Health Services

Care and Treatment Services

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May, 2019 | Joint Committee on Finance | Paper #405

Winnebago Mental Health Institute Operations (Health Services -- Care and Treatment Services)

[LFB 2019-21 Budget Summary: Page 208, #1]

CURRENT LAW

The Department of Health Services operates the state's two mental health hospitals, the Mendota Mental Health Institute in Madison and the Winnebago Mental Health Institute in Oshkosh. Persons are committed to one of the mental health institutes either as the result of a civil process or a criminal process. Persons who are admitted to one of the mental health institutes under a civil process have been found to be dangerous to themselves or others as the result of mental illness or drug addiction. This can be done on an emergency, time-limited basis under a process known as emergency detention, or on a longer-term basis, known as civil commitment. Persons who have been committed as the result of a criminal proceeding, known as forensic patients, fall in one of three categories: (a) persons found not guilty of a crime by reason of mental disease or defect; (b) persons who have been deemed not competent to stand trial for a criminal charge as the result of mental illness and for whom the court has ordered treatment to restore competency; and (c) persons who are undergoing evaluation to determine competency to stand trial.

The Winnebago Mental Health Institute is used for adult and youth civil patients subject to emergency detention or civil commitment, as well as for female forensic patients. Mendota is used almost exclusively for male forensic patients, but also has a geriatric civil commitment unit. Winnebago currently has eight treatment units, with a total staffed capacity of 184 beds.

Mental health institute facility and operations costs associated with civil patients are primarily the responsibility of the patient's county of residence, although costs can be billed to third parties, including Medicaid, in some cases. Payments received from counties and other parties are deposited in a program revenue appropriation for institution costs. Costs associated with forensic patients are funded primarily with a GPR appropriation, although some costs can be billed

separately to Medicaid or other third-party insurance.

Winnebago has a base budget for its principal operations of $54,622,900, which includes $17,384,400 GPR and $37,238,500 PR and 587.44 positions, including 175.91 GPR positions and 411.53 PR positions.

GOVERNOR

Provide $6,242,000 PR in 2019-20 and $6,092,000 PR in 2020-21 and 51.0 PR positions, beginning in 2019-20, to create a separate admissions unit and to increase evening and nighttime supervisory staff at the Winnebago Mental Health Institute. Of these amounts, $5,011,300 in 2019-20 and $4,891,300 in 2020-21 and 39.0 positions would be to establish a separate, 24-bed admissions unit used for initial intake, triage, and treatment of patients upon first arrival at the facility. The remaining $1,230,700 in 2019-20 and $1,200,700 in 2020-21 and 12.0 positions would be for psychiatric care supervisors for evening and nighttime shifts.

DISCUSSION POINTS

1. The Winnebago Mental Health institute serves as the state's primary treatment facility for the emergency detention and for ongoing involuntary civil commitment stemming from a mental health crisis. Some individuals subject to these procedures may be admitted to private hospitals, although these hospitals are not required to accept these patients. Winnebago is required to accept all patients for emergency detention or civil commitment. The Milwaukee County Behavioral Health Division's Mental Health Complex serves this function for that county.

2. Although Winnebago serves forensic patients, 97% of admissions involve civil patients. Services involving civil patients are characterized by a high number of daily admissions and discharges, with shorter stays, in comparison to forensic patients. Winnebago averages between nine and 10 admissions per day, for an annual total of over 3,400. By comparison, Mendota, despite having over 100 more staffed beds, averages fewer than two admissions per day. The average length of stay at Winnebago is about two weeks, while the average stay at Mendota is 69 days.

3. Unlike Mendota, which generally has admissions scheduled on weekdays during daytime hours, admissions at Winnebago can occur at any time of the day or week. Three-quarters of admissions at Winnebago occur during evening or nighttime hours, and admissions tend to be higher on weekends than during the week. When civil patients arrive at Winnebago, they are frequently in a state of high distress and require the full time attention of multiple staff members for at least an initial period. The combination of irregular admissions, frequent patient turnover, and high acuity means that the care and treatment of civil patients is more staff intensive than for forensic patients.

4. In July, 2017, in response to concerns that Winnebago was inadequately staffed for its current population, DHS contracted with Cerner Corporation to conduct a staffing and operations analysis for the facility. Following interviews with staff at all levels, unit observations, and data analysis, Cerner presented its report in April, 2018. The report identified several staffing and

operational problems. It noted that while administrators from Winnebago and the Department's Division of Care and Treatment Services had taken measures to address some of these issues, further steps are needed.

5. According to the Cerner report, one of the factors that has contributed to staffing and operational problems at Winnebago, was the shift to taking all civil commitments at Winnebago, instead of maintaining a mix of forensic and civil patients. Beginning on April 1, 2014, DHS changed its policy with regard to adult male admissions for emergency detention. Whereas prior to that time adult males taken into custody for the purposes of emergency detention were admitted to either Mendota Mental Health Institute or to Winnebago, they are now exclusively admitted to Winnebago, while all male forensic patients are admitted to Mendota. Cerner does not indicate that this shift was, in itself a problem, but instead notes that the high frequency and unpredictability of civil admissions, as well as the acuity associated with civil patients, has placed an additional strain on existing Winnebago staff. No additional positions have been provided for Winnebago since the 2014 admissions policy change. Consequently, one of Cerner's findings was that "additional staff may be warranted to manage the increased patient volumes, patient acuity, and complexity of care."

6. Among the problems identified by Cerner is employee retention at all levels of staff. Cerner indicated, in particular, that some staff report that the over-utilization of mandatory overtime for psychiatric care technicians has led to low morale and employee turnover.

7. Attracting and retaining psychiatrists has also been a problem at Winnebago. Because individuals subject to emergency detention can arrive at any time of day or night, and frequently arrive in a state of high stress, psychiatrists must be available at all times to provide diagnosis and medication management. In order to address the difficulty in hiring and retaining psychiatrists, Winnebago has taken some steps, including: (a) utilizing contract agencies to provide psychiatrists and other mental health professionals; (b) supporting the use of advanced practice registered nurses and physician assistants to support psychiatrists; and (c) initiating a psychiatry residency program at the hospital through the Medical College of Wisconsin. Nevertheless, Cerner notes that additional efforts are needed to effectively serve its mission.

8. The Cerner report included a series of recommendations to stabilize and improve the workforce. The administration indicates that the budget initiatives are intended to as steps toward implementing those recommendations. There are two components of the initiative, described below.

