

## MILWAUKEE COUNTY MENTAL HEALTH BOARD (6300) BUDGET

Department: Behavioral Health Division

UNIT NO. 6300

FUND: General — 0077

## BUDGET SUMMARY

Category	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance**
<b>Expenditures</b>					
Personnel Costs	\$60,127,406	\$64,418,840	\$69,594,171	\$70,112,735	\$518,564
Operations Costs	\$127,344,973	\$133,196,938	\$134,113,489	\$143,718,079	\$9,604,590
Debt & Depreciation	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$95,869	\$110,056	\$200,000	\$100,000	(\$100,000)
Interdept Charges	\$5,194,962	\$2,915,144	\$2,888,459	\$2,627,823	(\$260,636)
<b>Total Expenditures</b>	<b>\$192,763,210</b>	<b>\$200,640,978</b>	<b>\$206,796,118</b>	<b>\$216,558,637</b>	<b>\$9,762,519</b>
<b>Revenues</b>					
Direct Revenue	\$96,489,177	\$101,822,123	\$108,264,629	\$118,532,240	\$10,267,611
Intergov Revenue	\$41,228,830	\$42,348,233	\$41,400,097	\$44,143,221	\$2,743,124
<b>Total Revenues</b>	<b>\$137,718,007</b>	<b>\$144,170,356</b>	<b>\$149,664,726</b>	<b>\$162,675,461</b>	<b>\$13,010,735</b>
Tax Levy	\$55,045,203	\$56,470,622	\$57,131,392	\$53,843,176	(\$3,288,216)
Effective Tax Levy*	\$23,011,845	\$23,283,433	\$18,630,502	\$15,823,374	(\$2,807,128)
Impact on Reserves Increase/(Decrease)	\$2,340,507	\$0	(\$351,697)	(\$151,697)	\$200,000
<b>Personnel</b>					
Full-Time Pos.(FTE)	539.0	505.15	486.3	477.3	(9.0)
Seas/Hourly/Pool Pos.	14.6	24.3	20.0	23.6	3.6
Overtime\$	\$2,359,378	\$2,433,039	\$618,000	\$767,028	\$149,028

\* Effective Tax Levy excludes interdepartmental charges and fringe benefit costs.

\*\* Rounding differences exist in variance numbers.

**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.

**Executive Summary:** For Milwaukee County, the 2020 budget cycle continues to face the realities of costs growing faster than revenues. To assist in bridging the budget gap, all departments were given a targeted reduction of their operating expenditures from the 2019 Adopted Budget. For the Behavioral Health Division, that reduction is \$2.7m. This reduction to the budget is accomplished through numerous adjustments to revenue and expenses across the department.

2020 funding for behavioral health services are enhanced and expanded in the following areas:

- \$6.0m increased spending in the Comprehensive Community Service (CCS) Adult and Children's program with a projected enrollment of 1,780 by the end of 2020.
- \$1.0m to fund ongoing community placements in residential settings for adult consumers with complex needs.
- \$1.2m to fund ongoing placements at Mendota and Winnebago Mental Health Institutes.
- A third Crisis Resource Center (CRC) location.
- \$0.2m to fund Oxford House, a safe, sober home environment for individuals in recovery from alcohol and other substances.
- Additional funding for mental health services in collaboration with area Federally Qualified Health Centers.
- Increased budget for inpatient and psychiatric emergency room staffing of \$0.6m
- Enhanced security at the Mental Health Complex at a cost of \$0.6m

**Strategic Program Area 1: Management & Support Services**

Service Provision: Administrative

Strategic Outcome: High Quality, Responsive Services

What We Do: Activity Data				
Activity	2017 Actual	2018 Actual	2019 Target	2020 Target
This program area does not have activity data.				

How We Do It: Program Budget Summary					
Category	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
Expenditures	\$309,246	(\$148,586)	(\$1,697,002)	(\$1,697,003)	(\$1)
Revenues	\$316,340	\$279,039	\$302,997	\$302,997	\$0
Tax Levy	(\$7,094)	(\$427,625)	(\$1,999,999)	(\$2,000,000)	(\$1)
FTE Positions	138.6	143.3	126.0	124.0	(2.0)

How Well We Do It: Performance Measures				
Performance Measure	2017 Actual	2018 Actual	2019 Target	2020 Target
Revenue dollars/fiscal staff	\$5,553,145	\$6,931,267	\$6,288,434	\$7,113,311
Patient revenue collected/Billed revenue	36.6%	41.7%	45.1%	54.3%

**Strategic Overview:** Management and Support Services provides fiscal management, compliance, and administration.

**Strategic Implementation:** The actual expenditures budgeted in this area are \$30.9m, which is allocated out to the direct service areas. There is a net reduction of 2.0 FTEs in Management and Support Services, with some positions added and some vacant positions abolished. There is a reduction of \$1.0m in overall personnel costs due to a shift in legacy fringe allocation between departments (\$.7m) and a decrease in employee merit increase funds (\$.3m). A \$2.0m general expenditure reduction is added to this strategic area to budget cost savings or potential reserve contributions, which may be actualized by the Department in 2020.

Expenditures for security increased \$.6m over 2019 Budget in order to continue contracting for security services. Utility cost increases of \$0.2m are partially offset by (\$.1m) reduction in capital expenditures for building maintenance expenses.

**A Focus on Quality:**

The Behavioral Health Division (BHD) will strategically foster partnerships and participate in an enhanced and integrated community-based behavioral health system of care in 2020. Our vision will include the promotion of early crisis intervention and prevention, as to enhance individuals' access to care, while providing crisis options and community-based locations with warmer front doors. Our system of care will support strength-based interventions, will be needs driven while ensuring linkages and coordination of a Quality, and a value-based network of provider services. Ultimately, more individuals with behavioral health needs throughout Milwaukee County will be served through financially sustainable models of care in support of the **"Right Care, Right Place, Right Time."**

BHD will continue to transform into a community system of care in 2020 with an emphasis on:

- Racial equity.
- Quality and safety.
- Client experience of care.
- Streamlined access to help.
- Workforce development and training.
- Building trusting relationships with stakeholders.
- Building network service capacity, identifying racial equity gaps, and broader community-based solutions.
- Long-term fiscal sustainability and cost efficiencies.

Behavioral Health Division (BHD) Quality Management Services will continue to be strengthened in 2020 to assure ongoing excellence in the quality and safety of care as to meet clients' needs. We will define quality as a collective measure of excellence in BHDs (and our network) systems, processes, staff and provider performance, decisions, and human interactions. The overarching organizational aim we are undertaking in this and the next quality plan biennium is to align our Quality Program Structure, Management, and Knowledge Base to a customer-driven, performance based, innovation rewarding, and self-learning paradigm. BHD, our staff, partners, and the Milwaukee County Mental Health Board (MCMHB) will continue to demonstrate a commitment to improving the health of clients and ultimately the health of our community.

To truly transform into a healthcare system of high reliability, excellent client experience, and quality and safety, the Behavioral Health Division (BHD) will engage in purposeful activities in support of a quality journey. Mental Health Board governance and BHD Leadership will remain committed to quality care and services, including increased efforts to delineate contract performance expectations and increased monitoring, fostering a culture of safety, and supporting a continuous learning environment with an on-going emphasis on performance improvement. Efforts to centralize BHD quality-related functions with an emphasis on an enhanced community-based system of care and client outcomes, incorporating measurement targets, data, technology and benchmarks are the hallmarks of these continued efforts. Plans to eliminate barriers and individual program and department silos in favor of an integrated system of care and coordinated quality activities are currently underway. The goals will include strengthening the quality approach to increase operational efficiency, support an environment of safety, reduce cost, and create a community-based healthcare system.

**Strategic Program Area 2: Psychiatric Crisis ER/Observation****Service Provision:** Mandated**Strategic Outcome:** High Quality, Responsive Services

What We Do: Activity Data				
Activity	2017 Actual	2018 Actual	2019 Target	2020 Target
<i>Psychiatric Emergency Department</i>				
Admissions	8,001	7,375	8,000	8,250

How We Do It: Program Budget Summary					
Category	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
<b>Expenditures</b>	\$17,925,676	\$16,963,438	\$17,328,003	\$18,335,060	\$1,007,057
<b>Revenues</b>	\$9,478,667	\$8,921,538	\$9,235,541	\$8,959,547	(\$275,994)
<b>Tax Levy</b>	\$8,447,009	\$8,041,900	\$8,092,462	\$9,375,513	\$1,283,051
<b>FTE Positions</b>	75.3	60.3	59.0	60.0	1.0

How Well We Do It: Performance Measures				
Performance Measure	2017 Actual	2018 Actual	2019 Target	2020 Target
Percent of clients returning to PCS within 30 days	23.1%	24.0%	24.0%	24.0%
Percent of Time on Waitlist Status	75%	83.2%	60.0%	80.0%

**Strategic Overview:** Psychiatric Crisis ER/Observation includes:

- Psychiatric Crisis Service (PCS) Emergency Room: PCS is a 24-hour a day, seven days a week psychiatric emergency room. This component of BHD's system of crisis services provides crisis intervention and face-to-face medical/psychiatric assessment for individuals who are, or who believe themselves to be, in psychiatric emergency and in need of psychiatric assessment, treatment, and/or referral.
- Observation Unit: Consumers may be placed on Observation Status as an alternative to inpatient hospitalization when they are experiencing a mental health crisis and need brief intensive assessment and treatment. The Observation Unit is designed to provide crisis intervention and stabilization services that are less than 48 hours in duration.

**Strategic Implementation:** Budgeted Patient Revenue for the Emergency Room and Observation Unit decreases \$0.3m in 2020 to reflect current experience.

Personnel expenses increase by \$1.0m due to the increased cost of Psychiatrists of \$0.4m and legacy pension and health care costs of \$0.6m. There is a net increase of 1.0 FTE due to the reallocation of Psych Tech and Certified Nursing Assistant positions across the hospital.

