

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: October 14, 2013

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 2014 Proposed Budget for the Department of Health and Human Services

Background

As requested by the Health and Human Needs Committee, this report highlights the 2014 Recommended Budget for the Department of Health and Human Services (DHHS), including the Behavioral Health Division (BHD).

DHHS/BHD Overall Summary

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

In addition, programs and services within the 2014 Budget are person-centered, recovery-oriented, trauma-informed and culturally sensitive.

For 2014, the Community Services Branch (CSB), Wraparound Milwaukee, and Emergency Medical Services (EMS) were transferred to DHHS. This change provides the opportunity to define roles and priorities within a complex mental health system with the idea of raising standards of care for all areas within a well-defined framework.

The table below provides a summary of the 2013 Adopted and the 2014 Recommended Budgets.

2014 DHHS Proposed Budget Overview

	2013 Budget*	2014 Budget	Variance 2013 to 2014
BHD			
Expenditures	\$84,835,391	\$77,853,725	(\$6,981,666)
Revenue	\$36,326,707	\$30,422,699	(\$5,904,008)
Tax Levy	\$48,508,684	\$47,431,026	(\$1,077,658)
BHD FTE	634.9	549.8	(85.1)
DHHS			
Expenditures	\$177,548,638	\$189,526,505	\$11,977,867
Revenue	\$141,209,814	\$152,617,216	\$11,407,402
Tax Levy	\$36,338,824	\$36,909,289	\$570,465
DHHS FTE	477.8	426.6	(51.2)
TOTAL			
Expenditures	\$262,384,029	\$267,380,230	\$4,996,201
Revenue	\$177,536,521	\$183,039,915	\$5,503,394
Tax Levy	\$84,847,508	\$84,340,315	(\$507,193)
DHHS FTE	1,112.7	976.4	(136.3)

**2013 Budget figures have been restated to reflect the transfer of Community Service Branch, Wraparound Milwaukee, and Emergency Medical Services.*

The 2014 Budget reflects a significant investment in community-based initiatives with DHHS increasing its financial commitment by over \$4.8 million to expand existing and fund a variety of new initiatives. These efforts, along with those launched over the past few years, are vital to the framework developed by the Mental Health Redesign Task Force. In addition to maintaining prior year investments, BHD is also expanding services by allocating funding to new 2014 initiatives shown on the following page.

The budget also includes savings of just over \$3.1 million related to the Hilltop closure, and inpatient reductions in Central and Acute as well as adjustments to operations. As a result of these initiatives, an overall decrease in FTEs of 136.3 is expected.

Finally, to maintain staff experience and expertise during the period of downsizing, over \$1 million is budgeted for a retention package for employees to remain at BHD.

Behavioral Health Division (BHD) Budget Summary***Community Investments***

- **The 2014 Budget reflects a significant investment in community-based initiatives with DHHS increasing its financial commitment by over \$4.8 million:**

Expanding BHD's partnership with the Milwaukee Police Department for the Crisis Mobile Team	\$115,327
Starting a Peer Run Drop in Center	\$276,333
Adding more quality assurance staff	\$81,214
Implementing the Community Recovery Services (CRS) program	\$275,000
Expanding case management	\$125,000
Continuing funding for Families Moving Forward, focusing on the African American community	\$150,000
Investing in a new partnership with the UCC/16 th street clinic to focus on the Latino community	\$45,000
Adding resources specifically for clients moving out of Rehab Centers – Central	\$793,184
Implementing an evidenced based treatment model for all Community Support Programs	\$416,800
A cost of living adjustment for all CSP providers that have been level funded since 2000	\$738,731
Opening a Southside Access Clinic in July 2014	\$250,000
Initiating a TCM pilot program with the Housing Division	\$100,000
Expanding capacity to provide mobile assessments to individuals in the community to 24 hour coverage	\$200,000
The Housing Division's Pathways To Permanent Housing program is funded on an annual basis and provides transitional housing	\$70,000
Implementing a new initiative to create 40 permanent supportive housing scattered site units to serve BHD consumers	\$400,000
Establishing a Community Consultation Team specifically for individuals dually diagnosed with both a developmental disability and mental health issue	\$247,452
Developing a Crisis Resource Center that will be available to individuals with Intellectual/Developmental Disabilities and a co-occurring mental illness	\$250,000
To assist BHD clients moving into the community, BHD will provide prescriber availability as a part of the Day Treatment program	\$65,578
An evening and weekend on call Crisis Response Team (CRT) for individuals with ID/DD and MH clients is created	\$154,544
The Housing Division will also fund two case managers to provide services to approximately 50 veterans who are disabled and homeless	\$100,000
TOTAL	\$4.8 million

Inpatient Services (Adult and Children)

- In response to declining census, partnerships with other community hospital providers and recommendations from the Mental Health Redesign Task Force, BHD is proposing to close an additional 12 beds effective April 1, 2014 in the Acute Treatment Units. This initiative will result in savings of \$462,676 and a total annual reduction of 15 FTEs.

