy Asst <sup>1</sup>	53290	Abolish	(2)	(1.33)	CID (formerly Hilltop)	(\$52,090)
Cert Occ Therapy Asst <sup>3</sup>	53290	Abolish	(2)	(0.33)	CID (formerly Hilltop)	(\$12,586)
Occupational Therapist	53460	Abolish	(1)	(1.00)	CID (formerly Hilltop)	(\$70,378)
Occupational Therapist <sup>3</sup>	53460	Abolish	(1)	(0.17)	CID (formerly Hilltop)	(\$11,454)
Developmental Disability Spec	53920	Abolish	(1)	(1.00)	CID (formerly Hilltop)	(\$57,260)
Music Therapist	53960	Abolish	(1)	(0.50)	CID (formerly Hilltop)	(\$35,194)
Nursing Asst 1 MH <sup>2</sup>	43840	Abolish	(9)	(4.25)	Rehab Center - Central	(\$122,552)
Psych LPN MHC <sup>2</sup>	43890	Abolish	(5)	(2.25)	Rehab Center - Central	(\$95,012)
RN 1 <sup>2</sup>	44500	Abolish	(4)	(2.00)	Rehab Center - Central	(\$126,752)
RN 2 - MH <sup>2</sup>	44540	Abolish	(1)	(0.50)	Rehab Center - Central	(\$31,688)
Music Therapist <sup>2</sup>	53960	Abolish	(1)	(0.50)	Rehab Center - Central	(\$35,194)
Psych Social Worker <sup>2</sup>	56900	Abolish	(1)	(0.50)	Rehab Center - Central	(\$28,634)

**REQUESTED 2014 BUDGET**

**DEPT: DHHS - Behavioral Health Division**

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

<b>Job Title/Classification</b>	<b>Title Code</b>	<b>Action</b>	<b># of Positions</b>	<b>Total FTE</b>	<b>Division</b>	<b>Cost of Positions (Salary Only)</b>
Nursing Asst MH Pool <sup>4</sup>	43820	Abolish	(1)	(0.75)	Acute Adult Inpatient	(\$26,792)
Nursing Asst 1 MH <sup>4</sup>	43840	Abolish	(6)	(4.50)	Acute Adult Inpatient	(\$133,392)
RN 1 <sup>4</sup>	44500	Abolish	(4)	(3.00)	Acute Adult Inpatient	(\$190,128)
RN 2 - MH <sup>4</sup>	44540	Abolish	(1)	(0.75)	Acute Adult Inpatient	(\$45,272)
BH Staff Psychiatrist <sup>4</sup>	50772	Abolish	(1)	(0.75)	Acute Adult Inpatient	(\$133,482)
Psych Social Worker <sup>4</sup>	56900	Abolish	(1)	(0.75)	Acute Adult Inpatient	(\$41,090)
BH Clinical Program Dir Psych <sup>4</sup>	57093	Abolish	(1)	(0.75)	Acute Adult Inpatient	(\$81,884)
Occupational Therapist Pool	53440	Create	1	0.50	Acute Adult Inpatient	\$30,832
Music Therapist	53960	Create	1	0.50	Acute Adult Inpatient	\$29,508
Office Supp Asst 2 <sup>4</sup>	00007	Abolish	(1)	(0.75)	Comm Support Downtown	(\$25,910)
RN Pool <sup>4</sup>	44510	Abolish	(1)	(0.38)	Comm Support Downtown	(\$31,832)
Comm Service Nurse (PR18N) <sup>4</sup>	44611	Abolish	(2)	(1.50)	Comm Support Downtown	(\$109,632)
Adv Prac Nurse Prescr Pool <sup>4</sup>	45750	Abolish	(1)	(0.38)	Comm Support Downtown	\$0
Adv Prac Nurse Prescr <sup>4</sup>	45760	Abolish	(1)	(0.38)	Comm Support Downtown	(\$28,040)
BH Staff Psychiatrist <sup>4</sup>	50772	Abolish	(1)	(0.38)	Comm Support Downtown	(\$70,000)
Cert Occ Therapy Asst <sup>4</sup>	53290	Abolish	(4)	(3.00)	Comm Support Downtown	(\$117,504)
Occupational Therapist <sup>4</sup>	53460	Abolish	(6)	(4.50)	Comm Support Downtown	(\$290,286)
Comm Support Prog Coord <sup>4</sup>	56661	Abolish	(1)	(0.75)	Comm Support Downtown	(\$55,582)
Psych Soc Worker <sup>4</sup>	56900	Abolish	(3)	(2.25)	Comm Support Downtown	(\$111,988)
Psych Soc Worker CSP <sup>4</sup>	56996	Abolish	(1)	(0.75)	Comm Support Downtown	(\$41,090)
Office Supp Asst 2 <sup>4</sup>	00007	Abolish	(1)	(0.75)	Comm Support South	(\$25,910)
Clerical Asst 1 <sup>4</sup>	00042	Abolish	(1)	(0.75)	Comm Support South	(\$21,468)
RN Pool <sup>4</sup>	44510	Abolish	(1)	(0.38)	Comm Support South	(\$31,832)
Comm Service Nurse (PR18N) <sup>4</sup>	44611	Abolish	(2)	(1.50)	Comm Support South	(\$106,646)
Adv Prac Nurse Prescr Pool <sup>4</sup>	45750	Abolish	(1)	(0.38)	Comm Support South	\$0
Adv Prac Nurse Prescr <sup>4</sup>	45760	Abolish	(1)	(0.38)	Comm Support South	(\$28,040)
BH Staff Psychiatrist <sup>4</sup>	50772	Abolish	(1)	(0.38)	Comm Support South	(\$72,454)
Cert Occ Therapy Asst <sup>4</sup>	53290	Abolish	(5)	(3.75)	Comm Support South	(\$144,504)
Occupational Therapist <sup>4</sup>	53460	Abolish	(8)	(6.00)	Comm Support South	(\$376,896)
Comm Support Prog Coord <sup>4</sup>	56661	Abolish	(1)	(0.75)	Comm Support South	(\$55,572)
Psych Soc Worker <sup>4</sup>	56900	Abolish	(4)	(3.00)	Comm Support South	(\$167,116)
Psych Soc Worker CSP <sup>4</sup>	56996	Abolish	(1)	(0.75)	Comm Support South	(\$42,948)
Fiscal Spec	04042	Create	1	1.00	Comm Recovery Services	\$32,946
Adm Coord BH	45135	Create	1	1.00	Comm Recovery Services	\$54,780
Integrated Service Coord	57761	Create	1	1.00	Comm Recovery Services	\$65,376
Clinical Program Manager	Z0007	Create	1	1.00	Wraparound Services	\$68,168

