

MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Budget Summary

Category	2016 Budget	2016 Actual	2017 Budget	2018 Budget	2018/2017 Variance
Expenditures					
Personnel Costs	\$61,159,771	\$56,660,816	\$65,702,327	\$70,502,080	\$4,799,753
Operation Costs	\$125,570,216	\$120,167,708	\$139,925,997	\$143,344,767	\$3,418,770
Debt & Depreciation	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$1,129,000	\$626,059	\$267,000	\$505,500	\$238,500
Net Crosscharge/Abatement	\$346,358	\$3,168,730	\$1,425,800	(\$402,259)	(\$1,828,059)
Total Expenditures	\$188,205,345	\$180,623,313	\$207,321,124	\$213,950,088	\$6,628,964
<i>Legacy Healthcare/Pension</i>	\$14,650,070	\$15,532,133	\$16,652,007	\$21,158,253	\$4,506,246
Revenues					
Direct Revenue	\$76,900,443	\$89,559,346	\$109,400,204	\$113,313,225	\$3,913,021
Intergov Revenue	\$52,491,931	\$40,581,023	\$40,535,209	\$40,608,097	\$72,888
Total Revenues	\$129,392,374	\$130,140,369	\$149,935,413	\$153,921,322	\$3,985,909
Other					
Tax Levy	\$58,812,971	\$50,482,944	\$57,385,711	\$60,028,766	\$2,643,055
Impact on Reserves Increase/(Decrease)	\$1,124,658		-	(\$300,000)	
Personnel					
Full-Time Pos. (FTE)*	521.30	521.30	539.00	505.65	(33.35)
Seas/Hourly/Pool Pos.	22.69	22.69	14.60	29.25	14.65
Overtime \$	\$1,051,632	\$1,836,094	\$1,030,908	\$1,226,484	\$195,576

Department Vision: Together, creating healthy communities

Department Mission: Empowering safe, healthy and meaningful lives

Department Description: The Behavioral Health Division (BHD) consists of:

- Management and Support Services
- Psychiatric Crisis ER/Observation
- Adult and Child Acute Inpatient Services
- Community Services Branch
- Wraparound Milwaukee

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2018 expenditures for Community Services increase due to the following investments in Community Programs:

- Increases to the Comprehensive Community Service (CCS) Adult program with a projected enrollment of 1,100 by the end of 2018 and an increase of \$5.7m in annual spending.
- Increase to the Comprehensive Community Service (CCS) Children's program, administered by the BHD WRAP division, with a projected enrollment of 100 by the end of 2018 and expenditures of \$1.7m.
- BHD continues to support the partnership with the Milwaukee County Housing Division's initiative to end chronic homelessness with an investment of \$1.0m. This initiative was started on July 1, 2015, and has served over 200 individuals as of June 2017.
- \$1.3m investment in Electronic Medical Records Optimization
- \$0.7m for investment in AODA residential services to ensure high quality and accessible treatment to residents.
- The newly created Intensive Outpatient Program will complement Milwaukee County's Day Treatment program by providing services to a similar population with shorter lengths of stay at a tax levy savings of \$0.6m.
- \$0.1m investment in transportation to ensure clients in need have transportation to make clinical appointments.
- \$0.2m investment to fund the exploration, design, and future implementation of a peer run respite.
- \$0.1m to fund a police officer in West Allis to create a CART team.
- BHD is investing \$0.4M to support the integrated system and practice model to transform our system to one in which we will identify, access, enroll, and serve participants and their families in all programs and services available in a coordinated and integrated manner, regardless of where or how they enter our department. This model will yield better outcomes, and in turn, healthier communities.