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

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data					
Activity	2017 Actual	2018 Actual	2019 Target	2020 Target	2020/2019 Variance
<i>Acute Adult Inpatient</i>					
Average Daily Census	42.8	41.8	44	44	0
Number of Admissions	656	770	700	700	0
Number of Patient Days	15,648	15,272	16,100	16,100	0
Average Length of Stay (Days)	24	23	23	23	0
<i>Child and Adolescent Inpatient Services</i>					
Average Daily Census	8.6	7.5	8	8	0
Number of Admissions	709	644	650	650	0
Number of Patient Days	3,146	2,734	3,000	3,000	0
Average Length of Stay (Days)	4.4	4.2	4.5	4.5	0

How We Do It: Program Budget Summary					
Category	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
<b>Expenditures</b>	\$37,481,336	\$37,903,846	\$37,523,610	\$39,048,294	\$1,524,684
<b>Revenues</b>	\$14,626,499	\$15,547,280	\$16,488,612	\$20,408,055	\$3,919,443
<b>Tax Levy</b>	\$22,854,837	\$22,356,566	\$21,034,998	\$18,640,239	(\$2,394,759)
<b>FTE Positions</b>	185.0	159.75	153.5	143.0	(10.50)

How Well We Do It: Performance Measures					
Performance Measure	2017 Actual	2018 Actual	2019 Target	2020 Target	2020/2019 Variance
<b>Acute Adult Inpatient</b>					
Percent of clients returning to Acute Adult within 30 days	7.7%	6.6%	10%	10%	0%
Patients Responding Positively to Satisfaction Survey	73.8%	74.8%	75%	75%	0%
<b>Child and Adolescent Inpatient Services</b>					
Percent of children who return to CAIS within 30 days	12.3%	12.4%	12%	12%	0%
Patients Responding Positively to Satisfaction Survey	71.3%	71.1%	75%	75%	0%

**Strategic Overview:** BHD's inpatient services are provided in four licensed psychiatric hospital units with three specialized programs for adults and one specialized unit for children and adolescents. Adult units include one 16 bed adult unit called the Acute Treatment Unit (ATU), one 16 bed Women's Treatment Unit (WTU), and one 16 bed Intensive Treatment Unit (ITU). A total of 48 adult beds will be available in 2020 with a projected 90% occupancy rate. All units provide inpatient care to individuals who require safe, secure, short-term, or occasionally extended psychiatric hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service, and rehabilitation therapy provides assessment and treatment. This approach is designed to stabilize any patient with acute psychiatric needs and assist the return of the patient to their own community. The ATU program is the primary area for a variety of students including psychiatric residents, medical students, and nursing students to gain experience in the care of individuals who require inpatient care. The 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 (CAIS) unit provides inpatient care to individuals age 18 and under. The CAIS unit also provides emergency detention services for Milwaukee County, as well as inpatient screening for Children's Court.

**Strategic Implementation:** Inpatient expenditures increase \$1.5m in the 2020 Budget. The budget for State Institutes increases by \$1.2m to reflect current trends in spending. Personnel cost increases include an increase of \$0.1m for overtime and an increase of \$0.2m for temporary physician services to provide additional coverage on the inpatient units. The budget for Certified Nursing Assistants (CNA) and Psych Techs is adjusted for 2020 to reflect the continued usage of CNAs on the Inpatient Units. The 10.50 reduction of FTEs is the result of moving staff within departments and abolishing vacant positions.

In 2020, patient revenue increases by \$3.4m primarily related to the increase in Medicaid HMO clients. Disproportionate Share Hospital (DSH) revenue is increases by \$0.5m for a total revenue increase of \$3.9m.

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

Service Provision: Mandated

Strategic Outcome: Self-Sufficiency/Quality of Life

How We Do It: Program Budget Summary					
Category	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
Expenditures	\$82,707,109	\$89,914,819	\$98,366,305	\$102,950,860	\$4,584,555
Revenues	\$58,433,197	\$64,089,966	\$68,235,948	\$75,336,738	\$7,100,790
Tax Levy	\$24,273,912	\$25,824,853	\$30,130,357	\$27,614,122	(\$2,516,235)
FTE Positions	102.1	99.80	102.3	105.8	3.5

How Well We Do It: Performance Measures					
Performance Measure	2017 Actual	2018 Actual	2019 Target	2020 Target	2020/2019 Variance
Average Satisfaction Survey Score	78.9%	77.4%	78%	78%	0%
Percent with any emergency room utilization	14.5%	14.6%	10%	10%	0%
Percent Homeless	7.4%	9.18%	6.8%	6.8%	0%
Percent Employed	16.35%	20.06%	18.25%	18.25%	0%

**Strategic Overview:**

CARSD consists of two program areas:

1. Community Mental Health and Community Crisis Services
2. Community AODA Services

**Strategic Implementation:** Community Access to Recovery Services (CARS) is the community-based mental health and substance abuse system for adults in Milwaukee County. CARS provides a variety of services to help adults with mental illness achieve the greatest possible independence and quality of life by assessing individual needs and facilitating access to appropriate community services and supports. CARS is committed to fostering independence, choice, and hope for individuals by creating an array of services that are person-centered, recovery oriented, trauma informed, and culturally intelligent. The 2020 Budget sustains investment in community-based mental health care with an emphasis on recovery.



**CARS: Community Mental Health and Community Crisis Services**

What We Do: Activity Data					
Activity	2017 Actual	2018 Actual	2019 Target	2020 Target	Variance
<i>Crisis Mobile Team</i>					
Mobiles Completed	2,898	3,337	3,504	3,600	96
<i>Targeted Case Management</i>					
Average Enrollment	1,715	1,566	1,602	1,602	0
<i>Community Support Program</i>					
Average Enrollment	1,359	1,320	1,300	1,300	0
<i>Comprehensive Community Services</i>					
Year-End Enrollment	745	922	1,200	1,430	230

How We Do It: Program Budget Summary					
Category	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
<b>Expenditures</b>	\$66,879,552	\$73,672,957	\$82,748,105	\$87,702,871	\$4,954,766
<b>Revenues</b>	\$46,514,742	\$51,484,921	\$56,686,212	\$61,777,043	\$5,090,831
<b>Tax Levy</b>	\$20,364,810	\$22,188,036	\$26,061,893	\$25,925,828	(\$136,065)

How Well We Do It: Performance Measures					
Performance Measure	2017 Actual	2018 Actual	2019 Target	2020 Target	2020/2019 Variance
CCS: Tax levy per capacity	\$617	\$123	\$1,646	\$1,167	(\$479)
CSP: Tax levy per capacity	\$5,553	\$5,912	\$5,036	\$5,376	\$340
TCM: Tax levy per capacity	\$2,827	\$2,228	\$2,330	\$2,204	(\$126)

**Strategic Overview:**

Community Mental Health and Crisis Services includes the following service options: Comprehensive Community Services (CCS), Targeted Case Management (TCM), Community Support Program (CSP), Community-Based Residential Facilities (CBRF), Access Clinic, Crisis Mobile Team (CMT), Community Assessment Response Team (CART), Community Consultation Team (CCT), Team Connect, Crisis Resource Centers (CRC), Crisis Stabilization Houses (CSH), and Community Linkage and Stabilization Program (CLASP).

**Strategic Implementation:** The 2020 Budget includes \$0.7m in increased Mental Health Block Grant funding to support ongoing behavioral health services in Milwaukee County. This funding will be used to support Parachute House (peer run respite) and ongoing behavioral health therapy services through the Mental Health Outpatient Program (MHOP). Parachute was formerly funded through reserve funds.

CARS continues to increase enrollments into Comprehensive Community Services (CCS), which is a Medicaid entitlement that provides a coordinated and comprehensive array of recovery, treatment, and psychosocial rehabilitation services. As a part of this continued expansion, CARS staff are working to enroll individuals into CCS services that are designed to enhance their community-based residential facility (CBRF) placement. Adult CCS enrollment is expected to increase to 1,430 by the end of 2020.

Targeted Case Management (TCM) expenses are decreased by \$0.3m due to ongoing utilization trends. Community Support Program (CSP) revenue is decreased by a net of \$0.3m primarily to account for an increased number of clients in the program without active Medicaid enrollment.

CARS serves individuals in need of community residential settings, such as Adult Family Homes and CBRFs. These placements are often individualized to meet the person's clinical and residential needs in the community. These individualized plans support people with complex needs with various supportive services with varying costs. To continue to support these placements and service plans, an additional \$1.0m is dedicated to fund ongoing community placements for individuals with complex needs.

The Crisis Resource Center (CRC) offers a safe, recovery-oriented environment that provides short-term crisis intervention to individuals. They provide a multitude of services, which includes crisis stabilization, peer support, and linkage to ongoing support and services. There is one CRC located on the Southside of Milwaukee and one on the Northside that provides walk-in crisis services along with short-term stabilization services. Plans are currently underway to have a third CRC location in Milwaukee, which will be supported partly through BHD funding. The third Crisis Resource Center is funded at a cost of \$0.7m. The budget also assumes \$1.2m savings for all Crisis Resource Center locations related to a proposed amendment to the contract between Medicaid HMOs and the Wisconsin Department of Health Services that would provide coverage for all HMO enrollees to receive services at CRC locations.

The development of the Northside and Southside Clinics has been a priority redesign and improvement project for BHD, our partners, stakeholders, and the community for the last two years. The 2020 Budget plans for the integration of BHD staff into three Federally Qualified Health Centers (FQHC) in Milwaukee. This project will implement and sustain an array of operational and clinical evidence-based practices, which more closely integrate BHD services with existing FQHC services and resources. Successful implementation will lead to more same day services for residents, improved safety for clients and families, a more efficient service delivery system, and increased billable revenues for crisis and outpatient services. These investments are possible through reallocation of the current Access Clinic and Adult Day Treatment Resources, as well as the addition of 3.0 FTEs. Funds are also provided to include Peer Specialists in the centers.