9. The bill would provide $5,011,300 PR in 2019-20 and $4,891,300 PR in 2020-21 and 39.0 PR positions, beginning in 2019-20, to establish a separate, 24-bed unit used for initial intake, triage, and treatment of patients upon first arrival at the facility. After an initial assessment and treatment period, the patient would be transferred to the treatment unit that is most appropriate for his or her needs, generally within 24 hours. In cases where a patient does not require continuing care, an admission to one of the treatment unit would not be necessary. The admissions unit would be established in existing space in Sherman Hall, which is currently unused.

10. DHS indicates that currently new patients are typically placed immediately in any available open bed in one of WMHI's eight units, which may or may not be in a unit matching the patient's treatment needs, and complicates staffing assignments.

11. DHS indicates that the 24-bed intake unit would not be considered an increase to the number of regular treatment beds. Instead, the Department would utilize the admissions unit as a way of freeing existing beds and staff for patients who are not undergoing the initial observation and treatment process.

12. The additional positions would consist of 24.0 psychiatric care technicians, 12.0 nurse clinicians, 2.0 nursing supervisors, and 1.0 office associate. In addition, bill would provide funding for 9.0 limited term employee psychiatric care technicians and 10.0 contracted medical staff (2.0 psychiatrists, 4.0 medical assistants, and 4.0 physician assistants). The following table summarizes the position and funding in the bill for each of these components.

Positions and Funding for Admissions Medical Education Unit

		Proposed Funding	
	FTE Positions	2019-20	2020-21
Permanent Positions			
Psychiatric Are Technicians	24.0	$1,314,500	$1,314,500
Nurse Clinicians	12.0	1,167,900	1,167,900
Nursing Supervisors	2.0	260,200	260,200
Office Associate	1.0	42,900	42,900
Subtotal	39.0	$2,785,500	$2,785,500
LTE Positions			
Psychiatric Care Technicians	9.0	$189,000	$189,000
Contract Staff			
Psychiatrists	2.0	$595,200	$595,200
Physician Assistants	4.0	559,200	559,200
Medical Assistants	4.0	178,800	178,800
Subtotal	10.0	$1,333,200	$1,333,200
Supplies and Services		$703,600	$583,600
Totals	58.0	$5,011,300	$4,891,300

13. The use of limited-term employees as part of the admissions unit staff is intended as one step toward implementing Cerner's recommendation to adopt a more flexible contingency staffing model. LTE staff can be used at times of high census, either to supplement or relieve core staff. Cerner promotes the use of LTE staff to reduce the use of overtime, as well as ensure that the facility can be adequately staffed at all times without relying on permanent positions. The number of hours an LTE can work is limited to the equivalent of one-half time. Consequently, the proposed 9.0 proposed LTE positions is equivalent to 4.5 full time positions.

14. Due to the difficulty hiring employed psychiatrists, as well as provide additional staffing flexibility, the administration proposes using contract staffing for medical personnel. In addition, the administration proposes to operate the admissions unit as a training facility for psychiatric residents from the Medical College of Wisconsin. The Department believes that establishing a site for residency

increases the chance that psychiatrists will remain in the Fox Valley, either as employed psychiatrists at Winnebago or in private practice in the region.

15. The other component of the Winnebago initiative would provide $1,230,700 in 2019-209 and $1,200,700 in 2020-21 and 12.0 positions, beginning in 2019-20, for psychiatric care supervisors for evening and nighttime shifts. The Department notes that since most admissions to Winnebago occur during evening and nighttime hours, the additional supervisory staff for those shifts would help address the higher staffing needs that come with more frequent admissions.

16. Winnebago has 234.6 psychiatric care technicians positions and 72.1 nurse clinician positions. Currently, the psychiatric care technicians are supervised by 15.0 nursing supervisors. With the addition of psychiatric care supervisor positions, nursing supervisors would concentrate on medical care and the supervision of nurse clinicians. With the addition of additional 12.0 psychiatric care technician supervisors, Winnebago would have a staff-to-supervisor of 19.6-to-one for that position. Nursing supervisors, who would supervise only nurse clinicians, would have a staff-to-supervisor ration of 4.8-to-one, which the Department believes is more appropriate for the medical services provided by nurse clinicians at Winnebago.

17. The funding source for the Winnebago staffing initiative is the Department's institutional operations program revenue appropriation. Most of the revenue in this PR appropriation is collected from counties for services provided to civil patients. According to the Department's projections, there would be sufficient revenues in this appropriation for the Winnebago staffing initiative. However, the balance in the PR appropriation would decline from an estimated $19.5 million at the start of the biennium to $8.6 million at the close, suggesting that the Winnebago staffing initiative is at least partially funded with an accumulated balance. Going forward, the Department would likely need to increase fees for services, corresponding to the proposed staffing increase in order to maintain a positive PR appropriation balance.

18. The administration's Winnebago initiative is in response to issues that have been the subject of growing concern over the past few years and that, as confirmed by the Cerner analysis, can be at least partially attributed to insufficient staffing for the current civil population. Approval of the Governor's recommendation would allow the Department to begin implementation of Cerner's recommendations (Alternative 1).

19. Typically, the state budget provides nine months of funding for new positions in the first year of new initiatives, to reflect that new positions would not be filled immediately at the start of the fiscal biennium. The bill would not follow this practice, but would instead provide a full year of funding for state positions and contract staff. The Department indicates that since Winnebago is continuously hiring and training new employees, the new positions could be filled promptly following passage of the budget. However, if the Committee determines that the Winnebago initiative should adhere to the usual budget timeline for new positions, funding could be reduced by $1,076,900 PR for the state and contract positions to reflect nine months of funding rather than a full year (Alternative 2).

ALTERNATIVES

1. Approve the Governor's recommendation to provide $6,242,000 PR in 2019-20 and $6,092,000 PR in 2020-21 and 51.0 PR positions, beginning in 2019-20, to create a separate admissions unit and to increase evening and nighttime supervisory staff at the Winnebago Mental Health Institute.

ALT 1	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
PR	$12,334,000	51.00	$0	0.00

2. Modify the Governor's recommendation by reducing funding by $1,076,900 PR in 2019-20 to provide nine months of funding for state and contract positions in that year rather than a full year of funding.

