Health Services

Care and Treatment Facilities

(LFB Budget Summary Document: Page 290)

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4	Overtime Supplement (Paper #456)
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9	Forensic Assertive Community Treatment Teams

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11	Debt Service

(over)

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Item #	Title
7	Wisconsin Resource Center -- Transfer Department of Corrections Positions to DHS (Corrections, Paper #296)

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3	Salary Add-On for Selected Positions (Budget Management and Compensation Reserves)

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June, 2023 | Joint Committee on Finance | Paper #455

Facility Food and Variable Nonfood Supplies and Services (Health Services -- Care and Treatment Facilities)

[LFB 2023-25 Budget Summary: Page 290, #1 and Page 291, #2]

CURRENT LAW

The Division of Care and Treatment Services operates seven residential facilities, 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 MHI and Winnebago MHI), and two secure treatment centers, (the Wisconsin Resource Center, and the Sand Ridge Secure Treatment Center). The funding source for the costs of these facilities is allocated to GPR and PR appropriations, depending upon the mix of residents. The cost of services for forensic patients at the mental health institutes and for residents of the secure treatment centers 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.

The state budgets for DHS facility food and variable nonfood supplies and services based on projected facility populations and projected per person costs. Variable nonfood supplies and services includes drugs, contracted medical services, medical supplies, clothing, laundry, and kitchen supplies. The following table shows the base budget for food and the variable nonfood supplies and services by facility and by fund source.

Base Budget for Variable Nonfood and Food by Facility and Fund Source

Facility	Variable Nonfood GPR	Variable Nonfood PR	Variable Nonfood Total	Food GPR	Food PR	Food Total
Mendota MHI	$10,597,400	$990,000	$11,587,400	$1,038,700	$83,500	$1,122,200
Winnebago MHI	4,930,500	9,750,200	14,680,700	251,000	500,700	751,700
Sand Ridge STC	4,798,900	0	4,798,900	665,900	0	665,900
Wis. Resource Center	7,855,500	0	7,855,500	1,542,400	0	1,542,400
Central Wis. Center	0	9,756,400	9,756,400	0	381,000	381,000
Northern Wis. Center	0	632,000	632,000	0	80,300	80,300
Southern Wis. Center	0	2,680,600	2,680,600	0	619,900	619,900
Unreserved	2,071,700	1,716,100	3,787,800	0	0	0
	$30,254,000	$25,525,300	$55,779,300	$3,498,000	$1,665,400	$5,163,400

DISCUSSION POINTS

1. In preparation for the biennial budget, The Department customarily requests adjustments to its budget for both food and variable nonfood supplies and services for facilities based on projections of facility populations and the average per resident cost. The estimates are developed by first calculating the per person costs for each expense category using data from the latest complete year, applying inflationary factors to those averages to the two years of the forthcoming biennium, and then multiplying the inflated averages times the facility population projections.

2. Table 1 shows the food and variable nonfood funding adjustments by fund source under AB 43/SB 70, which are identical to the amounts that the Department had included in its budget request.

TABLE 1

Variable Nonfood and Food Funding Adjustments under AB 43/SB 70

	Variable Nonfood 2023-24	Variable Nonfood 2024-25	Food 2023-24	Food 2024-25
GPR	$17,500,400	$22,525,200	$1,172,300	$1,679,900
PR	44,588,800	48,705,400	677,100	953,000
Total	$62,089,200	$71,230,600	$1,849,400	$2,632,900

3. For the Department's 2023-25 budget request, the estimates were developed during the summer of 2022. Several of the facility population and cost assumptions that were used for the estimates were based on the prevailing costs and trends at that time, but can now be reestimated based on more current data. This paper describes the methods and assumptions behind the nonfood and food estimates and provides reestimates for the Committee's consideration.

Facility Population Projections

4. Table 2 shows the Department's population projections for the 2023-25 biennium, by facility, that were used for the budget estimates. For comparison, the table shows the average daily population in 2021-22 and for the first eight months of 2022-23, although only the 2021-22 data would have been available at the time of the Department's projections.

TABLE 2

Average Daily Population (ADP) by Facility, Actuals and DHS Budget Projections

	Actual ADP		DHS Projections	
Facility	2021-22	2022-23*	2023-24	2024-25
Mendota Mental Health				
Adult Forensic/Civil	282	276	321	321
Mendota Juvenile Treatment Center	26	26	29	29
Mendota Total	307	303	350	350
Winnebago Mental Health	178	166	184	188
Sand Ridge Secure Treatment Center				
Chapter 980 Civil	226	208	280	280
Forensic Patients**	52	60	60	60
Sand Ridge Total	278	268	340	340
Wisconsin Resource Center				
Corrections Inmates	403	393	385	385
Forensic Patients**	4	14	20	20
WRC Total	407	406	405	405
Central Wisconsin Center	171	161	171	171
Southern Wisconsin Center	106	99	106	106
Northern Wisconsin Center	11	10	14	14

* ADP for the first eight months of the fiscal year.

** Forensic patients are housed in otherwise unutilized space at Sand Ridge and WRC as an alternative to placement at Mendota Mental Health Institute.

5. As shown in Table 1, the Department's facility population projections were generally based on the expectation that populations would increase from 2021-22 levels at the mental health institutes and at Sand Ridge, as it was expected that admissions would rebound from a period of lower admissions during the COVID-19 pandemic. The number of residents at the state centers was expected to remain at about the same level, while the population the Wisconsin Resource Center was expected to decrease due to renovation projects occurring at the facility during the biennium.

6. As shown in the second column of Table 1, actual populations through the first eight months of 2022-23 are generally somewhat lower than in 2021-22, suggesting that populations may

not reach the higher levels of the Department's projections. Some population averages can be distorted by shifts in where patients are placed. For instance, while the average population at Winnebago is lower in 2022-23 than in the previous year, this can be explained in part by a shift of some forensic women to Mendota. Although not apparent in the totals, the actual number of civil patients at Winnebago is higher in 2022-23 than in 2021-22. In addition, DHS began utilizing space at the Wisconsin Resource Center for some forensic patients, which may have at least temporarily reduced the average population at Mendota.

7. Facility populations can vary from month-to-month, and recent trends are not always indicative of the future, particularly trends that may have been influenced by temporary changes in facility operations. Projections used for budgeting need to account for the possibility that populations will increase. Nevertheless, some downward revision to the Department's 2023-25 population projections is warranted for Mendota and Sand Ridge given the significant difference between those projections and more recent population levels.

8. Table 3 shows a revised estimate of facility populations, along with the difference from the Department's projections. These projections are used for the variable nonfood and food reestimates presented in this paper.

TABLE 3

Revised Average Daily Population by Facility and Difference from DHS Budget Projections

Facility	Revised ADP Estimate 2023-24	Revised ADP Estimate 2024-25	Difference from DHS 2023-24	Difference from DHS 2024-25
Mendota Mental Health				
Adult Forensic/Civil	300	300	-21	-21
Mendota Juvenile Treatment Center	29	29	0	0
Mendota Total	329	329	-21	-21
Winnebago Mental Health	184	188	0	0
Sand Ridge Secure Treatment Center				
Chapter 980 Civil	210	210	-70	-70
Forensic Patients	60	60	0	0
Sand Ridge Total	270	270	-70	-70
Wisconsin Resource Center				
Corrections Inmates	385	385	0	0
Forensic Patients	20	20	0	0
WRC Total	405	405	0	0
Central Wisconsin Center	171	171	0	0
Southern Wisconsin Center	106	106	0	0
Northern Wisconsin Center	11	11	0	0

Components of Variable Nonfood Supplies and Services Estimates

9. For the purposes of developing budget estimates, the variable nonfood supplies and services are divided into several categories, which include prescription drugs, medical services, medical supplies, clothing, cleaning supplies, and laundry. Prescription drugs and medical services generally account for over 85% of the total budget for nonfood supplies and services for each facility.

