COUNTY OF MILWAUKEE Inter-Office Communication

Date: July 5, 2011

To: Supervisor Peggy Romo West, Chairperson, Health and Human Needs

Committee

From: Geri Lyday, Interim Director, Department of Health and Human Services

Subject: From the Interim Director, Department of Health and Human Services,

submitting an informational report with an overview of the 2012 Requested Budget for DHHS, including the Behavioral Health Division

As requested, below is a listing of 2012 Requested Budget highlights for the Department of Health and Human Services (DHHS), including the Behavioral Health Division (BHD).

- DHHS includes the divisions of Delinquency and Court Services, Disability Services, Housing, Management Services, Economic Support and the Behavioral Health Division.
- The 2012 Requested Budget for DHHS, excluding BHD, reflects \$131.7M in expenditures, \$103.9M in estimated revenues and a total tax levy of \$27.8M.
- The 2012 Requested Budget for BHD reflects \$187.9M in expenditures, \$126.8M in estimated revenues and a total tax levy of \$61.1M.
- The directed tax levy target was \$88.9M for DHHS and BHD combined.
- DHHS will work to minimize any local impact of the \$500M statewide reduction in Medical Assistance in the State budget, the specifics of which are yet unknown, but could impact the Delinquency and Court Services, Disability Services and Behavioral Health Divisions.
- DHHS will work with the Department of Administrative Services and the County Executive to identify \$3M in tax levy savings in 2012.
- 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.

Programmatic Highlights by Division

Delinquency and Court Services Division (DCSD)

- DCSD has experienced encouraging trends in reducing police referrals, reliance on more costly institutional service options and repeat offending behaviors. To continue the downward trends and positive outcomes, DCSD's contracts and programs, including a number of emerging collaborations and information technology enhancements, are maintained in 2012.
- The Request reflects a realignment of Division staff to better address service needs.
- DCSD will review the impact of the proposed State Corrections Facilities closure and, in response to that and other trends in the corrections area, plans a number of initiatives and collaborations, including technology enhancements, a project that will utilize restorative justice practices, and collaboration with other counties and agencies.
- There is an estimated \$3.5M loss in Youth Aids revenue stemming from State cuts, but with current cost projections based on projected average daily correctional populations, DCSD will be able to offset the revenue loss in 2012. There will be no reduction in services since the revenue offset is due to the increase use of community-based services and options that resulted in the decreased average daily census at the correctional facilities.

Disabilities Services Division (DSD)

- Staffing responsibilities and functions will be reassigned to continue to assist
 individuals with disabilities and their families, provide Disability Resource Center
 services as required by the State and accommodate the State's Family Care cap on
 enrollments. Unfortunately, the Division's waiting list of adults and children seeking
 long-term care services will grow because of the State's enrollment cap.
- Implementation of the Children's Long-Term Support (CLTS) Medicaid Waiver program and expansion will continue.
- In conjunction with BHD, a Developmental Disabilities- Mental Health Pilot Respite Program is established to provide community treatment and supports to an identified group of individuals with a demonstrated high utilization of BHD Adult Crisis Services.
- DSD will continue to work with BHD on the initiative to downsize units in BHD's Rehab Center – Hilltop.

Housing Division

The Request includes one-time investment of \$400,000 in an Electronic Funds
 Transfer (EFT) software module, which would have numerous benefits including:
 fast, accurate payment to vendors, reduction in paperwork, elimination of problems
 associated with lost or stolen checks and easier reconciliation of payments with
 bank statements.

- DHHS plans to embark on a strategic planning process to integrate the existing Housing and Urban Development (HUD) programs with Special Needs Housing initiatives.
- Program services have been reduced accordingly to reflect federal HUD budget cuts of approximately \$450,000 in Community Development Block Grant (CDBG) and HOME/Home Repair funding.

Economic Support Division (ESD)

• As of January 1, 2010, the State of Wisconsin assumed control over the FoodShare (food stamps), Medicaid Assistance, Car Taker Supplement, and Wisconsin Works (W2)/Supplemental Security Income (SSI) burials as well as the Child Care program. Staff in County positions that supported Income Maintenance (IM) and Child Care, remained County employees but were supervised by the State. The then-proposed 2011-2013 State budget and now the adopted State budget, converts County IM staff to State employees. The State's Department of Health Services (DHS) is directed to communicate with Milwaukee County, regarding the issues related to the transfer of county IM employees, within 30 days of the budget bill's enactment and then report to the Joint Finance Committee with 60 days. The Budget Request maintains the positions in DHHS and assumes the same level of compensation pending the outcomes of these discussions.

Behavioral Health Division (BHD)

- Taking the results of multiple efforts to study the existing mental health delivery system in Milwaukee County, the Mental Health Redesign Task Force, established through County Board Resolution, will coordinate the recommendations put forth to date and prioritize and implement new mental health system ideas and innovative strategies.
- BHD will implement a \$1.6M multi-faceted initiative to substantially increase community mental health services. This initiative is closely associated with the Mental Health Redesign and will serve as an important step toward investing in community resources prior to any downsizing of the BHD facility. It includes a community-based Crisis Stabilization program that will utilize Peer Specialists; an additional 8-bed crisis respite facility; the Developmental Disabilities-Mental Health Pilot Respite Program that will provide community treatment and supports to an identified group of individuals with a demonstrated high utilization of BHD Adult Crisis Services; and additional community crisis options.
- The caseload covered by BHD's Targeted Case Management (TCM) will be outsourced to community providers. Staff will be redeployed and savings re-invested to support services as part of the initiative related to expanding needed community resources.
- The Request reflects initiatives and consultation services to achieve Joint Commission certification.

- As a result of State budget cuts, the 2012 Requested Budget reflects reduced funding and corresponding service reductions for adult community Alcohol and Other Drug Abuse (AODA) services of an estimated \$500,000, and Wraparound Milwaukee Mobile Urgent Treatment Team crisis intervention services to Milwaukee Public Schools.
- Although the State also cut adult community mental health services funding, revenue reductions in this area of over \$700,000 will be backfilled by tax levy to support the crucial investment and initiatives in adult community-based mental health services.
- An electronic medical records (EMR) system will be implemented in 2012.

Recommendation

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

Geri Lyday, Interim Director

Department of Health and Human Services

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