ALT 2	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
PR	$11,257,100	51.00	- $1,076,900	0.00

3. Take no action.

ALT 3	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
PR	$0	0.00	- $12,334,000	- 51.00

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May, 2019 | Joint Committee on Finance | Paper #406

Forensic Unit Expansion at Sand Ridge Secure Treatment Center (Health Services -- Care and Treatment Services)

[LFB 2019-21 Budget Summary: Page 210, #2]

CURRENT LAW

The Department of Health Services operates the state's two mental health hospitals, the Mendota Mental Health Institute in Madison and the Winnebago Mental Health Institute in Oshkosh. Persons are committed to one of the mental health institutes either as the result of a criminal process or a civil process. Persons who have been committed as the result of a criminal proceeding, known as forensic patients, fall in one of three categories: (a) persons found not guilty of a crime by reason of mental disease or defect; (b) persons who have been deemed not competent to stand trial for a criminal charge as the result of mental illness and for whom the court has ordered treatment to restore competency; and (c) persons who are undergoing evaluation to determine competency to stand trial. Persons who are admitted to one of the mental health institutes under a civil process have been found to be dangerous to themselves or others as the result of mental illness or drug addiction. This can be done on an emergency, time-limited basis under a process known as emergency detention, or on a longer-term basis, known as civil commitment.

The Mendota Mental Health Institute is used almost exclusively for the treatment of male forensic patients, but also has a unit for civil patients who require geriatric care. Female forensic patients, and adult and adolescent emergency detention and civil commitment patients are admitted to Winnebago.

Mendota currently has 273 staffed beds for forensic patients and 15 geriatric civil beds. In addition to these beds at Mendota, there are 20 beds for forensic patients at the Sand Ridge Secure Treatment Center (SRSTC) in Mauston. Staffing for these beds was provided in the 2017-19 budget act, pending completion of a construction project to add beds at Mendota. SRSTC is otherwise used for civil commitment of sexually violent persons.

Mental health institute facility and operations costs associated with forensic patients are funded primarily with a GPR appropriation, although some costs can be billed separately to Medicaid or other third-party insurance. Costs associated with civil patients are primarily the responsibility of the patient's county of residence, although, like forensic patients, some costs can be billed to third parties. Payments received from counties and other parties are deposited in a program revenue appropriation for institution costs.

Mendota has a base budget (principal operations) of $75,823,500 ($66,706,100 GPR and $9,117,400 PR) and 738.07 positions (640.89 GPR and 97.18 PR). These amounts include funding for forensic beds at SRSTC.

GOVERNOR

Provide $3,430,900 GPR in 2020-21 and 36.5 GPR positions, beginning in 2020-21 to operate a 20-bed unit for forensic patients at the Sand Ridge Secure Treatment Center. Of the funding provided under this item, $2,445,000 would be for salary and fringe benefits, $489,100 would be for supplies and services associated with the positions, and $496,800 would be for food and variable non-food costs, such as medication and medical services, laundry, clothing, and linens.

DISCUSSION POINTS

1. The 2017-19 budget provided funding and positions for a total of 34 additional forensic patient beds, housed in temporary space pending completion of a renovation project involving Mendota's Lorenz Hall. That project, which involves the conversion of vacant units that had previously been used for civil patients, to forensic units, will have capacity for a total of 40 maximum- and medium-security beds. Completion of the project is expected in the fall of 2020, allowing DHS to move the 34 staffed beds from temporary space to permanent space.

2. In addition to the 20 beds temporarily housed at SRSTC, the other 14 beds are currently housed in space at the Mendota Juvenile Treatment Center (MJTC). That unit was one of three built for MJTC, but has not been used as a part of Mendota's juvenile treatment program since 2001. Once vacated, DHS plans to use the unit to expand MJTC's capacity, using funding and positions that the bill would provide as part of a separate item.

3. Since the base funding and positions for the 20 forensic beds currently housed at SRSTC will be used for the new unit at Lorenz Hall, the Department will have no funding and positions to continue the SRSTC unit for forensic patients. The funding and positions provided by the bill is intended to allow DHS to continue operating a 20-bed forensic unit at SRSTC.

4. The continuation of the SRSTC forensic unit following the completion of the Lorenz Hall project would represent an increase in total forensic bed capacity for males. Although the Lorenz Hall project will provide space for 40 forensic beds, 34 of those beds are already effectively filled using temporary space, meaning that the total capacity for forensic patients will increase by only six beds.

5. The Department indicates that an increase in forensic capacity is needed to address a growing waiting list for forensic admissions. The forensic waiting list declined following the opening of the SRSTC unit in early 2018, from an average of 69 to approximately 60, but is now higher than it was before the unit opened. In the final quarter of calendar year 2018, there was an average of 72 forensic patients awaiting admission. The average time spend on the waiting list has remained relatively constant over the past year, at between 36 days and 38 days.

6. Persons who require inpatient competency evaluations or treatment to competency, but for whom no bed space is available, remain in the county jail while waiting for admission. While counties have some capacity to manage persons with mental health conditions, the Department maintains that jails are not appropriate for persons with severe mental illness and that a lengthy stay in the jail environment may worsen their condition, ultimately increasing the time needed for treatment. The county jail is responsible for the cost to hold a person with a forensic commitment.

7. DHS is statutorily required to accept all forensic patients committed by the court. The Department asserts that it is vulnerable to lawsuits from individuals or their families if a person is not promptly admitted for treatment. This risk is particularly acute in cases where a person attempts or commits suicide in the county jail while awaiting admission. In the interest of fulfilling its legal responsibilities to provide prompt treatment in an inpatient setting for forensic patients who require a secure environment, the Department asserts that an increase in the forensic bed capacity is needed.

8. The Department identifies several strategies that are used to control the size of the inpatient forensic population. Among these are the development and expansion of the outpatient competency restoration program, which allows the Department to avoid inpatient admissions in some cases, or else shorten the length of inpatient treatment in other cases. The Department also points to its court liaison program, which works to expedite competency hearings with the goal of shortening the length of time that a person must remain at one of the mental health institutes following treatment to competency. Finally, the conditional release program allows persons to be discharged from the mental health institutes and continue treatment in the community if approved by the court. The Department believes, nevertheless, that these measures are not sufficient to limit the size of the male forensic population to the existing capacity at Mendota.

9. One potential explanation for the growth in forensic patient admissions is a greater tendency within the law enforcement and judicial systems to view certain behaviors as having roots in mental illness, rather than criminal deviancy. The state has, in fact, provided grants to support training to help law enforcement officers to recognize and manage mental health crisis situations. Such events do not necessarily involve lawbreaking, but when a violation of law does occur in these situations, it may now be more likely to be treated as a mental health issue by both law enforcement officers and courts. Consequently, the increased demand for forensic patient treatment services is not necessarily the result of an increase in lawbreaking by individuals with a mental illness, but rather a shift in how the existing problems are being addressed. In that case, the increased cost of forensic patient care may be partially offset by decreased costs for county jails and state prisons.