10. For the 2023-25 biennium, the Department also developed separate estimates for three major expense categories that were excluded from the other nonfood supplies and services categories: facility contract staffing, electronic health records system costs, and COVID-19 testing. Table 4 shows the Department's estimates for these three items, along with the estimate for remaining nonfood supplies and services.

TABLE 4

Components of Facility Nonfood Supplies and Services Funding Estimate Under AB 43/SB 70

	2023-24 Change to Base			2024-25 Change to Base		
Item	GPR	PR	Total	GPR	PR	Total
Contract Staffing	$8,671,100	$29,544,200	$38,215,300	$8,740,100	$29,898,000	$38,638,100
COVID-19 Testing	3,463,600	10,580,600	14,044,200	3,466,500	10,595,800	14,062,300
Elec. Health Records	5,201,000	4,279,900	9,480,900	5,501,200	4,536,300	10,037,500
Other Nonfood	164,700	184,100	348,800	4,817,400	3,675,300	8,492,700
Totals	$17,500,400	$44,588,800	$62,089,200	$22,525,200	$48,705,400	$71,230,600

11. The Department's estimates for COVID-19 testing were developed during the summer in 2022, at a time when federal regulations for nursing facilities (which includes the three State Centers) required routine polymerase chain reaction (PCR) laboratory testing. Since that time, those requirements have become less stringent in terms of both the testing method and frequency. As a result, the funding estimates for testing are no longer reflective of the facilities' testing costs. For the purposes of the cost reestimate presented in this paper, it is assumed that any continuing testing done by facilities could be supported from the facilities' medical supplies budget as part of the facilities' normal infection monitoring and control.

12. The other two components of the Department's estimates--contract staffing and electronic health records costs--account for most of the remaining proposed funding increase, and so are discussed in more detail. The contract staffing component is incorporated into a reestimate of variable nonfood supplies and services, while the electronic health records component is treated separately in the final section of this paper.

Contract Staffing Estimates

13. During the 2021-23 biennium, most of the Department's facilities increasingly turned to contract staff to fill shifts for critical positions, in particular registered nurses (RNs) and certified

nursing assistants (CNAs). RNs fill nurse clinician positions at all of the facilities, while CNAs fill in for residential care technician positions at the state centers and for psychiatric care technician positions at the mental health institutes and secure treatment facilities.

14. The Department indicates that the use of contract staff has become necessary due to high vacancy rates for these primary direct care positions. For nurse clinician positions, across all facilities, the vacancy rate is 27% (approximately 100 vacancies), for psychiatric care technician positions the vacancy rate is 13% (approximately 130 vacancies), and for resident care technician positions the vacancy rate is 36% (208 positions). Vacancy rates vary somewhat by facility, but tend to be highest at Winnebago Mental Health Institute, with a 42% vacancy rate among nurse clinicians and a 19% vacancy rate for psychiatric care technicians. For resident care technician positions, the vacancy rate is highest at Southern Wisconsin Center, at 46%.

15. Some of the Department's facilities have some ability to limit new admissions if staffing constraints would limit their ability to provide adequate care. The State Centers, for instance, may elect not to accept all requests for admissions under the intensive treatment program to limit the overall resident population. Similarly, the Wisconsin Resource Center can limit transfers from Department of Corrections facilities to lower the total resident population if needed.

16. Other DHS facilities have legal obligations to accept admissions. In particular, the Winnebago Mental Health Institute is a treatment facility of last resort for civil commitment and emergency detention under Chapter 51 of the statutes (the State Alcohol Drug Abuse, Developmental Disabilities, and Mental Health Act), and so accepts all patients from across the state. Likewise, while the Department does maintain a waiting list for admission of forensic patients at the Mendota Mental Health Institute, because these patients often remain in county jails while awaiting admission, the Department has tried to keep fully staffed so as to accommodate more patients.

17. The Department reports that the higher costs incurred for contract staffing have been largely funded during the 2021-23 biennium with federal provider relief funds distributed to healthcare providers under the CARES Act of 2020 and subsequent COVID-19 relief funds. This source of funding, which was generally intended to cover for the higher costs and lost revenue due to the effects of the pandemic, has been exhausted. However, it is anticipated that the need to contract for critical staff positions will continue. AB 43/SB 70 would provide funding for this purpose based on the monthly average costs for contract staff, by facility, during the last half of 2021-22 (January to June of 2022), or, in the case of the Winnebago Mental Health Institute, in the last three months of the fiscal year (due to differences in the timing for reaching the ongoing staffing level at that facility). To project contract staffing costs for the 2023-25 biennium, the Department calculated the per resident average cost for each facility and multiplied this amount by the ADP projections.

18. Table 5 shows the Department's estimated contract staffing costs by facility and fund source. The Wisconsin Resource Center and Northern Wisconsin Center have generally not used contract staffing and so are not included in the table.

TABLE 5

Department's Estimated Cost for Contract Staffing, by Facility and Fund Source

	2023-24 Change to Base			2024-25 Change to Base		
Facility	GPR	PR	Total	GPR	PR	Total
Mendota MHI	$3,416,200	$228,900	$3,645,100	$3,416,200	$228,900	$3,645,100
Winnebago MHI	3,752,600	19,263,600	23,016,200	3,821,600	19,617,400	23,439,000
Sand Ridge	1,502,300	0	1,502,300	1,502,300	0	1,502,300
Central Center	0	8,709,400	8,709,400	0	8,709,400	8,709,400
Southern Center	0	1,342,300	1,342,300	0	1,342,300	1,342,300
Total	$8,671,100	$29,544,200	$38,215,300	$8,740,100	$29,898,000	$38,638,100

19. The utilization of contract staffing has been most intensive at the Winnebago Mental Health Institute, and so accounts for around 60% of the total cost estimate. As noted earlier, Winnebago must accept all admissions and so staffing needs are unpredictable. Winnebago has increased the use of contract staffing, in part, in order to limit mandatory overtime shifts for state staff, since it is thought that forced overtime may be a significant reason for why employees decide to leave.

20. The high cost of contract staffing is not unique to the DHS facilities, as the heavy reliance on contracted staff to cover nursing and nurse aide shifts is a continuing concern across the hospital and skilled nursing facility industry. The Department believes that given the continuing difficulty in filling vacancies in critical staff positions--as well as its legal obligations, admission pressures, and acute treatment and security needs of the facility patients and residents--there are few viable alternatives to continuing to rely on contract staffing in the near term. For the purposes of the variable nonfood reestimate presented in this paper, contract staffing costs in 2022-23, which are generally consistent with the Department's budget request estimates, are used as a basis of projecting costs for medical services for the 2023-25 biennium. Thus contract staffing is incorporated into the overall estimate for variable nonfood supplies and services shown in the following section of this paper, rather than estimated separately.

Other Variable Non-Food Supplies and Services

21. For estimates of variable nonfood supplies and services other than contract staffing, COVID testing, and electronic health records, the Department first calculated the actual per person costs by category and by facility in 2021-22, and inflated those average costs first to estimate average costs in 2022-23, and then again for the two years of the 2023-25 biennium. The inflated per person averages were then multiplied by population projections for the final estimate.

22. For most nonfood expenditure categories, the Department used a 5.9% inflation index factor for the per person cost estimates, which was the core inflation rate (consumer goods excluding food and energy) for the 12-month period ending in June of 2022. Since the nonfood estimate is intended to provide an adjustment for future costs, the reestimate presented in this paper uses projected inflationary rates for the two fiscal years, using the most recent economic forecasts (3.6% in 2023-24 and 2.5% in 2024-25). Instead of basing the estimate on average costs in 2021-22, these

inflation rates are applied to a revised estimate of 2022-23 costs, based primarily on actual expenditures to date in 2022-23.

23. For the drugs and medical services cost categories, the Department's projections use growth factors that are based on a prior three-year average change if that percentage rate exceeds the general inflation rate. In some cases, these growth rates are significantly higher than the core inflation rate and so are important factors in determining the final estimated costs. For instance, the three-year average growth rate for the per person cost for medical services at Mendota is 27%.