**REQUESTED 2014 BUDGET**

**DEPT: DHHS - Behavioral Health Division**

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

<b>Job Title/Classification</b>	<b>Title Code</b>	<b>Action</b>	<b># of Positions</b>	<b>Total FTE</b>	<b>Division</b>	<b>Cost of Positions (Salary Only)</b>
Human Serv Worker	56300	Abolish	(1)	(1.00)	Legal Services	(\$55,104)
Pharmacy Services Dir	52650	Unfund	(1)	(1.00)	Pharmacy	(\$94,262)
Nursing Prog Coordinator	45110	Abolish	(1)	(1.00)	Nursing Admin	(\$82,624)
RN 2 - Staff Development	44770	Abolish	(1)	(1.00)	Education	(\$66,092)
Admin Coord - Training	45132	Abolish	(1)	(1.00)	Education	(\$53,714)
Distribution Asst	06625	Abolish	(1)	(1.00)	Clerical Pool	(\$26,936)
Admin Spec - MH NR	00079	Abolish	(1)	(1.00)	Facilities Maintenance	(\$38,272)
Hosp Maint Wrkr MHC	13370	Abolish	(1)	(1.00)	Facilities Maintenance	(\$38,154)
Emerg Mgmt Coord	35655	Abolish	(1)	(1.00)	Facilities Maintenance	(\$58,404)
Safety & Train Spec Hospital	41346	Abolish	(1)	(1.00)	Housekeeping	(\$51,026)
Housekeeper 1 NR	14410	Abolish	(1)	(1.00)	Linen	(\$35,300)
Clothing Supply Clk 1	16250	Abolish	(1)	(1.00)	Linen	(\$28,364)
Accounting Manager	04605	Abolish	(1)	(1.00)	Fiscal Admin	(\$65,232)
Fiscal Asst 2	04041	Abolish	(1)	(1.00)	Fiscal Services	(\$38,130)
Clerical Asst 1	00042	Abolish	(1)	(1.00)	Admissions	(\$33,688)
Staffing Assistant	51615	Abolish	(1)	(1.00)	Staffing Office	(\$38,742)
Staffing Assistant <sup>2</sup>	51615	Abolish	(1)	(0.50)	Staffing Office	(\$18,754)
Medical Records Supv	52060	Abolish	(1)	(1.00)	Staffing Office	(\$35,300)
Contract Serv Coord	55731	Transfer Out	(1)	(1.00)	Fiscal Admin	(\$65,376)
Payroll Asst	1541	Transfer Out	(2)	(2.00)	Personnel and Payroll	(\$70,048)
Qual Assur Coordinator <sup>2</sup>	58026	Create	1	0.50	Org Develop Admin	\$28,430
Qual Assur Coordinator	58026	Create	1	1.00	Psychiatric Crisis Services	\$56,870
Human Serv Worker	56300	Abolish	(1)	(1.00)	Psychiatric Crisis Services	(\$34,402)
Human Serv Worker MH	56630	Abolish	(1)	(0.50)	Psychiatric Crisis Services	(\$17,196)
Psych Social Worker	56900	Abolish	(2)	(2.00)	Psychiatric Crisis Services	(\$98,308)
Psych Social Worker Pool	56941	Create	1	1.00	Psychiatric Crisis Services	\$49,154
BH Emerg Services Clinician	59025	Create	1	1.00	Mobile Team	\$54,780
Psych Crisis Serv Coord	56965	Create	1	1.00	Access Clinic	\$68,168
RN 2 - MH	44540	Fund	1	1.00	DD-MH Mobile Team	\$50,832
BH Clinical Psychologist III	57093	Create	1	1.00	DD-MH Mobile Team	\$20,326
Paramed Train & Paramed Hr	54810	Abolish	(1)	(0.50)	EMS Training Program	(\$19,078)
EMS Instructor-Hourly	54821	Create	1	0.80	EMS Training Program	\$45,572
Qual Assur Spec EMS	58051	Create	1	1.00	EMS Para-Medical Records	\$34,402
			<b>(164)</b>	<b>(94.12)</b>	<b>Total:</b>	<b>(\$4,733,684)</b>