10. The care of forensic patients is the Department's statutory responsibility. Given the current waitlist for admission already exceeds the total capacity of the proposed units, and has been at that level for well over one year, a case could be made that the state must address the deficiency in

its forensic capacity. In this case, the Governor's proposal to continue operating a 20-bed forensic unit at SRSTC (Alternative 1).

11. The bill would provide project positions, rather than permanent positions, to continue operating the SRSTC unit. Those positions would expire on June 30, 2021, at which point DHS would no longer have staffing resources to maintain the additional beds. The administration indicates that the need for forensic beds at SRSTC can be reevaluated after two years.

12. Given that the increase in the number of forensic patients appears to be a longer-term trend, the state may need an ongoing strategy to address the apparent need for more forensic treatment beds. Instead of providing project positions, the Committee could provide permanent positions to operate the SRSTC forensic patient unit on an ongoing basis (Alternative 2).

13. If the Committee determines that additional forensic bed capacity is not warranted, it could disapprove the positions and funding for that purpose (Alternative 3).

ALTERNATIVES

1. Approve the Governor's recommendation to provide $3,430,900 GPR in 2020-21 and 36.5 GPR positions, beginning in 2020-21 to operate a 20-bed unit for forensic patients at the Sand Ridge Secure Treatment Center.

ALT 1	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	$3,430,900	36.50	$0	0.00

2. Approve the Governor's recommendation by providing funding and positions to operate a 20-bed unit for forensic patients at the Sand Ridge Secure Treatment Center, but modify the Governor's recommendation by providing permanent positions instead of project positions, to operate the unit on an ongoing basis.

ALT 2	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	$3,430,900	36.50	$0	0.00

3. Take no action.

ALT 3	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	$0	0.00	- $3,430,900	- 36.50

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May, 2019 | Joint Committee on Finance | Paper #407

Overtime (Health Services -- Care and Treatment Services)

[LFB 2019-21 Budget Summary: Page 212, #4]

CURRENT LAW

The Department of Health Service's Division of Care and Treatment Services operates seven residential institutions, including three intermediate care facilities for individuals with intellectual disabilities (Central, Northern, and Southern, hereafter "state centers"), the state's two mental health institutes (Mendota and Winnebago), the Wisconsin Resource Center (WRC), and the Sand Ridge Secure Treatment Center (SRSTC). The funding source for these costs is assigned to GPR and PR appropriations, depending upon the mix of residents. The cost of services for forensic patients and the mental health institutes and for residents at the WRC and SRSTC is funded with GPR, while services for residents at the state centers and for civilly-committed patients at the mental health institutes is funded with PR, using revenue collected from Medicaid and charges levied on counties.

All seven facilities are staffed on a 24-hour and 365-day per year basis. In total, DHS has 3,952.28 authorized positions for the facilities, which includes 1,884.95 GPR positions and 2,067.33 PR positions. Total base funding for facility operations is $387,730,800, composed of $203,484,400 GPR and $184,246,400 PR.

State employees receive overtime pay in accordance with standards established under state law and the federal fair labor standards act (FLSA). With some exceptions, these laws generally require that employees are paid 1.5 their normal wage for hours worked exceeding 40 in a work week.

GOVERNOR

Provide $3,878,400 GPR and $4,835,000 PR annually to fully fund anticipated overtime costs at the Department's care and treatment residential facilities.

DISCUSSION POINTS

1. The biennial budget typically includes "standard budget adjustments" to modify the base budget to reflect the anticipated ongoing cost of maintaining existing position salary and fringe benefits. These adjustments may be positive or negative, depending upon various factors. The costs that agencies incurred for overtime are, in effect, removed from a program's budget as part of the full funding of salary and fringe benefit costs decision item, and then an amount for overtime costs is added back through a separate overtime standard budget adjustment decision item. Prior to the 2013-15 biennium, the overtime and night/weekend differential adjustments were generally based on actual costs that agencies incurred for these purposes. Since that time, however, agencies have received overtime adjustments based on the amount that they received in the prior year (with minor adjustments to reflect current fringe benefit rates). Since this policy has been ongoing since that time, agencies now generally receive overtime adjustments based on the costs that they incurred in 2009-10 (the year used as the basis of the 2011-13 overtime adjustment).

2. The funding under this item is based on the difference between actual overtime costs that the facilities incurred in 2017-18 and the amount that would be provided under the overtime standard budget adjustment. The following table shows, by facility and fund source, the annual overtime funding provided under the standard budget adjustment decision item and the funding increase provided under this item, along with the total funding adjustment.

Annual Overtime Funding for DHS Care and Treatment Facilities, by Source
Governor's Bill

	Standard Budget Adjustments			Overtime Funding Under This Item			Total Annual Overtime Budget		
Facility	GPR	PR	Total	GPR	PR	Total	GPR	PR	Total
Mendota MHI	$1,620,700	$252,300	$1,873,000	$1,908,600	$297,200	$2,205,800	$3,529,300	$549,500	$4,078,800
Winnebago MHI	503,300	839,300	1,342,600	1,046,400	818,700	1,865,100	1,549,700	1,658,000	3,207,700
Wis. Resource Center	1,038,800	0	1,038,800	131,500	0	131,500	1,170,300	0	1,170,300
Sand Ridge STC	323,300	0	323,300	791,900	0	791,900	1,115,200	0	1,115,200
Central Wis. Center	0	1,223,000	1,223,000	0	1,401,200	1,401,200	0	2,624,200	2,624,200
Southern Wis. Center	0	0	0	0	2,160,100	2,160,100	0	2,160,100	2,160,100
Northern Wis. Center	0	245,100	245,100	0	157,800	157,800	0	402,900	402,900
Total	**$3,486,100**	**$2,559,700**	**$6,045,800**	**$3,878,400**	**$4,835,000**	**$8,713,400**	**$7,364,500**	**$7,394,700**	**$14,759,200**

3. Since 2009-10, the Department's facility overtime costs have increased from $8.5 million to $14.8 million. A portion of this increase is due to increases of the base salary over this time, but mostly is due to an increase in the number of overtime hours worked. The Department indicates that the use of overtime is driven by the high staff turnover and increasing populations at the state mental health institutes.

4. DHS, like other employers, is required to pay 1.5 of an employee's normal wage for overtime hours. Consequently, while this item provides increased funding for the Department to pay overtime, the decision to approve or not approve this funding does not change the Department's obligation to pay.