Wisconsin Medicaid Cost Report (WIMCR) and CCS cost report revenue is increased by \$1.4m. This impacts the following areas: crisis services, TCM, CSP, and CCS. Funding in 2020 will be based on the FY 2019 cost report.

Community Mental Health Financials by Major Program Area					
Activity	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
<b><i>Crisis Mobile Team &amp; CART</i></b>					
Expense	\$3,977,776	\$4,443,833	\$4,942,861	\$4,857,089	(\$85,772)
Revenue	\$447,064	\$1,449,635	\$885,019	\$1,298,160	\$413,141
Tax Levy	\$3,530,712	\$2,994,198	\$4,057,842	\$3,558,929	(\$498,913)
<b><i>CARS Care Coordination</i></b>					
Expense	\$894,732	\$884,136	\$1,015,031	\$1,039,892	\$24,861
Revenue	\$4,696	\$168,098	\$112,320	\$86,351	(\$25,969)
Tax Levy	\$890,036	\$716,038	\$902,711	\$953,541	\$50,830
<b><i>Targeted Case Management</i></b>					
Expense	\$7,330,411	\$6,505,212	\$7,325,902	\$6,983,018	(342,884)
Revenue	\$2,481,341	\$3,015,369	\$3,553,778	\$3,452,193	(\$101,585)
Tax Levy	\$4,849,070	\$3,489,842	\$3,772,124	\$3,530,825	(\$241,299)
<b><i>Community Support Program</i></b>					
Expense	\$14,559,321	\$15,164,903	\$15,725,083	\$15,718,253	(\$6,830)
Revenue	\$7,039,205	\$7,360,606	\$9,095,234	\$8,729,866	(\$365,368)
Tax Levy	\$7,520,116	\$7,804,297	\$6,629,849	\$6,988,387	\$358,538
<b><i>Comprehensive Community Services</i></b>					
Expense	\$11,895,126	\$15,492,052	\$19,236,838	\$24,121,386	\$4,884,548
Revenue	\$11,434,999	\$15,378,461	\$17,160,888	\$22,452,495	\$5,291,607
Tax Levy	\$460,127	\$113,591	\$2,075,950	\$1,668,891	(\$407,059)
<b><i>Community Recovery Services</i></b>					
Expense	\$1,136,526	\$230,836	\$110,452	\$0	(\$110,452)
Revenue	\$508,463	\$348,543	\$50,000	\$0	(\$50,000)
Tax Levy	\$628,063	(\$117,707)	\$60,452	\$0	(\$60,452)
<b><i>Community-Based Residential</i></b>					
Expense	\$12,681,192	\$13,551,949	\$12,412,211	\$13,458,465	\$1,046,254
Revenue	\$9,780,317	\$9,780,317	\$9,780,317	\$10,572,898	\$792,581
Tax Levy	\$2,900,875	\$3,771,632	\$2,631,894	\$2,885,567	\$253,673
<b><i>Access Clinic and FQHC Partnerships (2017/2018 included Day Treatment)</i></b>					
Expense	\$1,810,953	\$1,700,952	\$3,528,182	\$4,467,975	\$939,793
Revenue	\$1,566,363	\$1,500,780	\$2,051,815	\$2,045,686	(\$6,129)
Tax Levy	\$244,590	\$250,171	\$1,476,367	\$2,422,289	\$945,922

**CARS: Community AODA Services**

<b>What We Do: Activity Data</b>					
<b>Activity</b>	<b>2017 Actual</b>	<b>2018 Actual</b>	<b>2019 Target</b>	<b>2020 Target</b>	<b>2020/2019 Variance</b>
<i><b>Detoxification</b></i>					
Admissions	6,483	6,698	6,000	6,000	0
<i><b>AODA Residential</b></i>					
Capacity	99	112	112	112	0
<i><b>Recovery Support Coordination</b></i>					
Average Enrollment	397	386	400	400	0
<i><b>Recovery Support Services</b></i>					
Average Enrollment	187	188	240	240	0

<b>How We Do It: Program Budget Summary</b>					
<b>Category</b>	<b>2017 Actual</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Budget</b>	<b>2020/2019 Variance</b>
<b>Expenditures</b>	\$15,827,557	\$16,241,982	\$15,618,200	\$15,247,989	(\$370,211)
<b>Revenues</b>	\$11,918,455	\$12,605,045	\$11,549,736	\$13,559,695	\$2,009,959
<b>Tax Levy</b>	\$3,909,101	\$3,636,938	\$4,068,464	\$1,688,294	(\$2,380,170)

**Strategic Overview:** Milwaukee County's community AODA service program is an alcohol, drug treatment, and recovery service system. These services are open to Milwaukee County residents ages 18-59 with a history of alcohol or drug use. Priority is given to families with children and pregnant women (regardless of age). Milwaukee County BHD has a provider network for AODA residential services that provides a continuum of services, which include traditional residential, medically monitored residential and co-occurring bio-medically monitored residential, day treatment, recovery support coordination, outpatient services, and numerous recovery support services.

**Strategic Implementation:** The 2020 Budget includes \$2.0m in increased grant funding to support ongoing AODA needs in Milwaukee County. This includes \$1.1m in AODA Block Grant funding and \$0.9m in Opioid Crisis State Targeted Response (STR) funding. These additional funds will be used to support the sober housing continuum needed to support individuals in recovery to include, but not limited to, bridge housing, Oxford Houses, residential treatment, a new option for Medication Assisted Treatment (MAT) services, and prevention efforts.

\$0.2m is provided to fund a start-up for Oxford House, a democratically run, self-supporting drug free housing recovery model. Oxford Houses are rented family houses where groups of recovering individuals rent to live together in an environment supportive of recovery from addiction.

\$0.2m in savings is anticipated in Recovery Support Coordination by changing the payment method for this service delivery from per-diem reimbursement to unit-based reimbursement.

\$0.5m in savings is anticipated related to changing the payment method for community Access Point providers from purchase-of-service to fee-for-service.

Other adjustments are made based on anticipated demand.

<b>AODA Financials by Major Program Area<sup>1</sup></b>					
<b>Activity</b>	<b>2017 Actual</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Budget</b>	<b>2020/2019 Variance</b>
<b><i>Detoxification</i></b>					
Expense	-	\$2,661,453	\$2,926,081	\$2,905,596	(\$20,485)
Revenue	-	\$2,333,731	\$2,333,731	\$2,333,731	\$0
Tax Levy	-	\$327,722	\$592,350	\$571,865	(\$20,485)
<b><i>AODA Residential</i></b>					
Expense	-	\$5,607,958	\$5,939,414	5,538,758	(400,656)
Revenue	-	\$5,351,007	\$4,455,371	5,430,371	\$975,000
Tax Levy	-	\$256,951	\$1,484,043	108,387	(1,375,656)
<b><i>Day Treatment &amp; Outpatient - AODA<sup>2</sup></i></b>					
Expense	-	\$631,923	\$1,195,818	\$636,471	(\$559,347) <sup>2</sup>
Revenue	-	\$619,489	\$480,000	\$532,000	\$52,000
Tax Levy	-	\$12,434	\$715,818	\$104,471	(\$611,347)
<b><i>Recovery House</i></b>					
Expense	-	\$71,640	\$45,326	\$49,328	\$4,002
Revenue	-	\$0	\$0	\$0	\$0
Tax Levy	-	\$71,640	\$45,326	\$49,328	\$4,002
<b><i>Recovery Support Coordination</i></b>					
Expense	-	\$3,296,405	\$3,094,512	\$2,909,341	(\$185,171)
Revenue	-	\$3,470,248	\$2,610,011	\$2,810,011	\$200,000
Tax Levy	-	(\$173,843)	\$484,501	\$99,330	(\$385,171)
<b><i>Recovery Support Services<sup>2</sup></i></b>					
Expense	-	\$729,921	\$1,001,357	\$1,577,505	\$576,148
Revenue	-	\$542,839	\$610,429	\$1,127,388	\$516,959
Tax Levy	-	\$186,990	\$390,928	\$450,117	\$59,189
<b><i>Medication Assisted Treatment</i></b>					
Expense	-	\$79,777	\$153,392	\$376,843	\$223,451
Revenue	-	\$0	\$0	\$100,000	\$100,000
Tax Levy	-	\$79,777	\$153,392	\$276,843	\$123,451
<b><i>Prevention</i></b>					
Expense	-	\$3,138,513	\$1,220,831	\$1,214,445	(\$6,386)
Revenue	-	\$287,639	\$1,025,194	\$1,191,194	\$166,000
Tax Levy	-	\$2,850,874	\$195,637	\$23,251	(\$172,386)

<sup>1</sup> 2017 financials are not available because these programs were not budgeted at this level of detail prior to 2017.

<sup>2</sup> Outpatient Plus program is now budgeted in the Recovery Support Services cost center.

