

Mental Health Outpatient and Support Services

County-Wide Key Strategic Outcome: A county that assists at-risk citizens

Program Description

The Clinical Services Division operates a comprehensive outpatient mental health clinic offering a variety of innovative programs as well as more traditional clinic services. Contract services complement County provided programs ranging from inpatient care, work related services, outpatient social/recreational services, prevention, education, and intervention (24 hour crisis phone service) to adult family homes, group homes, and residential care. Keeping clients in the community is the goal. Day Services and the Community Support Programs (CSP) are provided after and as prevention to inpatient services for the chronically mentally ill. Day Services provide therapeutic programs at the Mental Health Center. Community Support serves the more resistive client through community outreach. Both programs are at or near capacity; however, demand for these services remains high.

	2009 Actual	2010 Budget	2010 Estimate	2011 Budget	Budget Change
Staffing (FTE)	43.11	42.81	42.81	42.31	(0.50)
General Government	\$792,031	\$943,552	\$1,103,726	\$1,630,336	\$686,784
Charges for Services	\$2,618,485	\$2,044,700	\$2,137,500	\$2,226,824	\$182,124
Other Revenue	\$1,211,098	\$1,014,121	\$1,002,321	\$1,020,120	\$5,999
Appr. Fund Balance	\$0	\$0	\$0	\$4,800	\$4,800
County Tax Levy	\$6,493,999	\$7,416,776	\$7,416,776	\$7,166,235	(\$250,541)
Total Revenues	\$11,115,613	\$11,419,149	\$11,660,323	\$12,048,315	\$629,166
Personnel Costs	\$4,162,258	\$4,312,420	\$4,076,899	\$4,276,112	(\$36,308)
Operating Expenses	\$6,553,905	\$6,668,863	\$6,822,628	\$7,306,117	\$637,254
Interdept. Charges	\$416,801	\$437,866	\$440,116	\$466,086	\$28,220
Total Expenditures	\$11,132,964	\$11,419,149	\$11,339,643	\$12,048,315	\$629,166
Rev. Over (Under) Exp.	(\$17,351)	-	\$320,680	-	-



Program Highlights

General Government revenue is budgeted to increase \$686,784. This is primarily related to a new federally Psychosocial Rehabilitation State Plan Amendment - Community Recovery Services (1915i) (CRS) program matched waiver dollars that enables Federal reimbursement for a portion of habilitative costs (for clients who have severe and persistent mental illness) which are budgeted to increase \$492,743 to \$686,050. New State general purpose revenue of \$203,176 is budgeted in 2011 to encourage alternative planning for children and the elderly, and to partially offset increased institute cost charges. Also, State Mental Health Funding (community support of \$153,169 and mental health funds of \$189,360) totaling \$342,638, which is unchanged from the 2010 budget. Community Options revenues are budgeted at \$398,581, which is a decrease of \$9,026 from the 2010 State allocations.

Charges for services revenues are budgeted to increase by \$182,124 to \$2,226,824 primarily related to an increase in Comprehensive Community Service (CCS) Federal share (approx. 60% of cost) for residential/rehabilitative and vocational services, which is increased \$115,724 or about 11% to \$1,116,134. Also, other client fees and 3rd party revenue reimbursements are increased by \$66,400 to \$889,310 to closer reflect prior year actuals.

Other revenue includes SSI collections of \$605,899 which reflects an increase of \$5,999 from the 2010 budget; State Wisconsin MA Cost Reporting program (WIMCR) reimbursement budgeted at \$314,221 and State institute reimbursements are budgeted at \$100,000 which are unchanged from the 2010 budget

Net personnel costs decrease by \$36,308 to \$4,276,112, which reflects the transfer out of 0.50 FTE of a staff psychiatrist to the Mental Health Center (Fund 350) to more accurately reflecting the present staff deployment of psychiatric services partially offset by costs to continue the remaining 42.31 FTE.

Mental Health Outpatient and Support Services (cont.)

Operating expenses increase \$637,254 about 10% to \$7,306,117 mostly related to an \$857,534 increase in new Federal Community Recovery Services Program (CRS) costs to \$1,179,712 as program expenses are realigned from other programs areas to help capture these Federal reimbursements. Also, new contracted services related to CRS is budgeted at \$241,823. In addition, medical psychiatric services increase by \$126,360 to \$329,546 as the department shifts contracted medical services coverage to replace and offset the transfer to this program area from the mental health center inpatient unit. Also, emergency medical supplies and pharmaceutical drugs are budgeted to increase by \$32,926 to \$321,013, based on an estimated increase in clients in the Community Support Program (CSP) program and the higher expense for injectable psychiatric medications being paid for by Medicare reimbursements. The higher budgeted operating expenditures are offset by \$399,259 of contract service reductions mostly related to the realignment of clients to the CRS program estimated at about a \$743,000 reduction offset by five new clients placed at a Trempealeau County Health Care Center at a cost of \$344,391 (daily rate of \$234.95 per client) as an alternative to State Institute placements. Also, comprehensive community services (CCS) operating expenses are reduced by \$132,574 to \$1,382,006 as three clients were moved to the CRS program. State Institutes expenditures are decreasing by \$130,415 to \$1,050,496 to reflect prior year and current year spending levels.