A centralized **Behavioral Health Division Quality Management Services** department will be strengthened in 2018 to assure ongoing excellence in the quality and safety of care and services delivered as well as those services purchased. We will define quality as a collective measure of excellence in BHDs (and our network) systems, processes, staff and provider performance, decisions, and human interactions. The overarching organizational aim we are undertaking in this and the next quality plan biennium is to align our Quality Program Structure, Management and Knowledge Base to a customer-driven, performance based, innovation rewarding and self-learning paradigm. BHD, our staff, vendors and the Milwaukee County Mental Health Board (MCMHB) will continue to demonstrate a commitment to improving the health of patients and ultimately our community.

To truly transform into a healthcare system of high reliability, client satisfaction, quality and safety, the Behavioral Health Division will engage in purposeful activities in support of a **Quality Journey**. Mental Health Board governance and BHD Leadership remain committed to quality care and services, including increasing efforts to delineate contract performance expectations and increased monitoring, fostering a culture of safety, and supporting a continuous learning environment with an on-going emphasis on performance improvement. Efforts to centralize BHD quality-related functions with an emphasis on enhanced community services and client outcomes, delineated by measurement goals and benchmarks, are hallmarks of these continued efforts. Plans to eliminate barriers and individual program silos in favor of an integrated system of quality care and coordinated quality activities are currently underway. The goals include strengthening the quality approach to increase operational efficiency, support an environment of safety, reduce cost and create a healthcare system where a client is better cared for throughout the service continuum.

The **BHD Quality Plan 2017- 2018** will continue to serve as the Behavioral Health Division's roadmap and strategic blueprint. We will accomplish this by continually measuring (monitoring) and improving the effectiveness and excellence of care and organizational operations. Our ultimate goal is to provide care and services that are safe, effective, patient oriented, timely, efficient and equitable, and in so doing provide a true patient centered experience

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consistent with the *National Triple-Aim Initiative and the Human Services Value Curve*. BHD strives to continuously assess and improve the quality of the treatment and services it contracts and provides. Further attention to the development of tracking/reporting structural components will also be priority. All services and programs within the service continuum including community and inpatient services will continue to incorporate measurement and data represented in an evolving **Balanced Scorecard(s) for Key Performance Indicators** with attention to core measures including, but not limited to:

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

The Behavioral Health Division's approach to quality improvement is based on the following principles:

- **Customer Satisfaction Focus.** High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations.
- **Recovery-Oriented Philosophy of Care.** Services are characterized by a commitment to expanding choice, as well as promoting and preserving wellness. This approach promotes maximum flexibility, the choice to meet individually defined goals and permits person-centered services.
- **Employee Empowerment.** Effective programs involve people at all levels of the organization in improving quality.
- **Leadership Involvement.** Strong leadership, direction, support of quality assurance and support of quality improvement activities by the Governing Board, Chief Executive Officer, Executive Team and the Medical Staff Leadership are key. The involvement of organizational leadership assures that quality improvement initiatives are consistent with our mission and strategic plan.
- **Data Informed Practice.** Successful Quality Improvement processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.
- **Statistical Tools.** For continuous improvement of care, tools and methods that foster knowledge and understanding are needed. BHD, like Continuous Quality Improvement organizations, will use defined analytic tools such as run charts, cause and effect diagrams, flowcharts, histograms, and control charts to turn data into information.
- **Prevention over Correction.** Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes, rather than fix processes after the fact.
- **Continuous Improvement.** Processes must be continually assessed, reviewed and improved. Small incremental changes do make an impact, and providers can almost always find an opportunity to make things better.

BHD will continuously strive to ensure that:

- All team members are responsible and empowered to contribute to all aspects of patient safety and quality.
- The treatment provided incorporates evidence based, effective practices.
- The treatment and services are appropriate to each patient's needs, and available when needed.
- Risk to patients, providers and others is minimized, and errors in the delivery of services are prevented.
- Patient's individual needs and expectations are respected.
- The patient or those whom they designate have the opportunity to participate in decisions regarding their treatment.
- All care and services are provided with empathy, understanding, caring and trauma informed focus.
- Procedures, treatments and services are provided in a timely and efficient manner, with appropriate coordination and continuity across all phases of care and with all providers of care.