24. Expenditures for drugs and medical services are highly variable. Unlike similar estimates that are developed for Department of Corrections populations, where the total adult population exceeds 20,000, the DHS estimates are done separately for each facility, which have at most an average population of 300 to 400. With a relatively small patient base, one or a small number of patients with very high medical costs in one year can result in a large increase in the per person average. Conversely, the facility could see a decrease in average costs in the following year if the mix of patient costs returns to more typical patterns. As an example, the average per person costs for medical services at Winnebago increased by 22.5% in 2019-20 but then decreased by 28.9% in 2020-21.

25. With such high variability, estimating facility costs for drugs and medical services is vulnerable to error. As with medical and drug costs for any population with significant physical and behavioral health problems, large increases in costs from one year to the next are possible. While the budget estimates must make reasonable accommodations for this possibility, it should also avoid being influenced too greatly by outlier events, particular from years in which expenditures may have been impacted by costs related to the COVID-19 pandemic. The reestimate presented in this paper uses the three-year average growth rate methodology, but with two modifications. First, the contract staff costs are included in the base for the estimate, rather than estimated separately. This broadening of the base should reduce the overall variability in costs. Second, the growth rate is capped at 10%, to limit the larger percentage increases that result from unusually high, but unpredictable costs.

26. Table 6 shows the reestimate of variable nonfood supplies and services costs by facility and fund source. The final rows of the table compare the reestimate totals with the variable nonfood budget estimate included in AB 43/SB 70. The proposed funding for electronic health records is discussed in the final section of this paper, and so is excluded from this table.

TABLE 6

Reestimate of Variable Nonfood Funding Adjustments by Facility and Fund Source

	2023-24 Change to Base			2024-25 Change to Base		
Facility	GPR	PR	Total	GPR	PR	Total
Mendota MHI	$5,419,000	$220,800	$5,639,800	$6,939,600	$322,600	$7,262,200
Winnebago MHI	1,884,000	25,231,100	27,115,100	2,196,000	26,832,200	29,028,200
Sand Ridge STC	3,586,100	0	3,586,100	4,359,100	0	4,359,100
Wis. Resource Center	-1,464,500	0	-1,464,500	-876,300	0	-876,300
Central Wis. Center	0	11,777,100	11,777,100	0	13,859,100	13,859,100
Northern Wis. Center	0	983,500	983,500	0	1,136,900	1,136,900
Southern Wis. Center	0	3,478,700	3,478,700	0	4,038,400	4,038,400
Total Reestimate*	$9,424,600	$41,691,200	$51,115,800	$12,618,400	$46,189,200	$58,807,600
AB 43/SB 70 Total	$12,299,400	$40,308,900	$52,608,300	$17,024,000	$44,169,100	$61,193,100
Difference	-$2,874,800	$1,382,300	-$1,492,500	-$4,405,600	$2,020,100	-$2,385,500

* Amounts exclude funding for the electronic health records component.

Food Reestimate

27. As with the variable nonfood reestimate presented in this paper, the reestimate of food costs makes adjustments for the revised population projections, updated actual expenditures for food, and lower inflationary adjustments reflecting the most current economic forecast of food costs, rather than past inflation. These adjustments result in slightly lower funding increases for 2023-25 food costs. Table 7 shows the resulting change to base for food by facility and by fund source, as well as the comparison with the total food estimate included in AB 43/SB 70.

TABLE 7

Reestimate of Food Funding Adjustments by Facility and Fund Source

	2023-24 Change to Base			2024-25 Change to Base		
Facility	GPR	PR	Total	GPR	PR	Total
Mendota MHI	$288,700	$5,400	$294,100	$312,600	$7,000	$319,600
Winnebago MHI	-71,800	419,300	347,500	-69,800	453,400	383,600
Sand Ridge STC	-31,300	0	-31,300	-19,900	0	-19,900
Wis. Resource Center	535,000	0	535,000	572,400	0	572,400
Central Wis. Center	0	7,500	7,500	0	14,500	14,500
Northern Wis. Center	0	32,600	32,600	0	34,600	34,600
Southern Wis. Center	0	2,500	2,500	0	13,700	13,700
	$720,600	$467,300	$1,187,900	$795,300	$523,200	$1,318,500
AB 43/SB 70 Total	$1,172,300	$677,100	$1,849,400	$1,679,900	$953,000	$2,632,900
Difference	-$451,700	-$209,800	-$661,500	-$884,600	-$429,800	-$1,314,400

28. Alternative A1 adopts the reestimates shown in Tables 6 and 7. The GPR amounts of the alternative are lower, over the biennium, than those of AB 43/SB 70 by $8,616,700 GPR. Due largely to the revision of the cost of contract staff at Winnebago, the reestimate of PR funding under Alternative A1 is higher than AB 43/SB 70 by $2,762,800 PR over the biennium. These changes are exclusive of the electronic health records component, which is discussed in the following section.

Electronic Health Records

29. The Department first received funding for development and implementation of an electronic health records system for the facilities in the 2013-15 budget, with $3,492,900 ($1,771,000 GPR and $1,721,900 PR) provided in 2014-15. The Department subsequently requested an appropriation supplement of $10,578,300 PR in 2016-17 under s. 16.515 of the statutes for system infrastructure, such as fiber optic cable, switches, and routers. The Joint Committee on Finance approved this request.

30. With the completion of infrastructure upgrades, the Department began the development of electronic health records systems, utilizing additional ongoing funding provided beginning in the 2019-21 biennial budget. The system has been completed and is in use at all facilities. The current base funding allocated for electronic records is $7,280,700, consisting of $3,842,700 GPR and $3,438,000 PR, which is used primarily for annual payments under a master lease agreement used to finance the development of the system, hardware, vendor hosting costs, and for staff costs in the Division's Office of Electronic Records, which manages the system and conducts employee training for the use of the system.

31. Since the 2019-21 budget, the Department has included adjustments to the funding for electronic health records costs in the variable non-food estimate. For the 2021-23 budget, the adjustments were relatively modest, with a reduction of just over $400,000 in the first year, and an increase of just under $300,000 in the second year. The adjustment included in the 2023-25 estimate, however, is substantially larger, totaling $9.5 million in 2023-24 and $10.0 million in 2024-25 (PR and GPR totals), increases of 130% and 138%, respectively, over the current base funding.

32. The increases for the electronic health records budget can be attributed primarily to the inclusion, in the estimate, of the cost of monthly, per-employee intra-departmental charges that are levied by the Department's Bureau of Information Technology Services (BITS) for the maintenance of computer systems and networks. The cost for these charges, although currently paid by the facilities, had not previously been included in the budget estimate for electronic health records costs. Instead, the cost of paying IT system charges has been supported from the facilities' separate supplies and services funding. Consequently, the BITS charges are not a new cost for the 2023-25 biennium, and are also not a cost for which no funding has previously been provided. For these reasons, the BITS charges (as well as the whole electronic health records component) are not included with the variable nonfood reestimate presented above. Instead, the Committee could select from a few alternatives, based on additional considerations.