**Strategic Program Area 5: Wraparound Services**Service Provision: **Mandated**Strategic Outcome: **Self-Sufficiency/Quality of Life**

<b>What We Do: Activity Data</b>					
<b>Activity</b>	<b>2017 Actual</b>	<b>2018 Actual</b>	<b>2019 Target</b>	<b>2020 Target</b>	<b>2020/2019 Variance</b>
<i><b>Wraparound</b></i>					
Average Total Enrollment	1,201	1,139	1,198	1,246	48
Average Daily Number of REACH enrollees	521	540	550	600	50
<i><b>Children's Mobile Crisis Team</b></i>					
Number of Clients Seen (face-to-face)	1,507	1,235	1,750	1,650	(100)
<i><b>Children's Comprehensive Community Services</b></i>					
Average Total Census	33	79	280	350	70

<b>How We Do It: Program Budget Summary</b>					
<b>Category</b>	<b>2017 Actual</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Budget</b>	<b>2020/2019 Variance</b>
<b>Expenditures</b>	\$54,339,842	\$56,007,462	\$55,275,202	\$57,921,426	\$2,646,224
<b>Revenues</b>	\$54,863,303	\$55,332,534	\$55,401,628	\$57,668,124	\$2,266,496
<b>Tax Levy</b>	(\$523,461)	\$674,929	(\$126,426)	\$253,302	\$379,728
<b>FTE Positions</b>	38.0	42.0	45.5	44.5	(1.0)

How Well We Do It: Performance Measures					
Performance Measures	2017 Actual	2018 Actual	2019 Target	2020 Target	2020/2019 Variance
Family Satisfaction with Care Coordination (5.0 Scale)	4.7	4.68	>= 4.0	4.0	0
Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	65.8%	65.3%	>= 75%	75%	0
Percentage of youth who achieved permanency at disenrollment	55.1%	53.9%	>= 70%	70%	0
Average level of "Needs Met" at disenrollment (Scale of 1-5)	2.6	2.4	>= 3.0	3.0	0

**Strategic Overview:** BHD'S Children's Community Services and Wraparound Milwaukee system of care serves youth and young adults (aged 5-23) along with their families. Through this system of care, eligible youth and young adults in Milwaukee County receive coordinated, community-based mental health services and connections to community resources. All programs emphasize a strength-based care coordination model rooted in underlying need that offers a range of services and supportive options to youth and their families. These community-based services are designed to be individualized to meet the needs of each family. To fulfill eligibility requirements for all programs, children or young adults must meet Serious Emotional Disturbance (SED) criteria. For the first three options listed below, those programs in which enrollment includes participation in the specialized Managed Care carve out Wraparound Milwaukee, other eligibility criteria consist of risk level for out of home care, including hospitalization, and involvement in two or more systems (Child Welfare, Juvenile Justice, Mental Health Social Services, and Education). For enrollment in Comprehensive Community Services (CCS), individuals must be founded functionally eligible per the state assessment, in addition to having a SED diagnosis. Due to our historical ability to manage resources well and form valuable partnerships, the remaining options were able to be developed and sustained to offer Milwaukee County families increased access and choice. Once a determination of eligibility and need is made in partnership with the youth and their family, the following options are available under the Wraparound umbrella:

- Wraparound: Referrals are received from the Division of Youth and Family Services (DYFS) and the Division of Milwaukee Child Protective Services (DMCPS) for youth either placed out of home and outside of their community or are at risk of being placed. It provides cost-effective, community-based alternatives to residential treatment placements, juvenile correctional placements, and psychiatric hospitalization.
- REACH (Reaching, Engaging, and Assisting Children): Referrals come directly from families, schools, service providers, and the Children's Mobile Crisis (CMC) Team. Youth generally are not involved with DYFS or DMCPS. Under the same practice model, youth and families receive the same type of supports and services as those in the Wraparound program with the exception of placement services.
- OYEAH (Older Youth and Emerging Adult Heroes): Supports older youth and young adults (age 16-23) who are experiencing emotional and behavioral challenges to successfully transition to adulthood. In addition to mental health services, there is a focus on life skills, housing, and employment/training.
- CCS (Comprehensive Community Services for Children): An option for families, which provides support and services to youth and young adults who may be experiencing mental health or substance abuse diagnoses. As a voluntary community-based program, CCS addresses needs throughout a person's lifespan, with a coordinated and comprehensive array of recovery, treatment, and psychosocial rehabilitation services.

- FISS (Family Intervention and Support Services): A contract from DMCPs in partnership with St. Charles, which utilizes a shorter-term care coordination model aimed at stabilization and prevention. It is designed to assist families in meeting their needs while preventing court and system involvement. Children who are enrolled have identified behavioral issues, but diagnostic information is not required.
- Children's Mobile Crisis Team (CMC): Provides 24/7 crisis intervention services to any family in Milwaukee County with a child who is experiencing a mental health emergency in which the behavior of the child threatens his/or her removal from home, a community placement, and/or school placement. The team can also provide short-term case management and can link the child and family to crisis stabilization and community resources.

**Strategic Implementation:** BHD'S Children's Community Services and Wraparound Milwaukee system of care contains a diverse number of programs, services, and supports available to Milwaukee County families and young adults and all aimed at providing comprehensive, individualized, and cost-effective care to children with complex mental health and emotional needs. The 2020 expectation for Wraparound Milwaukee is a daily enrollment of 1,246 children, young adults, and their families. Enrollment numbers in Wraparound are expected to remain consistent or slightly increase due to a planned integration of screening and assessment between DYFS and Wraparound Milwaukee. The expectation is to continue to see an increase in enrollments for both REACH and CCS, as new potential referral sources are identified and an integration with the Disability Services Division – Children's area continues. Additionally, enrollment into CORE (Coordinated Opportunities for Recovery and Empowerment), a specialized program within CCS, continues to see a steady enrollment of youth and young adults who are clinically at high risk for psychosis or who have already experienced their first episode of psychosis. The number of youth and young adults seen by Children's Mobile Crisis may exceed projections, however numbers reflect current staffing. With the implementation of Crisis Redesign, there is an expectation the continuum of care within crisis response will increase in both capacity and breadth. Wraparound will continue to depend on the use of Crisis Stabilization services as a component of this expansion.

Expenses increase by \$2.6m and revenues increase by \$2.3m based on projected enrollment increases for both Wraparound and Youth CCS.

Wraparound Services by Program Area					
Program	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
<b>Wraparound Services (Reach, O-Yeah, CMC)</b>					
Expense	\$53,362,606	\$52,995,112	\$52,526,815	\$54,130,551	\$1,603,737
Revenue	\$54,210,150	\$53,849,963	\$53,027,000	\$54,357,800	\$1,330,800
Tax Levy	(\$847,744)	(\$854,851)	(\$500,186)	(\$227,249)	\$272,937
<b>Youth CCS</b>					
Expense	\$146,922	\$2,387,473	\$1,986,762	\$3,064,594	\$1,077,832
Revenue	\$133,853	\$1,051,291	\$1,834,628	\$2,879,044	\$1,044,416
Tax Levy	\$13,069	\$1,336,182	\$152,134	\$185,550	\$33,416
<b>Family Intervention and Support Services</b>					
Expense	\$830,314	\$624,877	\$761,626	\$726,281	(\$35,345)
Revenue	\$519,300	\$431,280	\$540,000	\$431,280	(\$108,720)
Tax Levy	\$311,214	\$193,597	\$221,626	\$295,001	\$73,375



## BUDGET SUMMARY

Category	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance**
<b>Expenditures</b>					
<b>Personnel Costs</b>	\$60,127,406	\$64,418,840	\$69,594,171	\$70,112,735	\$518,564
<b>Operations Costs</b>	\$127,344,973	\$133,196,938	\$134,113,489	\$143,793,079	\$9,679,590
<b>Debt &amp; Depreciation</b>	\$0	\$0	\$0	\$0	\$0
<b>Capital Outlay</b>	\$95,869	\$110,056	\$200,000	\$100,000	(\$100,000)
<b>Interdept Charges</b>	\$5,194,962	\$2,915,144	\$2,888,459	\$2,587,823	(\$300,636)
<b>Total Expenditures</b>	<b>\$192,763,210</b>	<b>\$200,640,978</b>	<b>\$206,796,118</b>	<b>\$216,593,637</b>	<b>\$9,797,519</b>
<b>Revenues</b>					
<b>Direct Revenue</b>	\$96,489,177	\$101,822,123	\$108,264,629	\$118,607,240	\$10,342,611
<b>Intergov Revenue</b>	\$41,228,830	\$42,348,233	\$41,400,097	\$44,143,221	\$2,743,124
<b>Total Revenues</b>	<b>\$137,718,007</b>	<b>\$144,170,356</b>	<b>\$149,664,726</b>	<b>\$162,750,461</b>	<b>\$13,085,735</b>
<b>Tax Levy</b>	<b>\$55,045,203</b>	<b>\$56,470,622</b>	<b>\$57,131,392</b>	<b>\$53,843,176</b>	<b>(\$3,288,216)</b>
<b>Effective Tax Levy*</b>	<b>\$23,011,845</b>	<b>\$23,283,433</b>	<b>\$18,630,502</b>	<b>\$15,823,374</b>	<b>(\$2,807,128)</b>
<b>Impact on Reserves Increase/(Decrease)</b>	<b>\$2,340,507</b>	<b>\$0</b>	<b>(\$351,697)</b>	<b>(\$226,697)</b>	<b>\$125,000</b>
<b>Personnel</b>					
<b>Full-Time Pos.(FTE)</b>	539.0	505.15	486.3	477.3	(9.0)
<b>Seas/Hourly/Pool Pos.</b>	14.6	24.3	20.0	23.6	3.6
<b>Overtime\$</b>	\$2,359,378	\$2,433,039	\$618,000	\$767,028	\$149,028

\* Effective Tax Levy excludes interdepartmental charges and fringe benefit costs.

\*\* Rounding differences exist in variance numbers.

**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.

**Executive Summary:** For Milwaukee County, the 2020 budget cycle continues to face the realities of costs growing faster than revenues. To assist in bridging the budget gap, all departments were given a targeted reduction of their operating expenditures from the 2019 Adopted Budget. For the Behavioral Health Division, that reduction is \$2.7m. This reduction to the budget is accomplished through numerous adjustments to revenue and expenses across the department.