5. Facilities that provide 24-hour care and treatment must maintain a minimum staffing level regardless of personnel availability. The primary frontline positions at DHS facilities are psychiatric care technicians (PCTs) at the mental health institutes, WRC, and SRSTC, and resident care technicians (RCTs) at the state centers. When one of these positions is vacant, the Department can use the salary and fringe benefits funding that would otherwise be used for that position to pay overtime costs associated with filling vacated shifts. However, there are several reasons for why DHS indicates that vacancy savings are not sufficient to fund overtime costs. First, the budget bill includes a turnover reduction standard budget adjustment, calculated at 2.0% of total base permanent salary costs, to remove a portion of the salary savings associated with position vacancy. Second, since overtime is paid at a 1.5 rate, overtime salary costs exceed vacancy savings. Third, due to high turnover, the facilities have significant training costs, which is primarily salary and fringe benefits paid during the period prior to the time the employee is ready to work frontline shifts.

6. In addition, DHS notes that overtime hours are incurred at care and treatment facilities for reasons other than filling in for vacancies. At times, employees at the treatment facilities incur overtime to address a crisis, where a shift change would otherwise cause the facility to be understaffed for the situation.

7. Since the amount of funding provided during the past several years for overtime pay has fallen below actual expenditures, the Department has had to shift funding from other budget lines to make those payments. The Department indicates, for instance, that salary deficits in the GPR appropriation for forensic patient services at the mental health institutes have been covered by the program revenue appropriation for civil patient services.

8. The overtime supplements that would be provided are based on the assumption that 2017-18 overtime expenditures are representative of the overtime costs that the Department will incur during the 2019-21 biennium. Although trends in overtime vary by facility, the overall recent trend is towards increased overtime. If these trends continue, the use of 2017-18 overtime as a basis for the supplement estimate may understate the Department's actual overtime costs. However, since the use of overtime is driven by various factors related to the labor market and patient populations, the recent trends in overtime use are not necessarily indicative of future use. The Department indicates that the facilities are implementing strategies to limit overtime use, such as using more LTE staffing and sharing resources between facilities. Since the impact of these strategies, as well as the underlying factors that drive overtime, is uncertain, the use of the 2017-18 overtime costs as the basis for the calculation of the 2019-21 overtime supplements is a reasonable assumption.

9. Since the 2015-17 budget, the Department of Corrections has received an overtime supplement to make up the difference between actual overtime expenditures in the prior year and the overtime standard budget adjustment. The bill would include another such supplement for DOC for the 2019-21 biennium. The funding under this item is based on the same principle and the method for the calculation of the amount is similar. If the Committee determines that the DHS facilities should be given a similar funding adjustment to cover actual overtime costs, it could approve the Governor's proposal (Alternative 1).

10. Relative to the amount that Department included in its budget request for an overtime supplement, the bill would reduce the funding by $232,400 PR annually to reflect the anticipated

reduction in overtime costs incurred at Winnebago associated with an initiative to establish an admissions unit. The Department estimates that the utilization of LTE staff with this admissions unit could allow Winnebago to reduce overtime expenditures. [See LFB Issue Paper #405 for a discussion of this proposal.] If the Committee does not approve the Winnebago admissions unit initiative, an additional $232,400 PR annually would be required to fully fund estimated overtime costs at that facility (Alternative 2).

11. If the Committee determines that the Department should continue to absorb overtime costs in excess of the overtime standard budget adjustment, it could delete this item (Alternative 3).

ALTERNATIVES

1. Approve Governor's recommendation to provide $3,878,400 GPR and $4,835,000 PR annually to fully fund anticipated overtime costs at the Department's care and treatment residential facilities.

ALT 1	Change to Base	Change to Bill
GPR	$7,756,800	$0
PR	9,670,000	0
Total	$17,426,800	$0

2. Approve Governor's recommendation, with a modification to provide an additional $232,400 PR annually for Winnebago overtime costs, if the Committee does not approve the Governor's recommendation to establish a medical admissions unit at the Winnebago Mental Health Institute. Total funding under this alternative would be $3,878,400 GPR and $5,067,400 PR annually.

ALT 2	Change to Base	Change to Bill
GPR	$7,756,800	$0
PR	10,134,800	464,800
Total	$17,891,600	$464,800

3. Take no action.

ALT 3	Change to Base	Change to Bill
GPR	$0	- $7,756,800
PR	0	- 9,670,000
Total	$0	- $17,426,800

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May, 2019 | Joint Committee on Finance | Paper #408

Wisconsin Resource Center Expansion
(Health Services -- Care and Treatment Services)

[LFB 2019-21 Budget Summary: Page 213, #6]

CURRENT LAW

The Department of Health Services operates the Wisconsin Resource Center and Women's Wisconsin Resource Center (WRC/WWRC) to provide mental health and substance abuse treatment and behavioral management for male and female inmates referred by the Department of Corrections (DOC). The WRC/WWRC is located adjacent to the Winnebago Mental Health Institute, in Oshkosh.

The WRC/WWRC has a total of 385 staffed beds. The WRC has 14 units with 336 beds for men, while the WWRC has three units with 49 beds for women.

Commitments of individuals to WRC/WWRC are made on either a voluntary or involuntary basis, upon recommendation of a physician or psychologist at a DOC institution. Inmates are placed into a unit based on their treatment or management needs. The facilities have units designated for treatment of alcohol and drug addictions, in anticipation of release, units designed to provide psychiatric care for varying levels of mental illness, and units designed to manage behaviors in a more structured environment than is provided in prisons.

DHS is responsible for the facility and treatment costs of the WRC/WWRC, while DOC is responsible for providing perimeter security, other than overtime security, which is the responsibility of DHS. The DHS base budget for the principal operations of WRC/WWRC is $51,086,500 GPR and 518.6 GPR positions.

GOVERNOR

Provide $3,246,100 GPR in 2019-20 and $3,249,800 GPR in 2020-21 and 34.8 positions, beginning in 2019-20, to expand capacity for substance abuse treatment at the Wisconsin Resource Center by 58 beds.

DISCUSSION POINTS

1. The administration argues that an expansion of WRC treatment capacity is necessary to meet the increasing demand for drug abuse treatment services among state prisoners. DHS indicates that the number of inmates admitted to state prison for an opioid offense increased from 280 in 2009 to 998 in 2016, while the number of new inmates admitted for an amphetamine offense increased from 69 to 429. Although having a prison sentence for a drug-related offense does not mean that the inmate has a substance abuse disorder, the increase in these offenses may be indicative of an overall increase in the need for drug treatments for inmates. In recent years, WRC typically has operated at full staffed capacity.