*Note: A total of 20 FTE are reduced in 2014 to reflect mid-year actions from 2013 for Acute and the CID. They are not included above.*

<sup>1</sup> Action taken as of May 1, 2014.

<sup>3</sup> Action taken as of Nov 1, 2014.

<sup>2</sup> Action taken as of July 1, 2014.

<sup>4</sup> Action taken as of April 1, 2014.

**REQUESTED 2014 BUDGET**

**DEPT: DHHS - Behavioral Health Division**

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

<b>ORGANIZATIONAL COST SUMMARY</b>					
<b>DIVISION</b>		<b>2012 Actual</b>	<b>2013 Budget</b>	<b>2014 Budget</b>	<b>2013/2014 Change</b>
Management / Support Services	Expenditure	\$ 2,155,196	\$ 1,292,227	\$ 968,614	\$ (323,612)
	Revenue	1,243,724	3,998,629	3,298,629	(700,000)
	Tax Levy	\$ 911,472	\$ (2,706,402)	\$ (2,330,015)	\$ 376,388
Inpatient Services: Nursing Facility Services	Expenditure	\$ 29,718,349	\$ 26,595,480	\$ 21,875,070	\$ (4,720,410)
	Revenue	10,386,917	10,269,809	6,283,577	(3,986,232)
	Tax Levy	\$ 19,331,432	\$ 16,325,671	\$ 15,591,493	\$ (734,178)
Inpatient Services: Acute Adult / Child Services	Expenditure	\$ 36,339,573	\$ 36,746,719	\$ 32,933,281	\$ (3,813,438)
	Revenue	14,068,113	10,718,143	10,182,118	(536,025)
	Tax Levy	\$ 22,271,460	\$ 26,028,576	\$ 22,751,163	\$ (3,277,413)
Adult Community Services	Expenditure	\$ 28,892,469	\$ 31,424,070	\$ 33,662,174	\$ 2,238,104
	Revenue	24,126,452	24,169,392	24,964,631	795,239
	Tax Levy	\$ 4,766,017	\$ 7,254,678	\$ 8,697,543	\$ 1,442,865
Child and Adolescent Services	Expenditure	\$ 46,043,307	\$ 37,953,467	\$ 50,174,264	\$ 12,220,797
	Revenue	48,298,089	38,308,168	50,578,659	12,270,491
	Tax Levy	\$ (2,254,782)	\$ (354,701)	\$ (404,395)	\$ (49,694)
Adult Crisis Services	Expenditure	\$ 18,757,074	\$ 20,200,965	\$ 21,555,403	\$ 1,354,438
	Revenue	12,525,507	11,340,126	10,711,680	(628,446)
	Tax Levy	\$ 6,231,567	\$ 8,860,839	\$ 10,843,723	\$ 1,982,884
Emergency Medical Services	Expenditure	\$ 5,537,552	\$ 7,096,943	\$ 6,661,367	\$ (435,576)
	Revenue	486,856	543,752	303,135	(240,617)
	Tax Levy	\$ 5,050,696	\$ 6,553,191	\$ 6,358,232	\$ (194,959)
AODA Services	Expenditure	\$ 17,330,933	\$ 15,693,530	\$ 15,880,383	\$ 186,853
	Revenue	15,299,531	14,573,112	14,671,874	98,762
	Tax Levy	\$ 2,031,402	\$ 1,120,418	\$ 1,208,509	\$ 88,091

*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 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."*