33. The Department indicates that since the costs of maintaining the facilities' computer systems is an essential component of the budget for the electronic health records system, it was felt that including the BITS charges in the reestimate was appropriate. Moreover, the Department

indicates that these costs have increased in recent years, since BITS has switched from charging on a per-computer basis to a per-user basis, to match the basis for software and operating system licensing costs. That is, unlike some other government functions, the nature of the facilities' operations is that they have multiple users accessing the same computer, so moving from a computer-based charge to a user-based charge increases their costs. To ensure that the facilities can fully support these additional costs, the Committee could provide the funding increases included in AB 43/SB 70, $9,480,900 ($5,201,000 GPR and $4,279,900 PR) in 2023-24 and $10,037,500 ($5,501,200 GPR and $4,536,300 PR) in 2024-25. [Alternative B1]

34. Since the facilities already have a base budget for the payment of BITS charges, and are currently paying these charges from that budget, another approach to the electronic health records estimate would be to provide funding adjustments to reflect only the anticipated change in these costs, rather than the full amount of these costs. In addition, a reestimate of the costs could exclude changes associated with the salary and fringe benefits costs of the electronic health records office personnel, since personnel costs are adjusted as part of the standard budget adjustments and pay plan supplements, if any. With these adjustments, the funding need would be $1,095,200 ($676,400 GPR and $418,800 PR) in 2023-24 and $1,604,400 ($951,100 GPR and $653,300 PR) in 2024-25. Relative to AB 43/AB 70, this reestimate would be a reduction of $8,385,700 ($4,524,600 GPR and $3,861,100 PR) in 2023-24 and $8,433,100 ($4,550,100 GPR and $3,883,000 PR) in 2024-25. [Alternative B2]

35. If the Committee does not provide funding for an anticipated increase in electronic health records costs, the facilities would be required to absorb any additional system costs within their existing budgets for supplies and services. [Alternative B3] Outside of the adjustments for food and variable nonfood supplies and services, the budget for the facilities' supplies and services is not otherwise routinely increased to account for general inflation or other cost changes, so absorbing additional electronic health records costs may affect other aspects of the facilities' operations.

ALTERNATIVES

A. Variable Nonfood Supplies and Services and Food

1. Adjust funding for variable nonfood supplies and services and food costs as shown in Table 6 and Table 7, respectively, to reflect a reestimate of the cost to continue care and treatment services at the Department's seven facilities.

ALT A1	Change to Base
GPR	$23,558,900
PR	88,870,900
Total	$112,429,800

2. Take no action.

B. Electronic Health Records

1. Provide $9,480,900 ($5,201,000 GPR and $4,279,900 PR) in 2023-24 and $10,037,500 ($5,501,200 GPR and $4,536,300 PR) in 2024-25 to fund the Administration's estimate of electronic health records costs, including the full amount of intra-departmental charges paid by facilities to maintain IT systems.

ALT B1	Change to Base
GPR	$10,702,200
PR	8,816,200
Total	$19,518,400

2. Provide $1,095,200 ($676,400 GPR and $418,800 PR) in 2023-24 and $1,604,400 ($951,100 GPR and $653,300 PR) in 2024-25 for electronic health records costs, reflecting a reestimate that excludes costs for intra-departmental charges for IT services that are currently funded from separate base funding.

ALT B2	Change to Base
GPR	$1,627,500
PR	1,072,100
Total	$2,699,600

3. Take no action.

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June, 2023 | Joint Committee on Finance | Paper #456

Overtime Supplement (Health Services -- Care and Treatment Facilities)

[LFB 2023-25 Budget Summary: Page 292, #4]

CURRENT LAW

The Division of Care and Treatment Services operates seven residential facilities, 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 MHI and Winnebago MHI), and two secure treatment centers, (the Wisconsin Resource Center, and the Sand Ridge Secure Treatment Center). The funding source for the costs of these facilities is allocated to GPR and PR appropriations, depending upon the mix of residents. The cost of services for forensic patients at the mental health institutes and for residents of the secure treatment centers 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 4,068.2 authorized positions for the facilities, which includes 1,949.4 GPR positions and 2,118.9 PR positions. The following table shows the base funding and authorized permanent positions for each facility by fund source.

Facility	GPR Funding	GPR Positions	PR Funding	PR Positions	Total Funding	Total Positions
Mendota MHI	$91,504,900	695.0	$27,690,900	214.6	$119,195,800	909.6
Winnebago MHI	26,375,700	196.7	65,931,700	486.2	92,307,400	682.9
Sand Ridge STC	59,698,000	504.3	10,400	0.0	59,708,400	504.3
WI Resource Center	70,626,300	553.4	20,200	0.0	70,646,500	553.4
Central WI Center	$0	0.0	$83,197,600	787.3	$83,197,600	787.3
Northern WI Center	0	0.0	11,752,700	118.5	11,752,700	118.5
Southern WI Center	0	0.0	49,408,200	512.3	49,408,200	512.3
Total	$248,204,900	$1,949.4	$238,011,700	$2,118.9	$486,216,600	$4,068.2

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.

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. Under that standard budget adjustment decision item, funding is provided in an amount equal to the amount that was provided for overtime in the prior budget (with minor adjustments to reflect current fringe benefit rates). If no other changes are made to overtime funding, an agency will receive the same budget for overtime as in the prior biennium, even if actual overtime costs increase or decrease.

2. AB 43/SB 70 would provide overtime supplements for DHS facilities, in addition to the standard budget adjustment for overtime, of $5,339,900 GPR and $2,169,000 PR annually. These amounts are equal to the difference between actual overtime costs that the facilities incurred in 2021-22 and the amount provided under the overtime standard budget adjustment.

3. 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 that would be provided under the proposed supplements, along with the total funding adjustment. The Committee approved the standard budget adjustment for overtime in earlier action (Motion #12).

Total Overtime Funding by Facility under AB 43/SB 70

Facility	Standard Budget Adjustments GPR	Standard Budget Adjustments PR	Standard Budget Adjustments Total	AB 43/ SB 70 Overtime Supplement GPR	AB 43/ SB 70 Overtime Supplement PR	AB 43/ SB 70 Overtime Supplement Total	Total Annual Overtime Budget Under AB 43/SB 70 GPR	Total Annual Overtime Budget Under AB 43/SB 70 PR	Total Annual Overtime Budget Under AB 43/SB 70 Total
Mendota MHI	$5,208,400	$1,196,300	$6,404,700	$3,326,200	$763,900	$4,090,100	$8,534,600	$1,960,200	$10,494,800
Winnebago MHI	879,600	2,769,000	3,648,600	452,700	1,424,800	1,877,500	1,332,300	4,193,800	5,526,100
Sand Ridge STC	1,415,700	0	1,415,700	541,100	0	541,100	1,956,800	0	1,956,800
WI Resource Center	1,893,100	0	1,893,100	1,019,900	0	1,019,900	2,913,000	0	2,913,000
Central WI Center	0	3,787,100	3,787,100	0	106,800	106,800	0	3,893,900	3,893,900
Northern WI Center	0	419,300	419,300	0	114,400	114,400	0	533,700	533,700
Southern WI Center	0	2,263,000	2,263,000	0	-240,900	-240,900	0	2,022,100	2,022,100
Total	**$9,396,800**	**$10,434,700**	**$19,831,500**	**$5,339,900**	**$2,169,000**	**$7,508,900**	**$14,736,700**	**$12,603,700**	**$27,340,400**

4. Facilities that provide 24-hour care and treatment must maintain a minimum staffing level regardless of personnel availability. If the facility has vacancies among critical staff, such as psychiatric care technicians, resident care technicians, or nurses, it may utilize overtime hours to provide staffing coverage. The number of overtime hours worked by these positions typically accounts for 80% to 90% of all overtime hours at each facility.

5. The following tables show the average number of vacancies (as of the first day of each month) for nurse clinician positions and nursing assistant positions (psychiatric care technicians or resident care technicians), by facility, for 2021-22 and in 2022-23 through April. Note that the vacancy rates may change due to slight changes in the total number of positions authorized (due to reclassifications, for instance), rather than a change in the number of vacancies.