Interdepartmental Charges increase includes technology costs of \$17,460 based computer resources being used as recommended by internal audit with tax levy provided for most of the increase.



Activity	2009 Actual	2010 Budget	2010 Estimate	2011 Budget	Budget Change
Community Support: number of clients	192	195	195	195	0
Case Management Clients (Non-CCS)	85	90	73	75	(15) (a)
Residential Care: days of Care	30,397	28,286	29,763	29,565	1,279(b)
Outpatient Clients	4,031	3,400	3,800	3,800	400
Comprehensive Community Services Clients	97	100	98	97	3
State Institutes Payments: Days of Care (Children)	0	292	287	218	(74) (c)
State Institutes Payments: Days of Care (Adults)	995	1,120	581	844	(276) (d)

- (a) Case management clients are expected to decrease as a result of clients transferred to Family Care.
- (b) Increase related to five new clients placed at Trempealeau County Health Care Center.
- (c) Reduction is due to average days of care per child is reduced from 90 days to 60 days. Also, approximately 35 days of cares (\$30,000) was transferred to the Child and Family Services to assist with the increasing number of developmentally disabled children in need of services.
- (d) Family Care clients that are developmentally disabled are budgeted to spend fewer days at the State Institutes based on current year trend in which more clients are readily transferred to the DD centers per Medicare directive.

**Alcohol & Other Drug Abuse Outpatient Clinic
and Support Services**

County-Wide Key Strategic Outcome: Cost effective services delivered with competence and skill

Program Description

The Alcohol and Other Drug Abuse (AODA) programs provide intervention and treatment services to Waukesha County residents at-risk due to alcohol and drug usage and addiction. Education, support, and outpatient programs are designed to meet both interdepartmental and community needs. The Intoxicated Driver Program (IDP), Wisconsin Chapter 20, mandates assessment for all individuals convicted of operating a motor vehicle while intoxicated. The convicted driver pays assessment fees. Assessment revenues are used to partially cover the cost of the assessment program. Programs are contracted with community agencies, hospitals, and the County operated clinic in the least restrictive and most cost effective setting possible. Those persons who qualify for Intoxicated Driver Program funds are allocated funding through State surcharge revenues.

	2009 Actual	2010 Budget	2010 Estimate	2011 Budget	Budget Change
Staffing (FTE)	9.30	9.30	9.30	9.30	0.00
General Government	\$719,061	\$753,949	\$791,949	\$608,402	(\$145,547)
Fines/Licenses	\$427,756	\$535,000	\$427,700	\$475,000	(\$60,000)
Charges for Services	\$253,575	\$265,000	\$252,100	\$256,200	(\$8,800)
Other Revenue	\$0	\$0	\$0	\$0	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$515,134	\$369,753	\$369,753	\$507,637	\$137,884
Total Revenues	\$1,915,526	\$1,923,702	\$1,841,502	\$1,847,239	(\$76,463)
Personnel Costs	\$795,302	\$825,575	\$848,985	\$831,001	\$5,426
Operating Expenses (a)	\$1,183,402	\$1,073,823	\$1,045,971	\$985,977	(\$87,846)
Interdept. Charges	\$22,563	\$24,304	\$24,304	\$30,261	\$5,957
Total Expenditures	\$2,001,267	\$1,923,702	\$1,919,260	\$1,847,239	(\$76,463)
Rev. Over (Under) Exp.	(\$85,741)	-	(\$77,758)	-	-



Program Highlights

General government revenue decrease mostly reflecting a reduction of \$183,547 in Alcohol and Other Drug Abuse (AODA) block grant funding to \$521,473 in 2011 related to the State's release of Federal AODA Block grant funding in 2010 that is being reduced in 2011. In the 2010 budget, the State department of Health Services partially offset the \$425,369 reduction in Community Aids with the use of the increased AODA funding of \$183,547. This decrease is partially offset with a transfer in of \$38,000 of child day care State community aids from the Intake and Shared Services program which provides women's treatment support dollars.

Fines and licenses budgeted at \$475,000 reflect a reduction in OWI surcharge dollars of \$60,000 based on prior year collections and current year estimates.

Client fees are reduced by \$8,800 to \$256,200 to more closely reflect prior year actual and current 2010 estimates.

Net personnel costs include employee cost to continue for 9.30 FTE existing staff.