2. Substance abuse treatment programs for prisoners have been the subject of frequent evaluation, and many studies have shown that providing such treatment for prisoners prior to release can be effective in reducing recidivism. A recent systematic review of studies published in the journal *Epidemiologic Reviews* found that many, although not all, identified positive results. According to this review, the type and extent of treatment appears to matter in producing good outcomes. In particular, treatment programs for which inmates are separated from nonparticipating inmates were found to be most effective.

3. Beginning in July 2018, in response to a demand for more substance abuse treatment services for inmates, DHS and DOC began an initiative to expand alcohol and drug abuse treatment services at WRC. Using temporary training positions, DHS hired staff to open two new units at WRC, located in previously vacant space. Unlike other WRC operations, which are budgeted in DHS, DOC is funding the position and operations cost of the new units, through interagency charges. DOC is funding these costs from its general program operations budget. The budget initiative would provide permanent positions to continue the operation of these units, and provide the funding directly in the DHS budget.

4. The treatment provided in the new units is for minimum security prisoners and is typically provided just prior to release. This treatment differs from WRC's regular substance abuse treatment program, which is targeted for inmates with dual diagnosis of mental illness and substance use disorder.

5. The treatment program used in the new WRC units is similar to the treatment that might otherwise be provided in DOC institutions, but represents an increase in overall treatment capacity. DOC and DHS made the decision to utilize WRC for this treatment in order to physically separate inmates receiving the treatment from other inmates not participating in substance use treatment.

6. The funding provided by the bill consists of the following components: (a) $2,030,300

GPR annually for salary and fringe benefits; (b) $379,300 GPR for supplies and services related to the positions; (c) $786,000 in 2019-20 and $789,700 in 2020-21 for food and variable nonfood supplies (such as medical services and clothing); and (d) $50,500 annually for DOC overtime costs associated with perimeter security.

7. The 34.8 positions include 23.0 psychiatric care technicians, 8.8 medical and treatment positions, and 3.0 supervisory staff. The number of additional staff is based on national standards for correctional health care facilities, and equals the number of temporary positions currently in place.

8. DOC indicates that a decision to fund the WRC substance abuse treatment positions from its general operations budget was in response to an immediate demonstrated need. Approval of the Governor's recommendation would provide ongoing positions and funding in the DHS budget, consistent with how the WRC operations are currently funded (Alternative 1).

9. Although the WRC is a correctional institution, it is funded as a part of the DHS budget in recognition that its primary purpose is to provide evidence-based mental health and substance abuse treatment and behavioral management. For this reason, it differs from DOC's general operations budget, which has the primary purpose is inmate confinement (as well as supporting DOC's administrative costs). Nevertheless, the transfer of inmates from a DOC institution to WRC reduces DOC's costs associated with the transferred inmates. Since the DOC institutional operations budget for food, nonfood, healthcare and other variable supplies is based only on the number of inmates housed at DOC correctional institutions, the WRC inmates are excluded from the budget calculation.

10. Since the total state inmate population exceeds capacity at state prisons, DOC contracts with county jails to house overflow population at a daily cost of $51.46 per day. Although DOC's budget for contract beds excludes inmates in the currently-budgeted WRC beds, the bill does not make an adjustment to the contract bed budget for the 58-bed WRC expansion. If funding is approved for the WRC beds, the DOC budget for contract beds could be reduced to account for a reduction in contract bed costs. Based on current contract bed rates, the annual cost of the 58 transferred inmates would be $1,089,400 (Alternative 2).

11. The Committee could determine that maintaining the operation of the new WRC units is not a priority. If this item is not approved, DHS would not have ongoing positions to maintain these units, and would have to utilize existing permanently staffed units for substance abuse treatment for DOC inmates (Alternative 3).

ALTERNATIVES

1. Approve the Governor's recommendation to provide $3,246,100 GPR in 2019-20 and $3,249,800 GPR in 2020-21 and 34.8 positions, beginning in 2019-20, to expand capacity for substance abuse treatment at the Wisconsin Resource Center by 58 beds.

ALT 1	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	$6,495,900	34.80	$0	0.00

2. Approve the Governor's recommendation to provide $3,246,100 GPR in 2019-20 and $3,249,800 GPR in 2020-21 and 34.8 positions, beginning in 2019-20, to expand capacity for substance abuse treatment at the Wisconsin Resource Center by 58 beds, but reduce the Department of Corrections' budget for contract beds by $1,089,400 GPR annually to reflect a reduction in the need for contract beds due to the WRC expansion.

ALT 2	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	$4,317,100	34.80	- $2,178,800	0.00

3. Take no action.

ALT 3	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	$0	0.00	- $6,495,900	- 34.80

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May, 2019 | Joint Committee on Finance | Paper #409

Fuel and Utilities (Health Services -- Care and Treatment Services)

[LFB 2019-21 Budget Summary: Page 214, #7]

CURRENT LAW

The Department of Health Services administers seven facilities to provide institutional care and treatment services to various populations: Mendota Mental Health Institute, Winnebago Mental Health Institute, Sand Ridge Secure Treatment Center, Wisconsin Resource Center, Central Wisconsin Center, Southern Wisconsin Center, and Northern Wisconsin Center. The Department has two GPR appropriations for energy costs associated with these facilities--one for energy derived from renewable energy sources and one for non-renewable sources. In 2018-19, these appropriations are funded at $4,583,900 GPR for nonrenewable energy and $241,400 GPR for renewable energy.

GOVERNOR

Provide $1,546,600 GPR in 2019-20 and $1,671,900 GPR in 2020-21 to reflect an estimate of GPR-funded fuel and utilities costs at the Division of Care and Treatment Services residential facilities.

MODIFICATION

Reduce funding by $237,200 GPR annually to reflect a correction to the fuel and utility cost estimate for DHS facilities.

> **Explanation:** The Department of Administration's reestimate of fuel and utility costs was based on total costs, including both renewable and nonrenewable energy. The funding in the bill was based on the difference between the estimated total and the nonrenewable energy appropriation base, rather than the combined base. As a result, the bill would effectively provide funding for the nonrenewable energy in both appropriations. On May 1, 2019, DOA submitted a technical erratum on this item, indicating that the funding for the renewable energy component should have been excluded from the nonrenewable energy appropriation.

