

**COUNTY OF MILWAUKEE**  
INTEROFFICE COMMUNICATION

**DATE:** August 31, 2012

**TO:** Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

**FROM:** Héctor Colón, Director, Department of Health and Human Services

**SUBJECT:** Informational Report from the Director, Department of Health and Human Services, Submitting an Overview of the 2013 Requested Budget for the Department of Health and Human Services

**Background**

As requested by the Health and Human Needs Committee, this report highlights the 2013 Requested Budget for the Department of Health and Human Services (DHHS), including the Behavioral Health Division (BHD).

**DHHS/BHD Overall Summary**

- DHHS's Requested Budget maintains core services while working to increase revenue opportunities, improve efficiency and assess and implement best practices in health and human services.
- DHHS (including BHD) met its combined overall tax levy target of \$85,223,466, which is a decrease of about \$600,000 compared to 2012. This decrease is related to reduced crosscharges from other departments.
- The 2013 Requested Budget for BHD reflects \$186.4 million in expenditures, \$123.8 million in estimated revenues and a total tax levy of \$62.6 million which reflects a \$1.4 million tax levy increase over 2012.
- The 2013 Requested Budget for DHHS, excluding BHD, reflects \$86.9 million in expenditures, \$64.3 million in estimated revenues and a total tax levy of \$22.6 million which reflects a \$2 million tax levy decrease over 2012.
- The tax levy increase in BHD and offsetting decrease in DHHS is primarily due to a shift of BCA related to a State change.

## 2013 DHHS Requested Budget Overview

- Overall, 83 FTEs (annually) BHD positions related to the privatization and downsizing initiatives for Acute, Hilltop and the Community Support Program (CSP) – Downtown are abolished.
- The DHHS budget makes investments in special needs housing, expands the children's waiver programs within the Disabilities Services Division and starts a new short-term secure detention program for youth. Overall, positions and core services are maintained at 2012 levels.

### **Programmatic Highlights by Division**

#### ***Delinquency and Court Services Division (DCSD)***

- Youth Aids revenue is maintained at \$15.4 million, the same level as the 2012 Budget.
- In light of the closures of both Ethan Allen & Southern Oaks, DCSD has been working on a local, short-term, secure placement program as an alternative to costly State correctional stays. DCSD anticipates savings of \$180,000 due to this initiative.

#### ***Disabilities Services Division (DSD)***

- In 2013, DSD plans to serve 90 additional children through the Children's Long Term Support waiver/autism benefit waiver programs. DSD will begin its outreach efforts in 2012 in order to achieve the additional caseload and revenue reimbursement by early 2013.
- The 2013 Budget increases the Purchase of Service contract funding for the Birth to Three Program by \$200,000.
- DSD anticipates the receipt of \$75,000 in additional revenue related to Medicaid crisis billing for individuals receiving services through the operation of a four-bed Crisis Stabilization Center.

#### ***Housing Division***

- In the Special Needs Housing area, funding is increased by \$110,000 to support two new permanent supportive housing developments to serve additional consumers, consistent with the goals of the Mental Health Redesign effort.
- As a result of multiple recommendations from the Mental Health Redesign Task Force, BHD and the DHHS Housing Division are working together on a new initiative to identify housing resources for consumers being discharged from hospitals, shelters, and correctional institutions. As a result, 1.0 FTE Community Intervention Specialist – Housing is created.

***Inmate Medical***

- In the 2012 Budget, the Inmate Medical program within the Office of the Sheriff was transferred to DHHS as of July 1, 2012. In mid-2012, the Office of the Sheriff independently decided to pursue another option; therefore, DHHS has eliminated the Inmate Medical area from its budget for 2013. This change has no tax levy impact for DHHS.

**Behavioral Health Division (BHD)**

***Investments***

- **The \$3 million investment in community-based services** made in the 2012 Budget is continued & will be used to further initiatives begun in 2012. An additional \$50,000 is included to offer more peer support services and expand the continuum of care for clients in Targeted Case Management.
- The Request reflects initiatives and consultation services as BHD continues to work toward **Joint Commission (JC) certification**, with a goal to achieve accreditation in 2013.
- BHD has a total of \$2.1 million dedicated to the implementation of its **Electronic Medical Records (EMR)** system which is expected to significantly enhance the IT and business systems at BHD.

***Downsizings/Major Staffing Changes***

- BHD will reduce the number of licensed beds in the **Center for Independence and Development (CID) (formerly Rehabilitation Center-Hilltop)** by a total of 24 by July 1, 2013. BHD will work closely with the Disabilities Services Division to secure community placements for eligible clients. As part of this initiative, BHD plans to redesign the remaining services for clients in the CID.
- **One Adult Acute Treatment Unit** will close as of April 1, 2013 based on declining census, partnerships with other community hospital providers and recommendations from the Mental Health Redesign Task Force.
- Beginning July 1, 2013, the caseload currently covered by BHD's **Community Support Program (CSP) - Downtown** will be assumed by a community provider through a competitively bid purchase of service contract.

## 2013 DHHS Requested Budget Overview

- Consistent with the Sheriff's report on safety at the BHD complex, security staff will perform the administrative functions of the front desk, including answering and directing telephone calls and checking in visitors, and will be responsible for some additional security such as preventing unauthorized entry and exit.

### ***Revenue***


- Medicaid related revenues are increased by \$2.4 million in 2013, as BHD maximizes Medicaid reimbursement from the State.
- BHD will work with the Care Maintenance Organizations that support clients in the Center for Independence and Development (formerly Rehabilitation Center- Hilltop) and Rehabilitation Center-Central to increase reimbursement for services on a case-by-case basis in 2013.

### ***Other Expenditure Changes***

- Expenditures for Alcohol and Other Drug Abuse (AODA) prevention services and the detox program will decrease by a total of \$467,016 to be consistent with the AODA Block Grant requirements and due to an initiative to institute new quality improvements, respectively.

### **Recommendation**

This report is provided for information only. No action is required.



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