Operating expenses primarily consists of various contracted services and include a reduction of \$122,046 reflecting the closing of a residential center and a local halfway house. Detoxification contract services and related medical expenses are also reduced by \$25,000 to reflect prior year and current 2010 estimates. These expenditure reductions are partially offset by \$34,200 of budgeted AODA child care expenses which are transferred from the Intake and shared services Program.

Inter-departmental increase primarily reflects technology fund usage changes based on computer resources being used as recommended by internal audit with tax levy provided to mitigate most of the cost increase.

Activity	2009 Actual	2010 Budget	2010 Estimate	2011 Budget	Budget Change
Clients Receiving Detox	276	250	200	210	(40) (a)
Detoxification: Days of Care	564	350	280	335	(15) (a)
Outpatient Clients	1,648	1,600	1,700	1,710	110 (b)
AODA Halfway House	5,649	NA	4,392	4,392	NA

(a) Fewer clients are being served mostly due to the closing of a residential facility in 2009. Also, opiate detox is no longer being funded.
(b) Outpatient client increase is due to increasing trends of AODA clients receiving intensive outpatient services.



Statement of Purpose

This budget reports the financial operations of the Mental Health Center (MHC) inpatient hospital for accounting purposes and State/Federal reporting including federal/state Medicare Cost Report requirements. This fund provides for all services related to admissions to the hospital for psychiatric emergency and other psychiatric hospitalizations and related support services.

The Hospital Inpatient Program of the Mental Health Center provides 24-hour care to court-involved and voluntary mentally ill individuals for which a range of services are included such as diagnosis; medication monitoring and stabilization; individual, couple, and group counseling; and development of aftercare services.

Note: In the 2011 budget the Mental Health Center Fund is changed from a special revenue fund to a general fund based on the new Governmental Accounting Standards Board (GASB) Statement No. 54 which significantly changes how governments classify and report fund balances. The new standards makes it clear that special revenue funds are created only to report revenue sources that are all restricted or committed to a specified purpose.

Financial Summary	2009 Actual	2010 Adopted Budget	2010 Estimate	2011 Budget (a)	Change From 2010 Adopted Budget	
					\$	%
Revenues						
General Government	\$5,839	\$0	\$0	\$0	\$0	N/A
Fine/Licenses	\$0	\$0	\$0	\$0	\$0	N/A
Charges for Services	\$2,424,308	\$2,353,839	\$2,533,329	\$2,548,839	\$195,000	8.3%
Interdepartmental	\$0	\$0	\$0	\$0	\$0	N/A
Other Revenue	\$133,158	\$0	\$600	\$0	\$0	N/A
Appr. Fund Balance (a)(b)	\$2,730	\$35,000	\$35,343	\$35,000	\$0	0.0%
County Tax Levy	\$3,234,918	\$3,217,113	\$3,217,113	\$3,248,170	\$31,057	1.0%
Total Revenue Sources	\$5,800,953	\$5,605,952	\$5,786,385	\$5,832,009	\$226,057	4.0%
Expenditures						
Personnel Costs	\$3,853,647	\$3,854,720	\$3,996,069	\$4,099,647	\$244,927	6.4%
Operating Expenses (b)	\$1,029,822	\$1,019,856	\$906,245	\$942,772	(\$77,084)	-7.6%
Interdept. Charges	\$664,486	\$696,376	\$696,376	\$767,370	\$70,994	10.2%
Fixed Assets (b)	\$0	\$35,000	\$35,000	\$22,220	(\$12,780)	-36.5%
Total Expenditures	\$5,547,955	\$5,605,952	\$5,633,690	\$5,832,009	\$226,057	4.0%
Rev. Over (Under) Exp.	\$252,998	-	\$152,695	-	-	N/A

Position Summary (FTE)

Regular Positions	43.15	42.45	42.45	42.95	0.50
Extra Help	3.32	3.64	3.64	4.05	0.41
Overtime	0.52	0.47	0.47	0.47	0.00
Total	46.99	46.56	46.56	47.47	0.91

(a) The 2010 estimate exceeds the 2010 adopted budget due to 2009 open purchase orders and additional spending authority carried over into 2010.

(b) Appropriated General Fund Balance derived from H&HS Funds are budgeted at \$35,000 mainly for \$22,220 in fixed asset building improvements needs that may arise to remain in compliance with state/federal hospital regulations. The remaining \$12,780 is budgeted for replacement chairs in the Mental Health Center.

Major Departmental Strategic Outcomes and Objectives for 2011

County-Wide Key Strategic Outcome: A county that assists at-risk citizens

Objective 1: To provide effective care and services that allow individuals to return to community based settings as soon as possible. (Mental Health Center)

Key Outcome Indicator: The re-admission rate is a measure of the effectiveness of inpatient treatment and subsequent community aftercare. The goal of the Mental Health Center is not to exceed 10% for readmission within 30 days of discharge.