2020 funding for behavioral health services are enhanced and expanded in the following areas:

- \$6.0m increased spending in the Comprehensive Community Service (CCS) Adult and Children's program with a projected enrollment of 1,780 by the end of 2020.
- \$1.0m to fund ongoing community placements in residential settings for adult consumers with complex needs.
- \$1.2m to fund ongoing placements at Mendota and Winnebago Mental Health Institutes.
- A third Crisis Resource Center (CRC) location.
- \$0.2m to fund Oxford House, a safe, sober home environment for individuals in recovery from alcohol and other substances.
- Additional funding for mental health services in collaboration with area Federally Qualified Health Centers.
- Increased budget for inpatient and psychiatric emergency room staffing of \$0.6m
- Enhanced security at the Mental Health Complex at a cost of \$0.6m

**Strategic Program Area 1: Management & Support Services**

Service Provision: Administrative

Strategic Outcome: High Quality, Responsive Services

What We Do: Activity Data				
Activity	2017 Actual	2018 Actual	2019 Target	2020 Target
This program area does not have activity data.				

How We Do It: Program Budget Summary					
Category	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
Expenditures	\$309,246	(\$148,586)	(\$1,697,002)	(\$1,737,003)	(\$40,001)
Revenues	\$316,340	\$279,039	\$302,997	\$302,997	\$0
Tax Levy	(\$7,094)	(\$427,625)	(\$1,999,999)	(\$2,040,000)	(\$40,001)
FTE Positions	138.6	143.3	126.0	124.0	(2.0)

How Well We Do It: Performance Measures				
Performance Measure	2017 Actual	2018 Actual	2019 Target	2020 Target
Revenue dollars/fiscal staff	\$5,553,145	\$6,931,267	\$6,288,434	\$7,113,311
Patient revenue collected/Billed revenue	36.6%	41.7%	45.1%	54.3%

**Strategic Overview:** Management and Support Services provides fiscal management, compliance, and administration.

**Strategic Implementation:** The actual expenditures budgeted in this area are \$30.9m, which is allocated out to the direct service areas. There is a net reduction of 2.0 FTEs in Management and Support Services, with some positions added and some vacant positions abolished. There is a reduction of \$1.0m in overall personnel costs due to a shift in legacy fringe allocation between departments (\$.7m) and a decrease in employee merit increase funds (\$.3m). A \$2.0m general expenditure reduction is added to this strategic area to budget cost savings or potential reserve contributions, which may be actualized by the Department in 2020.

Expenditures for security increased \$.6m over 2019 Budget in order to continue contracting for security services. Utility cost increases of \$0.2m are partially offset by (\$.1m) reduction in capital expenditures for building maintenance expenses.

**A Focus on Quality:**

The Behavioral Health Division (BHD) will strategically foster partnerships and participate in an enhanced and integrated community-based behavioral health system of care in 2020. Our vision will include the promotion of early crisis intervention and prevention, as to enhance individuals' access to care, while providing crisis options and community-based locations with warmer front doors. Our system of care will support strength-based interventions, will be needs driven while ensuring linkages and coordination of a Quality, and a value-based network of provider services. Ultimately, more individuals with behavioral health needs throughout Milwaukee County will be served through financially sustainable models of care in support of the **"Right Care, Right Place, Right Time."**

BHD will continue to transform into a community system of care in 2020 with an emphasis on:

- Racial equity.
- Quality and safety.
- Client experience of care.
- Streamlined access to help.
- Workforce development and training.
- Building trusting relationships with stakeholders.
- Building network service capacity, identifying racial equity gaps, and broader community-based solutions.
- Long-term fiscal sustainability and cost efficiencies.

Behavioral Health Division (BHD) Quality Management Services will continue to be strengthened in 2020 to assure ongoing excellence in the quality and safety of care as to meet clients' needs. We will define quality as a collective measure of excellence in BHDs (and our network) systems, processes, staff and provider performance, decisions, and human interactions. The overarching organizational aim we are undertaking in this and the next quality plan biennium is to align our Quality Program Structure, Management, and Knowledge Base to a customer-driven, performance based, innovation rewarding, and self-learning paradigm. BHD, our staff, partners, and the Milwaukee County Mental Health Board (MCMHB) will continue to demonstrate a commitment to improving the health of clients and ultimately the health of our community.

To truly transform into a healthcare system of high reliability, excellent client experience, and quality and safety, the Behavioral Health Division (BHD) will engage in purposeful activities in support of a quality journey. Mental Health Board governance and BHD Leadership will remain committed to quality care and services, including increased efforts to delineate contract performance expectations and increased monitoring, fostering a culture of safety, and supporting a continuous learning environment with an on-going emphasis on performance improvement. Efforts to centralize BHD quality-related functions with an emphasis on an enhanced community-based system of care and client outcomes, incorporating measurement targets, data, technology and benchmarks are the hallmarks of these continued efforts. Plans to eliminate barriers and individual program and department silos in favor of an integrated system of care and coordinated quality activities are currently underway. The goals will include strengthening the quality approach to increase operational efficiency, support an environment of safety, reduce cost, and create a community-based healthcare system.

**Strategic Program Area 2: Psychiatric Crisis ER/Observation****Service Provision:** Mandated**Strategic Outcome:** High Quality, Responsive Services

What We Do: Activity Data				
Activity	2017 Actual	2018 Actual	2019 Target	2020 Target
<i>Psychiatric Emergency Department</i>				
Admissions	8,001	7,375	8,000	8,250

How We Do It: Program Budget Summary					
Category	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
<b>Expenditures</b>	\$17,925,676	\$16,963,438	\$17,328,003	\$18,335,060	\$1,007,057
<b>Revenues</b>	\$9,478,667	\$8,921,538	\$9,235,541	\$8,959,547	(\$275,994)
<b>Tax Levy</b>	\$8,447,009	\$8,041,900	\$8,092,462	\$9,375,513	\$1,283,051
<b>FTE Positions</b>	75.3	60.3	59.0	60.0	1.0

How Well We Do It: Performance Measures				
Performance Measure	2017 Actual	2018 Actual	2019 Target	2020 Target
Percent of clients returning to PCS within 30 days	23.1%	24.0%	24.0%	24.0%
Percent of Time on Waitlist Status	75%	83.2%	60.0%	80.0%

**Strategic Overview:** Psychiatric Crisis ER/Observation includes:

- Psychiatric Crisis Service (PCS) Emergency Room: PCS is a 24-hour a day, seven days a week psychiatric emergency room. This component of BHD's system of crisis services provides crisis intervention and face-to-face medical/psychiatric assessment for individuals who are, or who believe themselves to be, in psychiatric emergency and in need of psychiatric assessment, treatment, and/or referral.
- Observation Unit: Consumers may be placed on Observation Status as an alternative to inpatient hospitalization when they are experiencing a mental health crisis and need brief intensive assessment and treatment. The Observation Unit is designed to provide crisis intervention and stabilization services that are less than 48 hours in duration.

**Strategic Implementation:** Budgeted Patient Revenue for the Emergency Room and Observation Unit decreases \$0.3m in 2020 to reflect current experience.

Personnel expenses increase by \$1.0m due to the increased cost of Psychiatrists of \$0.4m and legacy pension and health care costs of \$0.6m. There is a net increase of 1.0 FTE due to the reallocation of Psych Tech and Certified Nursing Assistant positions across the hospital.

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

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data					
Activity	2017 Actual	2018 Actual	2019 Target	2020 Target	2020/2019 Variance
<i>Acute Adult Inpatient</i>					
Average Daily Census	42.8	41.8	44	44	0
Number of Admissions	656	770	700	700	0
Number of Patient Days	15,648	15,272	16,100	16,100	0
Average Length of Stay (Days)	24	23	23	23	0
<i>Child and Adolescent Inpatient Services</i>					
Average Daily Census	8.6	7.5	8	8	0
Number of Admissions	709	644	650	650	0
Number of Patient Days	3,146	2,734	3,000	3,000	0
Average Length of Stay (Days)	4.4	4.2	4.5	4.5	0

How We Do It: Program Budget Summary					
Category	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
<b>Expenditures</b>	\$37,481,336	\$37,903,846	\$37,523,610	\$39,048,294	\$1,524,684
<b>Revenues</b>	\$14,626,499	\$15,547,280	\$16,488,612	\$20,408,055	\$3,919,443
<b>Tax Levy</b>	\$22,854,837	\$22,356,566	\$21,034,998	\$18,640,239	(\$2,394,759)
<b>FTE Positions</b>	185.0	159.75	153.5	143.0	(10.50)

How Well We Do It: Performance Measures					
Performance Measure	2017 Actual	2018 Actual	2019 Target	2020 Target	2020/2019 Variance
<b>Acute Adult Inpatient</b>					
Percent of clients returning to Acute Adult within 30 days	7.7%	6.6%	10%	10%	0%
Patients Responding Positively to Satisfaction Survey	73.8%	74.8%	75%	75%	0%
<b>Child and Adolescent Inpatient Services</b>					
Percent of children who return to CAIS within 30 days	12.3%	12.4%	12%	12%	0%
Patients Responding Positively to Satisfaction Survey	71.3%	71.1%	75%	75%	0%

**Strategic Overview:** BHD's inpatient services are provided in four licensed psychiatric hospital units with three specialized programs for adults and one specialized unit for children and adolescents. Adult units include one 16 bed adult unit called the Acute Treatment Unit (ATU), one 16 bed Women's Treatment Unit (WTU), and one 16 bed Intensive Treatment Unit (ITU). A total of 48 adult beds will be available in 2020 with a projected 90% occupancy rate. All units provide inpatient care to individuals who require safe, secure, short-term, or occasionally extended psychiatric hospitalization. A multi-disciplinary team approach of psychiatry, psychology, nursing, social service, and rehabilitation therapy provides assessment and treatment. This approach is designed to stabilize any patient with acute psychiatric needs and assist the return of the patient to their own community. The ATU program is the primary area for a variety of students including psychiatric residents, medical students, and nursing students to gain experience in the care of individuals who require inpatient care. The 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 (CAIS) unit provides inpatient care to individuals age 18 and under. The CAIS unit also provides emergency detention services for Milwaukee County, as well as inpatient screening for Children's Court.