Nursing Facility Central

- In 2014, BHD will reduce the number of licensed beds in Rehabilitation Center-Central by a total of 24. The Division will work closely with Family Care and Services and Access to Independent Living (SAIL) to secure community placements for 24 clients by July 1, 2014. The downsizing will result in a savings of \$591,367 and a total annual reduction of 20 FTEs.

Inpatient Services – Nursing Facility Hilltop

- Furthering an initiative that started in 2011, BHD will be closing the Center for Independence and Development (formerly Rehabilitation Center-Hilltop) in two stages, initially reducing the number of licensed beds by 24 by May 1, 2014 and ultimately closing the remaining 24 licensed beds by November 1, 2014. The Division will work closely with the Disabilities Services Division, the State of Wisconsin Division of Long Term Care and area Care Management Organizations to secure community placements for these clients on the proposed time frame. The downsizing will result in a savings of \$758,863 and a total annual reduction of 67 FTEs.

Adult Crisis Services

- In 2014, BHD will establish a new Community Consultation Team (CCT) by investing \$247,452 to provide support to individuals who are transitioning from Hilltop to the community, support to their providers, staff consultation services and development for providers, and crisis services.
- A Quality Assurance Coordinator is created for \$81,214 to maintain quality of various new initiatives and expanded services.
- In 2014, BHD expand their partnership with the Milwaukee Police Department for the Crisis Mobile Team by adding one clinician to work directly with law enforcement in serving as first responders to ED calls with the goal of reducing involuntary Emergency Detentions for \$115,327.
- Crisis Services will invest \$200,000 to expand the capacity of the Crisis Mobile Team to provide assessments to individuals in the community 24-hours-a-day. Each member of the Mobile Crisis Team will also receive additional training related to addressing the behavioral health, medical and cognitive needs of elderly individuals in Milwaukee County.

2014 DHHS Proposed Budget Overview

- In accordance with the goals of the Mental Health Redesign efforts, BHD will invest \$250,000 in July 2014 to create a second Access Clinic on the Southside of Milwaukee to help meet increased demand and address community needs in an accessible location.

Management and Support Services

- A Physician Quality Officer is created to lead quality improvement programs throughout the hospital.
- In 2014, to continue the Department's goal of expanding quality assurance initiatives to ensure consistently high standards of care, work toward Joint Commission accreditation is continued and 1.5 FTE of Quality Assurance Coordinator is created.
- Due to the recent downsizing efforts at BHD, BHD conducted an analysis of overhead needs. As a result, 19.0 FTEs are reduced in 2014 for a savings of over \$1.3 million.
- BHD has a total of \$1.86 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.
- A total of \$245,378 is provided to install 45 security cameras at BHD to maintain a safe and therapeutic environment for patients and staff.

DHHS Budget Summary

Overview

DHHS experiences a net increase of 102.60 FTEs which is the result of an increase in FTEs due to the transfer in of FTEs from EMS, CSB and Wrap as well as the transfer out of FTEs related to Facilities Management.

Director's Office and Management Services

- The 211-IMPACT contract as well as the Wisconsin Home Energy Assistance Program (WHEAP) are maintained in 2014.

Delinquency & Court Services Division

- The 2014 Budget includes an increase in youth aids revenue of \$1,161,480, which is based on rates included in the 2013-2015 Adopted State Budget and an Average Daily Population (ADP) of 146.2 for the Juvenile Correctional Institution and 11.0 for the Child Caring Institution. This is an overall reduction in ADP of 7.9 but is consistent with the most recent 18-month averages.
- DCSD is investing \$500,000 in expanding community alternatives to safely reduce reliance on secure confinement and out of home placements.