Performance Measure:	2009 Actual	2010 Target	2010 Estimate	2011 Target
30 Day Readmission Rate	9.6%	9.9%	9.6%	9.9%

Program Highlights

Charges for services, which consist mostly of client fee revenues (including insurance and Medicare/Medicaid reimbursements), increase by \$195,000 to \$2,548,839 based on the level of 2009 actuals and current year revenue projections, mostly due to the continuation of the Medicare prospective payment system that provides more timely reimbursements for services that under the previous retrospective payment system, were often received several years later. In addition several factors may be increasing the number of patients with billable insurance coverage, such as the State widening eligibility for Badger Care in recent years and state/federal mental health insurance parity legislation. Also, department management is working to increase the timeliness and accuracy of reporting billing for patient care with changes in personnel in this program (described below) and in the Health and Human Services Administrative/Information Services program area (discussed in that program section). Appropriated Fund Balance is budgeted to fund \$22,220 in one-time fixed assets and building improvement items, which are inspected annually, that may be needed to remain in compliance with state/federal hospital regulations. The remaining \$12,780 is budgeted for replacement chairs in the Mental Health Center. Tax Levy support for this program increases by about \$31,100 or 1% to \$3,248,170, in order to help fund cost increases described below.

Personnel costs for this 24-hour operation are budgeted to increase by about \$244,900, and include the cost to continue staff, and includes an additional 0.50 FTE (1,040 hours) of a staff psychiatrist position moved from the Mental Health Outpatient and Support Services program, with an estimated increase to personnel costs of approximately \$126,000. This cost increase is partially offset by moving 0.50 FTE in contracted psychiatric services to the Mental Health Outpatient and Support Services program (mentioned below). This budget also abolishes and unfunds a vacant 1.0 FTE clerk typist II and creates a secretary supervisor position, which is expected to increase net personnel costs by approximately \$5,800. The secretary supervisor position is planned to help supervise clerical staff; coordinate the transition to an electronic health records system (as mandated by the Federal Centers for Medicare and Medicaid Services); perform confidential record services for MHC management related to Health Insurance Portability and Accountability Act (HIPAA), perform quality assurance/performance audits and train staff on patient admission procedures. In addition, temporary extra help increases by approximately \$25,800 or 0.41 FTE, about 850 hours of additional coverage, to about \$212,300 or 4.05 FTE's, mostly to provide social work coverage and help provide more timely patient care information to insurance carriers on weekends and holidays to help ensure reimbursement for patient care. The new secretary supervisor position and the additional temporary extra help are also expected to help ensure timely and accurate billing for patient care.

Operating expenditures decrease by approximately \$77,100 to about \$942,800, mostly due to a reduction in contracted psychiatric care by \$77,300 to \$332,000, resulting from the shifting of 0.5 FTE (1,040 hours) of contracted psychiatrist work to the Mental Health Outpatient Clinic and Support Services program (as mentioned above), partially offset by an increase in the inflationary cost to continue of approximately \$9,200 and an increase in coverage for on-call coverage, budgeted at \$39,500, for when County-employed psychiatrists are not available. Transcription services are budgeted to decrease by \$20,000 to about \$34,400, mostly due to favorable vendor request for proposal pricing results in 2010, carrying into 2011. Operating expenditures also include budgeting \$12,780 for one-time replacement of chairs at the Mental Health Center, covered with one-time fund balance appropriation (mentioned above).

Interdepartmental Charges increase approximately \$71,000 to \$767,400 and include an increase in End User Technology Fund (EUTF) charges by \$40,200 to \$206,200. However, Tax Levy of approximately \$35,200 is being shifted into the Mental Health Center for a net increase of \$5,000 to cover the phasing in of full-cost allocations, to better reflect technology resources used by departments, as recommended by Internal Audit. In addition, Department of Public Works building maintenance charges increase by about \$14,700 to \$241,000, based on estimated maintenance needs at the mental health facility for 2011. The base interdepartmental charge budget also includes \$101,700 for Risk Management and insurance charges; \$82,800 in Public Works housekeeping charges; \$48,600 in Sheriff patient transportation charges; and \$46,100 in Collections Division charges for collection of past due accounts receivable. Fixed assets include budgeting funds for potential fixed asset building improvements that may be needed to remain in compliance with state/federal hospital regulations.

Activity	2009 Actual	2010 Budget	2010 Estimate	2011 Target	Budget Change
Days of Care	7,356	7,000	7,000	7,000	0
Admissions	1,103	1,150	1,110	1,110	(40)
Discharges	1,102	1,150	1,110	1,110	(40)
Average Length of Stay (Days)	6.7	6.2	6.3	6.3	0.1