**Strategic Implementation:** Inpatient expenditures increase \$1.5m in the 2020 Budget. The budget for State Institutes increases by \$1.2m to reflect current trends in spending. Personnel cost increases include an increase of \$0.1m for overtime and an increase of \$0.2m for temporary physician services to provide additional coverage on the inpatient units. The budget for Certified Nursing Assistants (CNA) and Psych Techs is adjusted for 2020 to reflect the continued usage of CNAs on the Inpatient Units. The 10.50 reduction of FTEs is the result of moving staff within departments and abolishing vacant positions.

In 2020, patient revenue increases by \$3.4m primarily related to the increase in Medicaid HMO clients. Disproportionate Share Hospital (DSH) revenue is increases by \$0.5m for a total revenue increase of \$3.9m.

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

Service Provision: Mandated

Strategic Outcome: Self-Sufficiency/Quality of Life

How We Do It: Program Budget Summary					
Category	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
Expenditures	\$82,707,109	\$89,914,819	\$98,366,305	\$103,025,860	\$4,659,555
Revenues	\$58,433,197	\$64,089,966	\$68,235,948	\$75,411,738	\$7,175,790
Tax Levy	\$24,273,912	\$25,824,853	\$30,130,357	\$27,614,122	(\$2,516,235)
FTE Positions	102.1	99.80	102.3	105.8	3.5

How Well We Do It: Performance Measures					
Performance Measure	2017 Actual	2018 Actual	2019 Target	2020 Target	2020/2019 Variance
Average Satisfaction Survey Score	78.9%	77.4%	78%	78%	0%
Percent with any emergency room utilization	14.5%	14.6%	10%	10%	0%
Percent Homeless	7.4%	9.18%	6.8%	6.8%	0%
Percent Employed	16.35%	20.06%	18.25%	18.25%	0%

**Strategic Overview:**

CARSD consists of two program areas:

1. Community Mental Health and Community Crisis Services
2. Community AODA Services

**Strategic Implementation:** Community Access to Recovery Services (CARS) is the community-based mental health and substance abuse system for adults in Milwaukee County. CARS provides a variety of services to help adults with mental illness achieve the greatest possible independence and quality of life by assessing individual needs and facilitating access to appropriate community services and supports. CARS is committed to fostering independence, choice, and hope for individuals by creating an array of services that are person-centered, recovery oriented, trauma informed, and culturally intelligent. The 2020 Budget sustains investment in community-based mental health care with an emphasis on recovery.



**CARS: Community Mental Health and Community Crisis Services**

What We Do: Activity Data					
Activity	2017 Actual	2018 Actual	2019 Target	2020 Target	Variance
<i>Crisis Mobile Team</i>					
Mobiles Completed	2,898	3,337	3,504	3,600	96
<i>Targeted Case Management</i>					
Average Enrollment	1,715	1,566	1,602	1,602	0
<i>Community Support Program</i>					
Average Enrollment	1,359	1,320	1,300	1,300	0
<i>Comprehensive Community Services</i>					
Year-End Enrollment	745	922	1,200	1,430	230

How We Do It: Program Budget Summary					
Category	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
<b>Expenditures</b>	\$66,879,552	\$73,672,957	\$82,748,105	\$87,777,871	\$5,029,766
<b>Revenues</b>	\$46,514,742	\$51,484,921	\$56,686,212	\$61,852,043	\$5,165,831
<b>Tax Levy</b>	\$20,364,810	\$22,188,036	\$26,061,893	\$25,925,828	(\$136,065)

How Well We Do It: Performance Measures					
Performance Measure	2017 Actual	2018 Actual	2019 Target	2020 Target	2020/2019 Variance
CCS: Tax levy per capacity	\$617	\$123	\$1,646	\$1,167	(\$479)
CSP: Tax levy per capacity	\$5,553	\$5,912	\$5,036	\$5,376	\$340
TCM: Tax levy per capacity	\$2,827	\$2,228	\$2,330	\$2,204	(\$126)

**Strategic Overview:**

Community Mental Health and Crisis Services includes the following service options: Comprehensive Community Services (CCS), Targeted Case Management (TCM), Community Support Program (CSP), Community-Based Residential Facilities (CBRF), Access Clinic, Crisis Mobile Team (CMT), Community Assessment Response Team (CART), Community Consultation Team (CCT), Team Connect, Crisis Resource Centers (CRC), Crisis Stabilization Houses (CSH), and Community Linkage and Stabilization Program (CLASP).

**Strategic Implementation:** The 2020 Budget includes \$0.7m in increased Mental Health Block Grant funding to support ongoing behavioral health services in Milwaukee County. This funding will be used to support Parachute House (peer run respite) and ongoing behavioral health therapy services through the Mental Health Outpatient Program (MHOP). Parachute was formerly funded through reserve funds.

CARS continues to increase enrollments into Comprehensive Community Services (CCS), which is a Medicaid entitlement that provides a coordinated and comprehensive array of recovery, treatment, and psychosocial rehabilitation services. As a part of this continued expansion, CARS staff are working to enroll individuals into CCS services that are designed to enhance their community-based residential facility (CBRF) placement. Adult CCS enrollment is expected to increase to 1,430 by the end of 2020.

Targeted Case Management (TCM) expenses are decreased by \$0.3m due to ongoing utilization trends. Community Support Program (CSP) revenue is decreased by a net of \$0.3m primarily to account for an increased number of clients in the program without active Medicaid enrollment.

CARS serves individuals in need of community residential settings, such as Adult Family Homes and CBRFs. These placements are often individualized to meet the person's clinical and residential needs in the community. These individualized plans support people with complex needs with various supportive services with varying costs. To continue to support these placements and service plans, an additional \$1.0m is dedicated to fund ongoing community placements for individuals with complex needs.

The Crisis Resource Center (CRC) offers a safe, recovery-oriented environment that provides short-term crisis intervention to individuals. They provide a multitude of services, which includes crisis stabilization, peer support, and linkage to ongoing support and services. There is one CRC located on the Southside of Milwaukee and one on the Northside that provides walk-in crisis services along with short-term stabilization services. Plans are currently underway to have a third CRC location in Milwaukee, which will be supported partly through BHD funding. The third Crisis Resource Center is funded at a cost of \$0.7m. The budget also assumes \$1.2m savings for all Crisis Resource Center locations related to a proposed amendment to the contract between Medicaid HMOs and the Wisconsin Department of Health Services that would provide coverage for all HMO enrollees to receive services at CRC locations.

The development of the Northside and Southside Clinics has been a priority redesign and improvement project for BHD, our partners, stakeholders, and the community for the last two years. The 2020 Budget plans for the integration of BHD staff into three Federally Qualified Health Centers (FQHC) in Milwaukee. This project will implement and sustain an array of operational and clinical evidence-based practices, which more closely integrate BHD services with existing FQHC services and resources. Successful implementation will lead to more same day services for residents, improved safety for clients and families, a more efficient service delivery system, and increased billable revenues for crisis and outpatient services. These investments are possible through reallocation of the current Access Clinic and Adult Day Treatment Resources, as well as the addition of 3.0 FTEs. Funds are also provided to include Peer Specialists in the centers.

Wisconsin Medicaid Cost Report (WIMCR) and CCS cost report revenue is increased by \$1.4m. This impacts the following areas: crisis services, TCM, CSP, and CCS. Funding in 2020 will be based on the FY 2019 cost report.

\$75,000 is provided in support of employment development for Milwaukee County adults who experience mental illness. This is funded in 2020 through a contribution from BHD's General Reserve Fund.

Community Mental Health Financials by Major Program Area					
Activity	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
<b><i>Crisis Mobile Team &amp; CART</i></b>					
Expense	\$3,977,776	\$4,443,833	\$4,942,861	\$4,857,089	(\$85,772)
Revenue	\$447,064	\$1,449,635	\$885,019	\$1,298,160	\$413,141
Tax Levy	\$3,530,712	\$2,994,198	\$4,057,842	\$3,558,929	(\$498,913)
<b><i>CARS Care Coordination</i></b>					
Expense	\$894,732	\$884,136	\$1,015,031	\$1,039,892	\$24,861
Revenue	\$4,696	\$168,098	\$112,320	\$86,351	(\$25,969)
Tax Levy	\$890,036	\$716,038	\$902,711	\$953,541	\$50,830
<b><i>Targeted Case Management</i></b>					
Expense	\$7,330,411	\$6,505,212	\$7,325,902	\$6,983,018	(342,884)
Revenue	\$2,481,341	\$3,015,369	\$3,553,778	\$3,452,193	(\$101,585)
Tax Levy	\$4,849,070	\$3,489,842	\$3,772,124	\$3,530,825	(\$241,299)
<b><i>Community Support Program</i></b>					
Expense	\$14,559,321	\$15,164,903	\$15,725,083	\$15,718,253	(\$6,830)
Revenue	\$7,039,205	\$7,360,606	\$9,095,234	\$8,729,866	(\$365,368)
Tax Levy	\$7,520,116	\$7,804,297	\$6,629,849	\$6,988,387	\$358,538
<b><i>Comprehensive Community Services</i></b>					
Expense	\$11,895,126	\$15,492,052	\$19,236,838	\$24,121,386	\$4,884,548
Revenue	\$11,434,999	\$15,378,461	\$17,160,888	\$22,452,495	\$5,291,607
Tax Levy	\$460,127	\$113,591	\$2,075,950	\$1,668,891	(\$407,059)
<b><i>Community Recovery Services</i></b>					
Expense	\$1,136,526	\$230,836	\$110,452	\$0	(\$110,452)
Revenue	\$508,463	\$348,543	\$50,000	\$0	(\$50,000)
Tax Levy	\$628,063	(\$117,707)	\$60,452	\$0	(\$60,452)
<b><i>Community-Based Residential</i></b>					
Expense	\$12,681,192	\$13,551,949	\$12,412,211	\$13,458,465	\$1,046,254
Revenue	\$9,780,317	\$9,780,317	\$9,780,317	\$10,572,898	\$792,581
Tax Levy	\$2,900,875	\$3,771,632	\$2,631,894	\$2,885,567	\$253,673
<b><i>Access Clinic and FQHC Partnerships (2017/2018 included Day Treatment)</i></b>					
Expense	\$1,810,953	\$1,700,952	\$3,528,182	\$4,467,975	\$939,793
Revenue	\$1,566,363	\$1,500,780	\$2,051,815	\$2,045,686	(\$6,129)
Tax Levy	\$244,590	\$250,171	\$1,476,367	\$2,422,289	\$945,922