Vacant Positions and Vacancy Rate for Nurse Clinicians

	2021-22 Monthly Average		2022-23 Monthly Average*	
	Average Vacancies	Vacancy Rate	Average Vacancies	Vacancy Rate
Mendota MHI	20	22%	24	22%
Winnebago MHI	35	40	34	42
Sand Ridge STC	6	31	7	36
WI Resource Center	2	5	2	5
Central WI Center	9	12	17	20
Northern WI Center**	N/A	N/A	N/A	N/A
Southern WI Center	9	25	8	21

Vacant Positions and Vacancy Rate for Psychiatric Care Technicians or Resident Care Technicians

	2021-22 Monthly Average		2022-23 Monthly Average*	
	Average Vacancies	Vacancy Rate	Average Vacancies	Vacancy Rate
Mendota MHI	32	12%	19	7%
Winnebago MHI	36	13	52	20
Sand Ridge STC	4	2	7	4
WI Resource Center	10	3	16	6
Central WI Center	88	28	103	34
Northern WI Center	7	11	10	14
Southern WI Center	86	36	98	47

* Through April, 2023

** Northern Wisconsin Center does not have nurse clinician positions.

6. In 2022, several of the DHS facilities increased their use of contract staff to offset the impact of position vacancies. Under these contract arrangements, the facility pays a staffing agency an hourly rate for a designated quantity of work hours. The agency is then responsible for hiring and paying an employee to fill shifts at the facility. The agency also supports its non-personnel costs and its profit from the hourly rate paid by the facility. The facilities have used contract staff primarily to fill in for vacancies among nurse clinicians, psychiatric care technicians, and resident care technician positions.

7. Of all of the DHS facilities, the Winnebago Mental Health Institute has had the highest usage of contract staff. In the final quarter of 2021-22, Winnebago spent an average of $1.85 million per month for contract nurses and psychiatric care technicians. If sustained at that level, annual expenditures for contract staff would be $22.2 million, which is equivalent to nearly one-third of the base funding for salary and fringe benefits for that facility. The next greatest user of contract staff is Central Wisconsin Center, which in the last half of 2021-22 spent an average of $0.73 million per month, which would be equivalent to $8.8 million on an annualized basis.

8. The Department indicates that the use of contract staff has become necessary to reduce the use of mandatory overtime at the facilities and staff burnout. This is particularly the case at Winnebago due to a particularly high vacancy rate for nurse clinicians and psychiatric care technicians and the pattern of admissions, which leads to a unpredictable and highly variable daily population.

9. With the increase in the use of contract staff, overtime expenditures in more recent months are generally lower than in 2021-22. For instance, the number of overtime hours worked at Winnebago declined by 34% in the six-month period between October of 2022 to March of 2023 compared to the same six-month period one year earlier. The exception to this pattern is the Mendota Mental Health Institute. Mendota has relied less on contract staff, but has used more overtime. The number of overtime hours has increased at Mendota by 16% in the six month period of October of

2022 to March of 2023, in comparison to the same six-month period in the previous year.

10. The Department indicates that the use of overtime has increased at Mendota primarily due to a changing patient population that has required more intensive management than in previous years. Over the past several years, the Department has transferred more stable, longer-term forensic patients to previously-vacant space at the Sand Ridge Secure Treatment Center in Mauston, in order to relieve space constraints at Mendota. With this transfer, the patient population at the Mendota hospital has changed, as the facility has been able to admit more patients for treatment to competency and competency evaluation. These patients are often admitted directly from county jails and require more direct staff supervision and treatment. Since the waiting list for admission to Mendota has continued to increase during the biennium, and currently stands at over 170, the Department expects that the conditions necessitating heavy use of overtime will continue.

11. In addition to changes in the number of hours of overtime used at the facilities, the cost has changed due to wage adjustments. That is, at Mendota, although the number of overtime hours increased by 16%, the expenditures for overtime increased by 22%.

12. Since overtime utilization and costs have changed from 2021-22, the year that was the basis for the calculation of the overtime supplement in AB 43/SB 70, a reestimate using more current expenditure data is warranted. The following table shows a reestimate of the annual overtime supplement based on actual overtime expenditures to date in 2022-23.

Annual Overtime Supplement Reestimate, by Facility

	Overtime Supplement Reestimate			Change to AB 43/ SB 70		
Facility	GPR	PR	Total	GPR	PR	Total
Mendota MHI	$4,733,600	$1,087,400	$5,821,000	$1,407,400	$323,500	$1,730,900
Winnebago MHI	124,600	392,300	516,900	-328,100	-1,032,500	-1,360,600
Sand Ridge STC	15,100	0	15,100	-526,000	0	-526,000
WI Resource Center	1,279,500	0	1,279,500	259,600	0	259,600
Central WI Center	0	-197,500	-197,500	0	-304,300	-304,300
Northern WI Center	0	92,600	92,600	0	-21,800	-21,800
Southern WI Center	0	-597,300	-597,300	0	-356,400	-356,400
Total	$6,152,800	$777,500	$6,930,300	$812,900	-$1,391,500	-$578,600

13. The overtime supplement is similar to the standard budget adjustments made for personnel costs, in the sense that it provides an increase or decrease in funding to agency budgets with the intention of providing a continuation of baseline services based on updated costs. The Committee could adjust the facilities appropriations as shown in the previous table in recognition that the overtime supplement represents the full costs of the facilities' overtime pay obligations. [Alternative 1]

14. The Committee could also decide not to provide an overtime supplement, which would require the facilities to absorb overtime costs by reducing expenditures in other areas. [Alternative 2]

ALTERNATIVES

1. Adjust funding in 2023-24 and 2024-25 as shown in the table shown in point #12, to reflect an estimate of overtime costs for the Department's seven care and treatment facilities.

ALT 1	Change to Base
GPR	$12,305,600
PR	1,555,000
Total	$13,860,600

2. Take no action.

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June, 2023 | Joint Committee on Finance | Paper #457

Mendota Juvenile Treatment Center -- Staffing and Funding for Expansion Staffing (Health Services -- Care and Treatment Facilities)

[LFB 2023-25 Budget Summary: Page 292, #5 and Page 147, #5]

CURRENT LAW

The Mendota Juvenile Treatment Center (MJTC) is a Type 1 juvenile correctional facility that provides psychiatric evaluation and treatment for male juveniles transferred from the juvenile correctional system whose behavior is highly disruptive and who have not responded to standard services and treatment at the Department of Corrections' (DOC) secure correctional facility at Lincoln Hills. MJTC treatment and programming includes therapy for anger management, treatment to address substance abuse, sexual offense, or mental illness, and academic support. Treatment is designed to improve behavior and manage any mental health conditions to permit a transfer back to Lincoln Hills. MJTC, which is on the campus of the Mendota Mental Health Institute in Madison, has been in operation since 1995.

MJTC currently has 29 staffed beds for boys in two units of single-occupancy, secure rooms. DHS has 50.5 dedicated positions for these units, but is also supported by Mendota Mental Health Institute staff for evening and overnight shifts. The salary and fringe benefit costs for the dedicated positions are funded by the Department of Corrections, through an annual transfer from DOC's juvenile justice budget, based on a daily rate set by DHS. The food and non-food supplies and services (medical services, medical supplies, prescription drugs, and clothing) for MJTC is funded from the budget for the Mendota Mental Health Institute.

MJTC may also accept referrals from a county-run secure residential care center for children and youth (SRCCCY). However, since no county has yet established a SRCCCY, the only juveniles currently placed at MJTC are transfers from DOC.

DISCUSSION POINTS

Current MJTC Staffing and Operations

1. MJTC was originally built with a physical capacity for 43 beds in three units. One 14-bed unit, which is in a separate wing of the building from the other two units, was closed in 2001, reducing the capacity to 29. Between 2016 and 2022, that 14-bed unit was used for adult forensic patients committed to the Mendota Mental Health Institute. The primary purpose for this unit, which was designated as "forensic maximum unit" or FMU, was assessment for competency to stand trial and for treatment of patients who require a high level of security. The FMU was closed at the end of 2022 for construction on the MJTC building expansion and renovation project.

2. The 2019-21 budget act provided $2,645,000 PR and 42.5 PR positions in 2020-21, in anticipation that the 14-bed FMU would be converted back to MJTC use in the fall of 2020. At that time, it was anticipated that the number of referrals to MJTC would begin to increase, in conjunction with changes in the state's juvenile corrections system prompted by 2017 Act 185. Among those changes was the closure of Lincoln Hills, the Department of Corrections Type 1 juvenile corrections facility, and the establishment of county-based juvenile correctional system. However, with the onset of the COVID-19 pandemic, implementation of these changes has been delayed or put off indefinitely. Instead of increasing, the population of MJTC declined, prompting DHS to delay converting the FMU to MJTC use. The Department has not filled the positions designated for the unit.