Modification	Change to Base	Change to Bill
GPR	$2,744,100	- $474,400

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May, 2019 | Joint Committee on Finance | Paper #410

Youth Crisis Stabilization Facility and Peer-Run Respite Center for Veterans (Health Services -- Care and Treatment Services)

[LFB 2019-21 Budget Summary: Page 215, #10 and #11]

CURRENT LAW

The 2017-19 budget (2017 Act 59) created two grant programs to support local community-based mental health services, both funded with surplus revenue from the state mental health institutes program revenue account. The act defined a youth crisis stabilization facility as a program that is intended to support the start-up or operating costs of one or more facilities for youth experiencing a mental health crisis, while the peer-run respite center for veterans provides funds for the operation of a peer support center. The act defined a youth crisis stabilization facility as a treatment facility with a maximum of eight beds that admits a minor to prevent or de-escalate the minor's mental health crisis and avoid admission of the minor to a more restrictive setting.

Both grant programs were affected by a partial veto of the budget act. As passed by the Legislature, the bill would have created separate PR appropriations for both programs and would have provided PR budget authority using revenues collected for the state mental health institutes. The funding for the youth crisis stabilization facility was placed in the Joint Committee on Finance program supplements appropriation, pending approval of the Committee of the Department's plan to make a grant. Funding for the peer-run respite center was provided in a DHS appropriation. In both cases, the PR funding was provided for the 2017-19 biennium only, and DHS was directed to include a proposal in its 2019-21 budget request to fund the programs on an ongoing basis from the general fund.

The Governor's partial veto changed these provisions in several ways. First, it eliminated the Joint Committee on Finance review of the youth crisis stabilization facility, as well as the funding in the Committee's appropriation for the grant.

Second, the partial veto eliminated the separate appropriation for the youth crisis

stabilization facility grants and modified the appropriation for the peer-run respite center so that both grants could be made from that appropriation. As vetoed, the remaining appropriation is titled "center," and can be used "to make payments to an organization that establishes a center that provides services." The Department is authorized to transfer funding to the center appropriation from PR appropriation for the state mental health institutes. These transfers must be made from the amounts actually budgeted in the DHS PR appropriation for institutional operations, rather than from any revenues credited to the program revenue account.

Third, the partial veto eliminated the June 30, 2019, sunset date on the PR financing mechanism for the programs, which has the effect of leaving in place the Department's center appropriation on an ongoing basis.

GOVERNOR

Youth Crisis Stabilization Facility. Provide $996,400 PR annually in the Department's center appropriation to fund youth crisis stabilization facility grants.

Peer-Run Respite Center for Veterans. Provide $450,000 PR annually in the Department's center appropriation to fund a grant to a peer-run respite center for veterans.

DISCUSSION POINTS

1. When first proposed in the 2017-19 biennial budget, the youth crisis stabilization facility was promoted as a new community-based, residential treatment option for youth experiencing a mental health crisis. The use of this type of facility was envisioned as a way to avoid more costly hospitalization in a general or psychiatric hospital. The youth crisis stabilization facility would not be used for emergency detention (for involuntary treatment when an individual is determined to be a potential risk to themselves or others). Rather, they are intended to be used when treatment in a less restrictive setting is appropriate.

2. As introduced, the Governor's 2017-19 budget bill would have provided $249,100 in 2017-18 and $996,400 in 2018-19 for these grants, for a total of $1,245,500 over the biennium. As passed by the Legislature, the bill would have provided $1,245,500 in 2017-18 in the Committee's program supplements appropriation. Although the Governor's partial veto of the youth crisis stabilization grant program eliminated this funding set-aside, the Governor indicated in the veto message that DHS would be directed to make a grant of at least $1,245,500 for such a facility, an amount equal to the total biennial funding initially proposed for the grant program.

3. In addition to establishing a grant program to support one or more youth crisis stabilization facilities, Act 59 required that such facilities be certified by the Department. DHS indicates that it is currently in the process of developing an administrative rule to specify the certification criteria for these facilities, a process that must be completed before awarding a grant.

4. The 2013-15 biennial budget (Act 20) established a GPR-funded grant program for peer-run respite centers. Peer-run respite centers provide a home-like atmosphere to individuals experiencing stress or symptoms associated with mental illness or addiction. Supportive services are

provided by staff who have successfully participated in mental health or substance abuse recovery or treatment programs. Under the grant program, DHS currently makes grants to three peer-run respite centers, totaling $1.3 million annually.

5. Act 59 provided $450,000 PR in 2018-19 with the intent to establish an additional peer-run respite center, specifically for veterans. Although not required by the act, the Department indicated that the peer-run respite center would be located in the Milwaukee area. Although the partial veto altered the appropriation for making this grant, it did not affect the amount of funding that the Legislature had approved for that purpose. In March, 2019, DHS awarded a start-up grant of $307,700 to Mental Health America of Wisconsin to establish the peer-run respite center for veterans. This funding is available through June, 2019, with annual renewals of $450,000, if funding is provided through the state budget.

6. Although the partial veto of Act 59 eliminated the sunset date on the PR funding mechanisms for the youth crisis stabilization and peer-run respite center grants, it did not eliminate the requirement that DHS include proposals in its 2019-21 budget request to fund these programs with GPR appropriations. The Department's budget request included $996,400 GPR annually for youth crisis stabilization facility grants and $450,000 GPR annually for peer-run respite center grants. These amounts are equivalent to the annualized funding originally proposed for each program in the 2017-19 budget bill.

7. Although the bill reflects the funding in the center appropriation for both grants, the bill would not provide additional expenditure authority in the PR appropriation for the MHIs to make the funding transfers. Consequently, any funding for making these grants would have to be transferred to the center appropriation from amounts budgeted for the institutional operations of the MHIs. DOA indicates that the intent was to provide budget authority in the mental health institutes PR appropriation for making this transfer, a modification that could be made if the Governor's recommendations are approved (Alternative 1a and 1b).

8. The Governor's bill would provide funding for the two grant programs through a PR transfer from the Department's institutional operations appropriation. The use of program revenues collected for the mental health institutes would continue the practice, established by Act 59, of funding both community-based treatment grants with revenues collected from counties for a different purpose, which is the care of individuals placed at the mental health institutes under emergency detention of ongoing civil commitment. Act 59 provided funding from this source only for the 2017-19 biennium, anticipating that a decision could be made in the 2019-21 budget as to whether to continue funding these programs from the general fund.