**CARS: Community AODA Services**

What We Do: Activity Data					
Activity	2017 Actual	2018 Actual	2019 Target	2020 Target	2020/2019 Variance
<i>Detoxification</i>					
Admissions	6,483	6,698	6,000	6,000	0
<i>AODA Residential</i>					
Capacity	99	112	112	112	0
<i>Recovery Support Coordination</i>					
Average Enrollment	397	386	400	400	0
<i>Recovery Support Services</i>					
Average Enrollment	187	188	240	240	0

How We Do It: Program Budget Summary					
Category	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
<b>Expenditures</b>	\$15,827,557	\$16,241,982	\$15,618,200	\$15,247,989	(\$370,211)
<b>Revenues</b>	\$11,918,455	\$12,605,045	\$11,549,736	\$13,559,695	\$2,009,959
<b>Tax Levy</b>	\$3,909,101	\$3,636,938	\$4,068,464	\$1,688,294	(\$2,380,170)

**Strategic Overview:** Milwaukee County's community AODA service program is an alcohol, drug treatment, and recovery service system. These services are open to Milwaukee County residents ages 18-59 with a history of alcohol or drug use. Priority is given to families with children and pregnant women (regardless of age). Milwaukee County BHD has a provider network for AODA residential services that provides a continuum of services, which include traditional residential, medically monitored residential and co-occurring bio-medically monitored residential, day treatment, recovery support coordination, outpatient services, and numerous recovery support services.

**Strategic Implementation:** The 2020 Budget includes \$2.0m in increased grant funding to support ongoing AODA needs in Milwaukee County. This includes \$1.1m in AODA Block Grant funding and \$0.9m in Opioid Crisis State Targeted Response (STR) funding. These additional funds will be used to support the sober housing continuum needed to support individuals in recovery to include, but not limited to, bridge housing, Oxford Houses, residential treatment, a new option for Medication Assisted Treatment (MAT) services, and prevention efforts.

\$0.2m is provided to fund a start-up for Oxford House, a democratically run, self-supporting drug free housing recovery model. Oxford Houses are rented family houses where groups of recovering individuals rent to live together in an environment supportive of recovery from addiction.

\$0.2m in savings is anticipated in Recovery Support Coordination by changing the payment method for this service delivery from per-diem reimbursement to unit-based reimbursement.

\$0.5m in savings is anticipated related to changing the payment method for community Access Point providers from purchase-of-service to fee-for-service.

Other adjustments are made based on anticipated demand.

<b>AODA Financials by Major Program Area<sup>1</sup></b>					
<b>Activity</b>	<b>2017 Actual</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Budget</b>	<b>2020/2019 Variance</b>
<b><i>Detoxification</i></b>					
Expense	-	\$2,661,453	\$2,926,081	\$2,905,596	(\$20,485)
Revenue	-	\$2,333,731	\$2,333,731	\$2,333,731	\$0
Tax Levy	-	\$327,722	\$592,350	\$571,865	(\$20,485)
<b><i>AODA Residential</i></b>					
Expense	-	\$5,607,958	\$5,939,414	5,538,758	(400,656)
Revenue	-	\$5,351,007	\$4,455,371	5,430,371	\$975,000
Tax Levy	-	\$256,951	\$1,484,043	108,387	(1,375,656)
<b><i>Day Treatment &amp; Outpatient - AODA<sup>2</sup></i></b>					
Expense	-	\$631,923	\$1,195,818	\$636,471	(\$559,347) <sup>2</sup>
Revenue	-	\$619,489	\$480,000	\$532,000	\$52,000
Tax Levy	-	\$12,434	\$715,818	\$104,471	(\$611,347)
<b><i>Recovery House</i></b>					
Expense	-	\$71,640	\$45,326	\$49,328	\$4,002
Revenue	-	\$0	\$0	\$0	\$0
Tax Levy	-	\$71,640	\$45,326	\$49,328	\$4,002
<b><i>Recovery Support Coordination</i></b>					
Expense	-	\$3,296,405	\$3,094,512	\$2,909,341	(\$185,171)
Revenue	-	\$3,470,248	\$2,610,011	\$2,810,011	\$200,000
Tax Levy	-	(\$173,843)	\$484,501	\$99,330	(\$385,171)
<b><i>Recovery Support Services<sup>2</sup></i></b>					
Expense	-	\$729,921	\$1,001,357	\$1,577,505	\$576,148
Revenue	-	\$542,839	\$610,429	\$1,127,388	\$516,959
Tax Levy	-	\$186,990	\$390,928	\$450,117	\$59,189
<b><i>Medication Assisted Treatment</i></b>					
Expense	-	\$79,777	\$153,392	\$376,843	\$223,451
Revenue	-	\$0	\$0	\$100,000	\$100,000
Tax Levy	-	\$79,777	\$153,392	\$276,843	\$123,451
<b><i>Prevention</i></b>					
Expense	-	\$3,138,513	\$1,220,831	\$1,214,445	(\$6,386)
Revenue	-	\$287,639	\$1,025,194	\$1,191,194	\$166,000
Tax Levy	-	\$2,850,874	\$195,637	\$23,251	(\$172,386)

<sup>1</sup> 2017 financials are not available because these programs were not budgeted at this level of detail prior to 2017.

<sup>2</sup> Outpatient Plus program is now budgeted in the Recovery Support Services cost center.

**Strategic Program Area 5: Wraparound Services**Service Provision: **Mandated**Strategic Outcome: **Self-Sufficiency/Quality of Life**

<b>What We Do: Activity Data</b>					
<b>Activity</b>	<b>2017 Actual</b>	<b>2018 Actual</b>	<b>2019 Target</b>	<b>2020 Target</b>	<b>2020/2019 Variance</b>
<i><b>Wraparound</b></i>					
Average Total Enrollment	1,201	1,139	1,198	1,246	48
Average Daily Number of REACH enrollees	521	540	550	600	50
<i><b>Children's Mobile Crisis Team</b></i>					
Number of Clients Seen (face-to-face)	1,507	1,235	1,750	1,650	(100)
<i><b>Children's Comprehensive Community Services</b></i>					
Average Total Census	33	79	280	350	70

<b>How We Do It: Program Budget Summary</b>					
<b>Category</b>	<b>2017 Actual</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Budget</b>	<b>2020/2019 Variance</b>
<b>Expenditures</b>	\$54,339,842	\$56,007,462	\$55,275,202	\$57,921,426	\$2,646,224
<b>Revenues</b>	\$54,863,303	\$55,332,534	\$55,401,628	\$57,668,124	\$2,266,496
<b>Tax Levy</b>	(\$523,461)	\$674,929	(\$126,426)	\$253,302	\$379,728
<b>FTE Positions</b>	38.0	42.0	45.5	44.5	(1.0)

How Well We Do It: Performance Measures					
Performance Measures	2017 Actual	2018 Actual	2019 Target	2020 Target	2020/2019 Variance
Family Satisfaction with Care Coordination (5.0 Scale)	4.7	4.68	>= 4.0	4.0	0
Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	65.8%	65.3%	>= 75%	75%	0
Percentage of youth who achieved permanency at disenrollment	55.1%	53.9%	>= 70%	70%	0
Average level of "Needs Met" at disenrollment (Scale of 1-5)	2.6	2.4	>= 3.0	3.0	0

**Strategic Overview:** BHD'S Children's Community Services and Wraparound Milwaukee system of care serves youth and young adults (aged 5-23) along with their families. Through this system of care, eligible youth and young adults in Milwaukee County receive coordinated, community-based mental health services and connections to community resources. All programs emphasize a strength-based care coordination model rooted in underlying need that offers a range of services and supportive options to youth and their families. These community-based services are designed to be individualized to meet the needs of each family. To fulfill eligibility requirements for all programs, children or young adults must meet Serious Emotional Disturbance (SED) criteria. For the first three options listed below, those programs in which enrollment includes participation in the specialized Managed Care carve out Wraparound Milwaukee, other eligibility criteria consist of risk level for out of home care, including hospitalization, and involvement in two or more systems (Child Welfare, Juvenile Justice, Mental Health Social Services, and Education). For enrollment in Comprehensive Community Services (CCS), individuals must be founded functionally eligible per the state assessment, in addition to having a SED diagnosis. Due to our historical ability to manage resources well and form valuable partnerships, the remaining options were able to be developed and sustained to offer Milwaukee County families increased access and choice. Once a determination of eligibility and need is made in partnership with the youth and their family, the following options are available under the Wraparound umbrella:

- **Wraparound:** Referrals are received from the Division of Youth and Family Services (DYFS) and the Division of Milwaukee Child Protective Services (DMCPS) for youth either placed out of home and outside of their community or are at risk of being placed. It provides cost-effective, community-based alternatives to residential treatment placements, juvenile correctional placements, and psychiatric hospitalization.
- **REACH (Reaching, Engaging, and Assisting Children):** Referrals come directly from families, schools, service providers, and the Children's Mobile Crisis (CMC) Team. Youth generally are not involved with DYFS or DMCPS. Under the same practice model, youth and families receive the same type of supports and services as those in the Wraparound program with the exception of placement services.
- **OYEAH (Older Youth and Emerging Adult Heroes):** Supports older youth and young adults (age 16-23) who are experiencing emotional and behavioral challenges to successfully transition to adulthood. In addition to mental health services, there is a focus on life skills, housing, and employment/training.
- **CCS (Comprehensive Community Services for Children):** An option for families, which provides support and services to youth and young adults who may be experiencing mental health or substance abuse diagnoses. As a voluntary community-based program, CCS addresses needs throughout a person's lifespan, with a coordinated and comprehensive array of recovery, treatment, and psychosocial rehabilitation services.