3. MJTC's population declined to a monthly average of 19 in 2020-21, but increased in 2021-22 to an average of 26, and has remained at about that level in 2022-23. Although DHS has not filled the 42.5 positions designated for the conversion of the FMU to MJTC use, the other two units are currently fully staffed, with relatively few position vacancies.

4. The personnel costs of MJTC (salary and fringe benefits of staff) are supported with a program revenue appropriation in DHS. The revenue source for this appropriation is an annual transfer from the Department of Corrections, based on a daily rate set by DHS that reflects MJTC's actual personnel costs.

5. DOC makes this transfer with a combination of a GPR appropriation, designated specifically for that purpose, and funding in DOC's general PR appropriation for juvenile corrections. The DOC juvenile corrections appropriation receives revenue from counties that have juveniles under Correction's supervision, including those transferred to MJTC. In 2021-22, DOC transferred $4,495,500 ($1,365,500 GPR and $3,130,000 PR) to support MJTC's personnel costs.

6. Since the 42.5 positions provided by the 2019-21 budget have not been filled, they have no impact on the MJTC daily rate. Likewise, since the PR appropriation used for MJTC operations authorizes the expenditure of amounts received (rather than limited to the amounts in the Chapter 20 appropriation schedule), the amount in that appropriation has no affect the amount of funding that DHS is authorized to spend for MJTC operations.

7. While personnel costs are funded with a transfer from DOC, other MJTC expenses, such as food, medical services, drugs, and other nonfood supplies and services, are supported from the GPR budget for the Mendota Mental Health Institute.

MJTC Expansion Project and Staffing Proposal

8. In May of 2021, the Joint Committee on Finance approved an expansion and renovation project at MJTC. Later that month, the State Building Commission approved the Department's request to proceed with the project, with an estimated total project cost of $66.0 million. Construction for the project began in March of 2022.

9. The first phase of the project involves the construction of an addition to the existing building, with four new units and common space for education and treatment programing. Completion of the new building is anticipated to occur in late summer of 2023, and be ready for occupancy in the fall. The second phase of the project involves renovation of existing units, which is expected to be complete by the end of 2024.

10. Upon completion of the first phase, MJTC will have physical capacity for 20 girls in the new building and 44 boys, which includes space for 30 in the new building and 14 in the converted FMU. With completion of the second phase, MJTC will have capacity for an additional 29 boys, bringing the total capacity to 73 boys and 20 girls.

11. AB 43/SB 70 would provide new PR expenditure and position authority in two phases, corresponding to the completion of the two phases of the construction and renovation project. For the first phase, the bill would provide 114.5 positions in 2023-24, which, when combined with existing authorized positions (50.5 for currently operating units and 42.5 unfilled positions designated for the existing 14-bed unit), would provide a total of 207.5 positions. For the second phase, the bill would provide an additional 59.5 positions in 2024-25, timed for the reopening of the existing units following renovation.

12. With completion of both staffing phases, MJTC would have 174.5 new positions, bringing the total to 267.0 positions to staff 93 beds, for a staff-to-bed ratio of 2.9. By comparison, the existing 29 bed facility has approximately 1.7 staff per bed, although this ratio excludes staffing assistance provided from Mendota Mental Health Institute staff. The Department has determined that a higher staffing level would be beneficial, as well as needed, for the expanded facility. In part this is due to the need to operate seven different units, separated by gender and treatment progress, unlike the way MJTC currently operates with its two units. The position increase would provide a staffing ratio higher than the staffing ratio for the Mendota Mental Health Institute (exclusive of MJTC), but would be slightly lower than the staffing ratio for the Winnebago Mental Health Institute.

13. In addition to providing positions, AB 43/SB 70 would increase budget authority for MJTC by $9,075,800 PR in 2023-24 and by $15,616,000 PR in 2024-25. Most of this amount--$7,020,300 in 2023-24 and $12,222,800 in 2023-25--reflects the salary and fringe benefit costs of the additional positions. The remainder--$2,055,500 in 2023-24 and $3,393,200 in 2024-25--would be for the food and nonfood supplies and services associated with the expanded juvenile population.

14. As noted earlier, the food and variable nonfood supplies and services costs for MJTC are currently supported from the GPR budget for Mendota Mental Health Institute. The Department's intention is to include any future food and nonfood costs for the expanded juvenile population into the calculation of daily rate. For the purposes of the food and nonfood supplies and services estimate,

DHS based the funding adjustment on the average per person cost for food and nonfood supplies and services for the whole Mendota Mental Health Institute population, rather than the MJTC population. Since DHS is required by statute to set the daily rate based on MJTC costs, in practice the Department would need to base the daily rate calculation on the MJTC-specific food and nonfood supplies and services costs.

15. While the construction and renovation project will significantly expand the physical capacity of MJTC, the number of juveniles who will be in the facility during the 2023-25 biennium remains uncertain. There are currently about 45 to 50 boys and about five girls under DOC supervision at Lincoln Hills School and Copper Lake School, respectively. The boys at Lincoln Hills are currently eligible for transfer to MJTC, and with an expanded facility, DHS and DOC may determine that a higher proportion of these boys would be appropriate for MJTC services. Since there is currently no unit for girls at MJTC, any of the girls under DOC supervision at Copper Lake could be a candidate for transfer. In addition to potential transfers from DOC, juveniles under supervision of counties who are housed in a secure residential care center for children and youth (SRCCCY) are eligible for transfer to MJTC. Currently there are no SRCCCYs operating in the state, but Racine County and Milwaukee County are each in the process of establishing a SRCCCY. However, these facilities will need to be completed and operational before any transfers can occur. The likelihood and number of transfers from these or any other counties that establish their own facility remains uncertain.

16. Upon the completion of the first phase of the MJTC project, any increase to the MJTC population would likely occur gradually. For this reason, DHS indicates that it is unlikely that the positions that would be provided under AB 43/SB 70, if approved, would be filled immediately. Instead, the Department's intention would be to recruit for, and hire staff only as needed if and when the population expands. Since DHS charges DOC (or counties) on a daily rate basis, it would not be able to support the cost of positions to staff units that are significantly below capacity.

17. Since the MJTC PR appropriation authorizes expenditure of all moneys received, rather the amount in the Chapter 20 appropriation schedule, the funding adjustment provided by the bill has no real effect on the Department's expenditure authority. The amount provided in that appropriation, or any PR appropriation of the same type, reflects an estimate of expenditures, rather than a limit on expenditures.

18. Given the nature of the funding mechanism for MJTC, as outlined in the previous two points, one way of viewing a decision to approve the additional position authority and the appropriation adjustment, as proposed, is that while it would give the Department the ability to proceed with the process of expanding MJTC services, any actual expansion in the number of filled positions would be driven by the size of the juvenile population. In addition, this decision to authorize staff for the facility can be seen as consistent with the earlier decisions made by the Joint Committee on Finance and the full Legislature to approve and provide funding for the expansion of the facility. Consistent with this perspective, the Committee could approve the funding and positions as proposed in AB 43/SB 70. [Alternative A1]

19. The Committee could also determine that since several factors affecting the MJTC population remain unknown, the decision to authorize new positions could be delayed until more information is known. MJTC already has 42.5 unfilled positions to accommodate some growth in the

population, and if more are required, DHS could, working with the Department of Administration, submit a request for additional PR positions under s. 16.505 of the statutes, which would allow the Committee to review the need for those positions at a later time under a passive review process. [Alternative A2]

20. In contrast to the DHS appropriation for MJTC, DOC's PR appropriation for juvenile justice limits expenditures to the amounts provided in the Chapter 20 schedule (a "sum certain" appropriation). While AB 43/SB 70 would make an adjustment to the DHS appropriation reflecting an anticipated growth in MJTC costs for the current 29 beds, the bill would not provide corresponding increase in DOC's sum certain appropriation for making a transfer to DHS. Consequently, if the MJTC population expands and DHS fills positions to accommodate that growth, DOC may not have sufficient budget authority to make the larger transfer.