9. The funding for the Department's other community-based mental health and substance abuse programs, including the existing peer-run respite center program, is provided from the general fund. If the Committee determines that the youth crisis stabilization facility grant program or the peer-run respite center for veterans grant program should be treated similarly, or that it would be inappropriate to continue to divert funding collected from counties for institutional services to fund community-based programs, the bill could be amended to instead provide GPR funding for one or both of the grant programs. This funding could be provided in the current GPR appropriation for grants for community programs (Alternative 2a and 2b).

10. DHS sets daily rates for the mental health institutes based on an assessment of the costs specific to the institutions, as well as a consideration of the rates charged for other hospitalization alternatives. Because the mental health institutes typically operate at or near full capacity, the program revenue account has sufficient revenues to fund the two grant programs, as well as several other budget items related to one or both of the facilities. Based on current revenue projections, it appears that there are sufficient revenues in the PR account to support these programs as well as the other budget initiatives. However, the balance in the PR appropriation would decline from an estimated $19.5 million at the start of the biennium to $8.6 million at the close, suggesting that total PR expenditures are projected to exceed annual revenues, thus drawing down the balance. Going forward, the Department would likely need to increase fees for services in order to maintain a positive PR appropriation balance.

11. Both of the grant programs are intended to address mental health or substance abuse crisis situations at a stage before more restrictive treatment means are needed. If they work as intended, these crisis initiatives may reduce the need for emergency detention or ongoing civil commitment. Because of this relationship between the purpose of the programs and the funding source, the Committee could determine that it is appropriate to continue funding the programs with revenue collected for the mental health institutes.

12. The partial veto of Act 59 created the center appropriation with a vague and overly-broad purpose. In the interest of maintaining proper legislative control over appropriations, the Committee could repeal the center appropriation and instead establish sum-certain PR appropriations for the youth crisis stabilization facility grants and peer-run respite center grants. Instead of providing the funding through a transfer from the mental health institutes appropriation, amounts for the grants could be appropriated directly from revenues collected in for the mental health institutes, thus avoiding double-counting the amounts for these programs in the appropriation schedule. The repeal of the center appropriation is also included the GPR-funded alternatives.

13. If the Committee approves of the use of mental health institutes revenues for one or both of the grant programs, but also would like to establish greater legislative control over the appropriation, it could delete the center appropriation and establish new sum-certain PR appropriations for the grant programs. Instead of funding these appropriations through transfers from amounts budgeted for the state mental health institutes, the revenue for the grant appropriations could be credited from unappropriated revenue (Alternatives 3a and 3b).

14. The Committee could determine that it does not wish to continue to fund these programs. In this case, the center appropriation and the authority to transfer amounts to that appropriation could be deleted (Alternative 4).

15. If the Committee takes no action, the Department could fund either initiative through transfers from the appropriation for the mental health institutes to the center appropriation. However, no funding would be provided in the institutional operations appropriation for this purpose, meaning that any funding transfers would have to be made from amounts budgeted for the mental health institutes (Alternative 5).

ALTERNATIVES

1. Approve the Governor's request to provide funding in the center appropriation by adopting one or both of the following:

a. Provide $996,400 PR annually for youth crisis stabilization facility grants. Modify the Governor's recommendation in accordance with the administration's intent for this proposal, to provide $996,400 PR annually in the mental health institutes PR appropriation to provide budget authority for making a transfer to the center appropriation. [With the modification, the funding for the youth crisis stabilization facility grants would be effectively double-counted--once to make the transfer and once to make the grants. This change does not represent a doubling of funding for the initiative.]

ALT 1a	Change to Base	Change to Bill
PR	$3,985,600	$1,992,800

b. Provide $450,000 PR annually for peer-run respite center for veterans grants. Modify the Governor's recommendation in accordance with the administration's intent for this proposal, to provide $450,000 PR annually in the mental health institutes PR appropriation to provide budget authority for making a transfer to the center appropriation. [With the modification, the funding for the peer-run respite center grant would be effectively double-counted--once to make the transfer and once to make the grant. This change does not represent a doubling of funding for the initiative.]

ALT 1b	Change to Base	Change to Bill
PR	$1,800,000	$900,000

2. Change the funding source of the of grants by adopting one or more of the following:

a. Provide $996,400 GPR annually for youth crisis stabilization facility grants in the grants for community programs appropriation. Repeal the center appropriation and delete the PR funding in the bill for these grants.

ALT 2a	Change to Base	Change to Bill
GPR	$1,992,800	$1,992,800
PR	0	- 1,992,800
Total	$1,992,800	$0

b. Provide $450,000 GPR annually for a grant for a peer-run respite center for veterans in the grants for community programs appropriation. Repeal the center appropriation and delete the PR funding in the bill for this grant.

ALT 2b	Change to Base	Change to Bill
GPR	$900,000	$1,992,800
PR	0	- 1,992,800
Total	$900,000	$0

3. Delete the center appropriation and instead provide funding for the grants programs with sum-certain PR appropriations with revenue credited from unappropriated amounts in the Department's institutional operations appropriation account, as follows:

a. Provide $996,400 PR annually for youth crisis stabilization facility grants.

ALT 3a	Change to Base	Change to Bill
PR	$1,992,800	$0

b. Provide $450,000 PR annually for peer-run respite center for veterans.

ALT 3b	Change to Base	Change to Bill
PR	$900,000	$0

4. Delete $1,446,400 PR annually to reflect the elimination of funding transferred from the state mental health institutes appropriation for the youth crisis stabilization facility and peer-run respite center grants. Repeal the center appropriation and the Department's authority to transfer funding to that appropriation from the institutional operations appropriation for the mental health institutes.

ALT 4	Change to Base	Change to Bill
PR	$0	- $2,892,800

5. Take no action. This alternative would leave the center appropriation in place, which DHS could use to fund grants using transfers from PR amounts budgeted for the state mental health institutes.

ALT 5	Change to Base	Change to Bill
PR	$0	- $2,892,800

Prepared by: Jon Dyck

HEALTH SERVICES

Care and Treatment Services

LFB Summary Items for Which No Issue Paper Has Been Prepared

Item #	Title
5	Food and NonFood Supplies and Services at Care And Treatment Facilities
8	Debt Service
9	Mental Health Institute Funding Split
12	Contracted Mental Health Services

LFB Summary Items to be Addressed in a Subsequent Paper

Item #	Title
3	Mendota Juvenile Treatment Center Expansion -- 2017 Act 185
13	Opening Avenues to Reentry Success
14	Mendota Juvenile Treatment Center -- Funding Transfer from DOC