2014 DHHS Proposed Budget Overview

- Law enforcement requires timely and secure access to juvenile justice information to be responsive to crime. As a result, DCSD is including an investment of \$37,900 in the eTime Reporting system. This system will allow DCSD to share accurate information regarding juvenile supervision status with local law enforcement and criminal justice agencies.
- In July 2012, the Milwaukee County Board of Supervisors authorized the implementation of a short-term secure placement program within the Milwaukee County Secure Detention Center as a disposition placement option for the circuit courts. DCSD has since proceeded with implementation of the Milwaukee County Accountability Program (MCAP) program and it is maintained in 2014. The target group is youth who are at risk for State Juvenile Corrections placement. Twenty-one youth have participated in the MCAP program since its inception in September 2012.
- DCSD is redirecting Youth Sports Authority funds to support its New Community Alternatives Investment mentioned above. This would eliminate the Youth Sports Authority but use the funds to invest in evidence-based services for youth.

Disabilities Services Division

- The 2014 Budget includes \$250,000 to develop a Crisis Resource Center that will be available to individuals with Intellectual/Developmental Disabilities and a co-occurring mental illness. In addition, the budget includes \$154,544 for a Crisis Response Team (CRT) for individuals with ID/DD and MH clients. These initiatives together total \$404,544 and are included in the community investment chart in BHD's budget.

Housing Division

- In 2014, the Housing Division plans to implement a new initiative to create 40 permanent supportive housing scattered site units to serve BHD consumers. The Housing Division will work with existing landlords to secure these units and the service model will include peer specialists to supplement the work of case managers. This \$400,000 new investment is consistent with the Mental Health Redesign recommendations.
- In 2013, the Housing Division worked on a new initiative called the Pathways to Permanent Housing program. This program provides transitional housing including intensive care management and the presence of a robust level of peer specialist resources and expertise. In the 2014 Budget, \$276,250 is transferred from BHD to Housing and an additional \$70,000 in tax levy is allocated to provide support for a full year for this program. The Pathways program is consistent with the Community Linkages Committee of the Mental Health Redesign Taskforce.
- A HUD requirement for the federally-subsidized Shelter Plus Care program is that the individual must have permanent case management. To address this issue, the Housing Division will fund two contracted case managers to provide services to

approximately 50 veterans who are disabled and homeless. This initiative is funded with \$100,000 in Potawatomi revenue and has no levy impact.

Behavioral Health Community Services

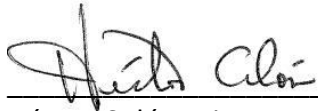
- As of March 1, 2014, BHD proposes to outsource the caseload currently covered by BHCS's Community Support Program (CSP) – Downtown and Southside locations and have all 337 caseloads assumed by community providers through a competitively bid purchase of service contract. The initiative is expected to produce a net tax levy savings of \$689,031 and a total annual reduction of 45.0 FTEs.
- A component of the Governor's 2013-2015 Mental Health Initiative is the statewide expansion of the Comprehensive Community Services (CCS) Medicaid psychosocial rehabilitation benefit. BHCS plans to apply for this benefit, which would begin in July 2014.
- Increased community services, totaling \$793,174, is included to assist in moving clients from Central into appropriate community placements. This includes funding for additional CSP slots, group home beds and for additional supports such as adult family homes and other needed services.
- BHCS proposes to decrease funding by \$350,000 for the two Crisis Resource Centers to account for the billable per diem rate. They also propose to decrease outpatient contracts by \$250,000 based on the BadgerCare expansion and a possible move to a fee-for-service network.
- Since 2004, Milwaukee County has received a federal discretionary grant called Access to Recovery (ATR) that has served as the financial structural support for the Wiser Choice voucher network for treatment and recovery support services for individuals with a substance use disorder. This grant funding is scheduled to end in September 2014, which could result in a loss of \$3.2 million annually. In 2014, BHD will develop a long-term funding strategy to address the anticipated loss of funding. This program enrolls an average of 300 clients per month.
- An appropriation of \$100,000 for HIV prevention services is eliminated for the Aids Resource Center of Wisconsin (ARCW). This decision was made based on a continued focus of investing in services directly related to BHD's mission.
- In the Wraparound Program, daily enrollment is projected to significantly increase by approximately 150 youth to over 1,200 families based on increased enrollments in the voluntary REACH program and the removal of the Medicaid enrollment cap in the Wraparound HMO. This results in over \$12.2 million in additional client expenditures, which is off-set by revenues for behavioral health services provided by Wraparound.

Emergency Medical Services

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

Recommendation

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



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