21. The daily rate DOC charges counties and the state is based in part on the estimated cost of juveniles transferred to MJTC. An increase in the number of juveniles served by MJTC results in an increase in the transfer from DOC to MJTC. If the Committee adjusts the DOC appropriation to provide increased budget authority to make payments to DHS for 64 beds in 2023-24 and 93 beds in 2024-25, while the juvenile population remains the same, the DOC daily rates for juveniles would increase. Given that juvenile populations are not estimated to increase over the next biennium, it is unlikely that these additional beds would need to be staffed. Further, since the daily rates are set in statute, the rate would need to be modified through separate legislation after the budget.

22. The Committee could, however, adjust the DOC appropriation to provide sufficient budget authority to make payments to DHS for expanded MJTC population and specify that this adjustment does not impact DOC's daily rate for juveniles as set in statute. An adjustment equal to the amount of the adjustment to the DHS appropriation ($9,075,800 PR in 2023-24 and $15,616,000 PR in 2024-25) would be sufficient to accommodate the fully-staffed and utilized facility. [Alternative B1] DOC's actual expenditures would be based on the actual costs incurred by DHS for any expansion in MJTC services occurring in the 2023-25 biennium.

23. Given that juvenile and MJTC populations are expected to remain steady over the next biennium, the Committee could decide to continue to provide support for the current 29 beds through DOC's PR appropriation. [Alternative B2] As provided in AB 43/SB 70, this alternative would provide $447,300 PR in 2023-24 and $637,100 PR in 2024-25 related to payments to the DHS for juveniles placed at MJTC.

24. The Committee could also make no adjustment to DOC's appropriation for juvenile justice to accommodate an increased transfer to DHS for MJTC services. In this case, DOC would be required to make the transfer from within the existing appropriation. [Alternative B3]

ALTERNATIVES

A. Position and Funding for MJTC Expansion in the Department of Health Services

1. Approve the proposal in AB 43/SB 70 to provide $9,075,800 PR and 114.5 PR positions in 2023-24 and $15,616,000 PR and 174.0 PR positions in 2024-25 to expand the capacity of the Mendota Juvenile Treatment Center.

ALT A1	Change to Base	
	Funding	Positions
PR	$24,691,800	174.0

2. Take no action.

B. Program Revenue Appropriation Adjustment in the Department of Corrections

1. Provide $9,075,800 PR in 2023-24 and $15,616,000 PR in 2024-25 to increase budget authority in the Department of Corrections for a transfer to DHS for an expansion of MJTC services. Specify that this increase would not affect the daily rate.

ALT B1	Change to Base
PR	$24,691,800

2. Provide $447,300 PR in 2023-24 and $637,100 PR in 2024-25 related to payments to DHS for juveniles placed at MJTC.

ALT B2	Change to Base
PR	$1,084,400

3. Take no action.

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June, 2023 Joint Committee on Finance Paper #458

Expand Northern Wisconsin Center's Intensive Treatment Program (Health Services -- Care and Treatment Facilities)

[LFB 2023-25 Budget Summary: Page 293, #6]

CURRENT LAW

The Department of Health Services (DHS) operates three facilities that provide residential care for individuals with developmental disabilities: (a) Northern Wisconsin Center (NWC) in Chippewa County; (b) Southern Wisconsin Center (SWC) in Racine County; and (c) Central Wisconsin Center (CWC) in Dane County. The State Centers are licensed and regulated as intermediate care facilities for individuals with intellectual disabilities (ICFs-IID) by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). The ICF-IID certification makes the centers eligible for federal cost sharing under the state's medical assistance (MA) program.

SWC and CWC provide long-term services and intensive treatment program (ITP) services. NWC does not offer long-term services. NWC currently provides ITP services to people ages 14 and older with an intellectual disability and co-occurring mental health or behavioral disorder. ITP services include behavioral and psychiatric evaluation and treatment, medical services, and vocational programing. Patients in NWC's program reside at NWC while they participate in the ITP. The treatment plans are tailored to the individual's needs and are intended to provide the skills necessary to live as independently as possible within the community. Currently, NWC has 25 licensed beds.

DISCUSSION POINTS

ITP Expansion

1. While NWC has 25 licensed beds, the average daily population (ADP) has typically

been much lower. The following table shows the average ITP population over the past five years at each of the State Centers.

Average Monthly Number of Clients by ITP Location

	2018-19	2019-20	2020-21	2021-22	2022-23*
CWC	5	3	2	3	3
NWC	15	13	12	11	10
SWC	10	14	12	12	10

*Through February

2. Currently, the units providing ITP services to individuals at CWC and SWC have a maximum capacity of 16 beds and 26 beds, respectively.

3. The Department indicates that the number of individuals that can be served at any one time in ITP units is much lower than the physical capacity of these units, due to a number of factors, including patient care and safety (individual treatment needs, existing patient mix, and gender and age of the individuals), facility staffing levels, and use of units for COVID isolation or surge units to support closure of other units for campus construction and renovation projects. Vacancy rates and difficulty in recruitment and retention of direct care staff are also factors in determining how many ITP beds are operational.

4. In order to be admitted for ITP services, an individual must have an intellectual disability and co-occurring mental health or behavioral health disorder and need help learning essential skills for daily living. Unless ordered by a court, eligible individuals require the approval of the local community board or appropriate managed care organization, the Director of the State Center, and the individual's parent or guardian.

5. DHS notes that over the last five years, a monthly average of 50 individuals have been on the waiting list for ITP services. DHS admits individuals into an ITP after reviewing their acuity and unique behavioral needs. Individuals are selected for placement in an ITP based both on the patient's need and on how they will likely interact and respond to others who are already receiving services at the facility. Eligible individuals are not necessarily admitted to the program in chronological order from the waitlist. Staff from the State Centers meet frequently to evaluate the needs of the individuals on the waiting list and to determine in which facility the individual could best be served, based on the factors listed previously.

6. Services provided to residents at the State Centers are funded almost entirely with Medicaid funding. MA reimbursement for the ITP program at NWC is derived from several Medicaid sources, including payments from the Family Care managed care organizations for ITP services provided to their enrollees, and fee-for-service Medicaid (reimbursement for Medicaid state plan services paid directly by the program). For calendar year 2023, the daily ITP rate is $1,857 for Family Care enrollees, of which the managed care organization is responsible for $1,449 per day and fee-for-service Medicaid is responsible for the remaining $408 per day. However, these rates are subject to

two types of surcharges. The first is an extended stay surcharge, which DHS may apply if the individual stays at the State Center beyond the planned discharge date. The fees may increase every six months that the individual stays at the State Center. The second is a non-typical services surcharge, which a provider can apply for services such as interpretive services, one-on-one staffing, or unusual living arrangements or medical services.

7. Assembly Bill 43/Senate Bill 70 would provide $6,751,000 PR in 2023-24 and $8,757,600 PR in 2024-25 to fund 92.0 positions, beginning in 2023-24, to expand the ITP at NWC. Under the bill, DHS would not increase the number of licensed beds from the 25 currently at NWC, rather, the bill would provide staff to expand services for up to 12 additional residents.

8. The Administration indicates that of the three State Centers, expanding the ITP at NWC would offer a number of benefits. First, NWC has space available for additional beds. This additional capacity was created when NWC renovated areas to temporarily relocate ITP participants during a major roof replacement project. Once this roof project is complete, the newly created space would be available to treat additional individuals participating in the ITP.

9. Second, NWC has a school on site to provide requisite education to individuals who participate in the ITP. In contrast, SWC does not have any staffing or building capacity for a school, which limits referrals to its ITP program to individuals who are no longer of school age.