- FISS (Family Intervention and Support Services): A contract from DMCPs in partnership with St. Charles, which utilizes a shorter-term care coordination model aimed at stabilization and prevention. It is designed to assist families in meeting their needs while preventing court and system involvement. Children who are enrolled have identified behavioral issues, but diagnostic information is not required.
- Children's Mobile Crisis Team (CMC): Provides 24/7 crisis intervention services to any family in Milwaukee County with a child who is experiencing a mental health emergency in which the behavior of the child threatens his/or her removal from home, a community placement, and/or school placement. The team can also provide short-term case management and can link the child and family to crisis stabilization and community resources.

**Strategic Implementation:** BHD'S Children's Community Services and Wraparound Milwaukee system of care contains a diverse number of programs, services, and supports available to Milwaukee County families and young adults and all aimed at providing comprehensive, individualized, and cost-effective care to children with complex mental health and emotional needs. The 2020 expectation for Wraparound Milwaukee is a daily enrollment of 1,246 children, young adults, and their families. Enrollment numbers in Wraparound are expected to remain consistent or slightly increase due to a planned integration of screening and assessment between DYFS and Wraparound Milwaukee. The expectation is to continue to see an increase in enrollments for both REACH and CCS, as new potential referral sources are identified and an integration with the Disability Services Division – Children's area continues. Additionally, enrollment into CORE (Coordinated Opportunities for Recovery and Empowerment), a specialized program within CCS, continues to see a steady enrollment of youth and young adults who are clinically at high risk for psychosis or who have already experienced their first episode of psychosis. The number of youth and young adults seen by Children's Mobile Crisis may exceed projections, however numbers reflect current staffing. With the implementation of Crisis Redesign, there is an expectation the continuum of care within crisis response will increase in both capacity and breadth. Wraparound will continue to depend on the use of Crisis Stabilization services as a component of this expansion.

Expenses increase by \$2.6m and revenues increase by \$2.3m based on projected enrollment increases for both Wraparound and Youth CCS.

Wraparound Services by Program Area					
Program	2017 Actual	2018 Actual	2019 Budget	2020 Budget	2020/2019 Variance
<b>Wraparound Services (Reach, O-Yeah, CMC)</b>					
Expense	\$53,362,606	\$52,995,112	\$52,526,815	\$54,130,551	\$1,603,737
Revenue	\$54,210,150	\$53,849,963	\$53,027,000	\$54,357,800	\$1,330,800
Tax Levy	(\$847,744)	(\$854,851)	(\$500,186)	(\$227,249)	\$272,937
<b>Youth CCS</b>					
Expense	\$146,922	\$2,387,473	\$1,986,762	\$3,064,594	\$1,077,832
Revenue	\$133,853	\$1,051,291	\$1,834,628	\$2,879,044	\$1,044,416
Tax Levy	\$13,069	\$1,336,182	\$152,134	\$185,550	\$33,416
<b>Family Intervention and Support Services</b>					
Expense	\$830,314	\$624,877	\$761,626	\$726,281	(\$35,345)
Revenue	\$519,300	\$431,280	\$540,000	\$431,280	(\$108,720)
Tax Levy	\$311,214	\$193,597	\$221,626	\$295,001	\$73,375



# AMENDMENT #1

4

**BUDGET RECOMMENDATION FORM**  
**2020 REQUESTED BUDGET**  
**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION**



Please send completed recommendation forms to:

Maria Perez, PhD (Maria.Perez@milwaukeecountywi.gov) &

Matt Fortman (Matthew.Fortman@milwaukeecountywi.gov)

**Title:**

Living Room Model for North Side of Milwaukee

**MCMHB Sponsor:**

Mary Neubauer and Pastor Walter Lanier

**Narrative Description:**

First developed by Recovery Innovations (now Recovery International) the Living Room Model creates a home-like environment designed to promote a sense of healing, safety, and privacy. The Living Room Model supports the values of MC3 in the creation of a welcoming, trauma-informed, culturally intelligent, person-centered environment of care that is staffed by individuals with lived experience. The Living Room Model is totally supported by peer workers that work in collaboration with clinicians and who remain involved with the individual during his/her stay. The Living Room provides linkages to clinical services, when necessary, that may include doctors, nursing staff, and prescribers all working in collaboration and partnership with the peer staff. The Living Room Model provides an alternative to the emergency department for adults in a mental health crisis. This translates into cost savings for unnecessary emergency room visits. The north side of Milwaukee is the location proposed for this Model. Currently, there are no peer run services or "drop-in" type locations on the north side. Milwaukee's north side is in desperate need for a service like a Living Room Model for residents to receive peer-to-peer interactions that assess and offer care as an alternative to a formal crisis intervention. The north side location is critical to fill a community gap. (cont. p.2)

**Anticipated Financial Impact of Recommendation:**

Description	Revenue	Expense	Tax Levy
Infrastructure development to secure space and provide	\$0 -	\$375,000.00-	\$375,000.00
funds necessary renovation to ensure ADA compliance and	-	-	-
initial staffing.	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
<b>Total</b>	<b>\$0 -</b>	<b>\$375,000.00</b>	<b>\$375,000.00</b>

**Amendment to the Behavioral Health Division 2020 Budget**  
**Living Room Model for North Side of Milwaukee** *(Continued from p. 1)*

**Need and Benefit**

The Living Room Model, named after the familiar home space, provides a safe destination for those in crisis and is easily accessible via public transportation. There are many states, like Illinois, that have implemented the use of the Living Room Model as an alternative to the emergency departments (EDs) for crisis intervention. The Living Room model serves as an option to diverting persons in crisis from EDs. With the Psychiatric Crisis Services (PCS) slated to close by 2021, viable community based options for crisis intervention must immediately occur. The uncertainty of a standalone psychiatric emergency department offers even more concern as traditional emergency departments often provide inadequate services for people in crisis. Persons in mental health crisis frequently report negative experiences in such chaotic environments.

There are significant cost savings involved in the Living Room Model compared to EDs. Those include:

<b>Emergency Departments<sup>1</sup></b>	<b>Living Room Model<sup>2</sup></b>
Average Cost: \$2,000 - \$3,000	Average Cost: \$300
Average Stay: 6 to 23 hours, median 12 hours	Average Stay: 2 to 4 hours
*Deflection Rate: 68%	*Deflection Rate: 94%
Symptom Management: Often unable to resolve the patient's crisis.	Symptom management: Peers work with the individual to identify the root cause of the crisis and develop a crisis plan to address future crises. Peers offer 30 day follow up from deflection

\*Deflected from admission criteria for an emergency department's services.

**Location and Services**

The amendment proposes a location on the north side of Milwaukee. There are no peer run crisis respite or drop-in type facilities on the north side. If enacted as proposed, this would be the first location to serve residents in crisis from the north side of Milwaukee. The zip code areas for consideration are 53206, 53208, and 53212. Those locations also benefit from the services of community health centers serving those zip code areas. Milwaukee Health Services, Inc., Outreach Community Health Centers, and Progressive Community Health Centers provide primary care and benefits acquisition. Peers work in partnership and collaboration with formal systems such as community health centers for medical and prescribing services, legal services, faith-based organizations, law enforcement, and other community organizations to ensure crisis stabilization.

The State of Illinois' Living Room's first year of operation, suggest that community crisis respite centers are cost-effective, effective in helping many individuals alleviate crises, and have the potential to decrease the use of EDs for mental health crisis. Milwaukee's need for community based crisis services are great. The Living Room Model was a proposed model in the HSRI/Public Policy Forum's, December 2018 Environmental Scan Milwaukee Psychiatric Services Redesign (p. 33-34). The time is now to invest in peer run, community based crisis services and to make these services available on the north side of Milwaukee to better meet the needs of our community.

<sup>1</sup> *Emergency Room Visits for Mental Health Conditions: Expect Long Waits*. American Psychiatric Association Blog, November 2016.

<sup>2</sup> Heyland, M., (2017). *Evaluating an Alternative to the Emergency Department for Adults in Mental Health Crisis*. <https://doi.org/10.1080/01612840.2017.1300841>

# AMENDMENT #2

## BUDGET AMENDMENT 2020 REQUESTED BUDGET MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION



**Title:**

Employment Development, Pre-Vocational Training and On-Going Support for Milwaukee County Adults Who Experience Mental Illness

**MCMHB Sponsor:**

Rachel Forman, Ph.D.

### **Narrative Description:**

\$75,000 is being requested in support of employment development for Milwaukee County adults who experience mental illness. This would be funded in 2020 through a contribution from BHD's General Reserve Fund. Paid employment not only provides additional income but engages people in meaningful, integrated activity with other citizens and increases self-esteem, productivity, and life satisfaction. SAMHSA has acknowledged participation in paid employment as important to recovery. In December 2014 the Milwaukee County Behavioral Health Division established paid employment as a desirable programmatic outcome for the people that it serves. This is a recommendation for additional BHD funding that will be available to contract agencies eager to prepare people for work, develop NEW jobs in a variety of fields with quality employers, provide effective on-going support to program participants, and market the success of those program participants to others who might benefit from employment programming. Agencies funded through this revenue will develop both qualitative and quantitative evaluative research that can be used by BHD for future planning. A report will be made to the Quality Committee of the Milwaukee County Mental Health Board.

### **Anticipated Financial Impact of Recommendation:**

Description	Revenue	Expense	Tax Levy
Job Developer Program Costs	-	75,000	-
Contribution from Reserves	75,000	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
<b>Total</b>	75,000	75,000	-