10. Finally, NWC has not experienced the same challenges as SWC and CWC in recruiting and retaining staff. The Administration indicates that the ability to recruit staff is a major obstacle to ITP expansion in other locations as ITP services require resident care technician – advanced level care providers and treatment teams. In December 2022, DHS reallocated 13.0 vacant positions from CWC and SWC to support more flexible shift scheduling options at NWC. Existing staff levels at NWC had limited direct care shift scheduling, requiring staff to work up to five weekends before receiving one weekend off. The addition of the reallocated positions allows NWC to offer flexibility in shift scheduling to improve current direct care staff satisfaction and improve future recruitment and retention efforts.

11. The Administration estimates that of the $15,508,600 that would be provided over the biennium, $3,560,100 would fund resident costs (such as food, medications, medical services, laundry services, etc.) and the remaining $11,948,500 would fund staff costs (such as salary, fringe benefits, and supplies and services) for the additional 92.0 positions to serve additional ITP participants. The staffing proposed for the expansion is consistent with the existing clinical and ancillary staffing patterns used at NWC to provide patient care for a complex and high needs population.

12. In order to serve more individuals in need of ITP services in a timely fashion, the Committee could provide $6,751,000 PR in 2023-24 and $8,757,600 PR in 2024-25 to fund 92.0 positions, beginning in 2023-24, to expand the ITP at NWC for up to 12 additional residents. [Alternative A1]

13. On the other hand the Committee could choose to approve a smaller expansion of the ITP at NWC. For example, the Committee could provide $3,945,400 PR in 2023-24 and $5,105,400 PR in 2024-25 to fund 56.0 positions, beginning in 2023-24, to expand the ITP at NWC. Using the

same assumptions regarding staff and resident cost, it could be assumed that under this alternative up to six additional residents could be served by the ITP at NWC. [Alternative A2]

14. The reduction in bed capacity under Alternative A2 is not entirely proportional to the reduction in positions and costs, as some positions are needed to support any expansion of the program at NWC. As such, to support a smaller expansion, only the number of residential care technician - advanced could be reduced. The positions needed to support any expansion, such as a resident care supervisor, licensed practical nurse, psychological associate, a developmental disabilities specialist, custodian, and food production assistant, would still be needed for a smaller expansion of services at NWC. Due to these fixed costs (positions), the Department indicates that it would not make sense for NWC to open a new expansion that is less than six beds.

15. Finally, the Committee could choose to take no action. Under this alternative the Department would continue to admit individuals on the waiting list for ITP services as it is able, using current program capacity at the three State Centers. The Department indicates that currently, when individuals with intellectual or developmental disabilities experience a crisis or other behavioral health issue while on the waiting list for ITP services, those individuals may instead receive services at Winnebago Mental Health Institute (WMHI). However, WMHI is not staffed for the level of care these individuals often need to ensure the safety and security of the individual and staff in such crisis situations. Further, individuals with intellectual or developmental disabilities who do not need the hospital-level psychiatric care provided at a mental health institute, would instead be better served in a State Center experienced with serving individuals with intellectual or developmental disabilities and other behavioral health challenges. [Alternative A3]

GPR-Earned

16. Prior to the 2003-05 biennial budget act, NWC offered long-term services in addition to ITP services. Since the closure of the long-term services at NWC, there have been a number of financial challenges at the NWC campus. Due to the large size of the NWC campus but the small "footprint" of the ITP, the Department has reported an unsupported overdraft in two appropriations relating to the operations of the ITP at NWC (interagency and intra-agency programs and alternative services of institutions and centers) for many years.

17. The Department has tried to address the unsupported overdraft in the two appropriations by reducing the amount of GPR-earned credited to the state general fund. In its 2023-25 agency budget request, submitted on September 15, 2022, DHS sought authority to retain Medicaid reimbursements received by the State Centers for depreciation and interest costs ($5.9 million in 2023-24 and $6.0 million in 2024-25). Without this authority, those funds would otherwise be credited to the general fund as GPR-earned (except for the $1.0 million retained annually as authorized in 2017 Wisconsin Act 59). The Department generated $5.6 million in GPR-earned revenue from the State Centers in 2021-22. In its plan, DHS indicates that retained GPR-earned would be used to reduce the accumulated deficit and to fund future unreimbursed campus costs.

18. Subsequently, AB 43/SB 70, introduced on February 15, 2023, would authorize DHS to retain Medicaid reimbursements received by the State Centers for depreciation and interest costs ($5.9 million in 2023-24 and $6.0 million in 2024-25) by assuming there would be reduced revenues credited to the general fund.

19. On April 18, 2023, the Joint Committee on Finance denied the Department's plan to address the unsupported overdrafts for 2021-22, thereby deferring action on this portion of the unsupported overdraft plan for consideration as part of the 2023-25 budget.

20. The general fund condition statement under AB 43/SB 70 reflects the Administration's assumption that DHS will retain $5.9 million in 2023-24 and $6.0 million in 2024-25, rather than categorize them as GPR-earned. In an effort to address the unsupported overdraft, the Committee could take no action on this proposal, thereby adopting the Administration's assumptions regarding GPR-earned credited to the general fund. Further, adoption of this alternative would be more consistent with the treatment of depreciation costs at other state operated facilities, namely the Department of Veterans Affairs (DVA) nursing homes, for which no amount is currently credited to the state general fund. Rather, DVA retains and uses these funds to operate its facilities. [Alternative B1]

21. Together, the unsupported overdrafts in the interagency and intra-agency programs and alternative services of institutions and centers appropriations totaled approximately $18.0 million at the end of 2021-22. Assuming some ongoing unreimbursed costs in each of the appropriations, it is possible that the unsupported overdrafts would be retired within the next five years under this alternative.

22. On the other hand, the Committee could authorize DHS to retain a smaller amount of the funds that would otherwise be credited to the general fund. For example, the Committee could authorize DHS to retain a total of $3.0 million in 2023-24 and $3.0 million in 2024-25 (of which $1.0 million annually was already approved in 2017 Act 59). Under this Alternative the general fund balance would be improved by $2.9 million in 2023-24 and $3.0 million in 2024-25. [Alternative B2]

23. While still assuming some ongoing unreimbursed costs in each of the appropriations, it is possible that the unsupported overdrafts would be retired within the next ten years under this alternative.

24. Finally, the Committee could reject the Administration's assumptions regarding GPR-earned and the general fund, fund condition. Under this alternative, the general fund balance would be improved by $4.9 million in 2023-24 and $5.0 million in 2024-25. However, in the event that the Committee continues to credit this revenue to the general fund, the overdraft will not be resolved and will continue to persist. [Alternative B3]

ALTERNATIVES

A. Intensive Treatment Program Expansion

1. Provide $6,751,000 PR in 2023-24 and $8,757,600 PR in 2024-25 to fund 92.0 PR positions, beginning in 2023-24, to expand the ITP at NWC for up to 12 additional residents.

ALT A1	Change to Base	
	Funding	Positions
PR	$15,508,600	92.00

2. Provide $3,945,400 PR in 2023-24 and $5,105,400 PR in 2024-25 to fund 56.0 PR positions, beginning in 2023-24, to expand the ITP at NWC for up to six additional residents.

ALT A2	Change to Base	
	Funding	Positions
PR	$9,050,800	56.00

3. Take no action.

B. GPR-Earned

1. Authorize DHS to retain $5.9 million in 2023-24 and $6.0 million in 2024-25 (of which $1.0 million annually was already approved in 2017 Act 59).

2. Authorize DHS to retain a total of $3.0 million in 2023-24 and $3.0 million in 2024-25 (of which $1.0 million annually was already approved in 2017 Act 59). Increase estimated general fund revenues by $2.9 million in 2023-24 and $3.0 million in 2024-25.

ALT B2	Change to Base
GPR-Earned	$5,900,000

3. Do not authorize DHS to retain additional funding, beyond the funds authorized in 2017 Act 59. Increase estimated general fund revenues by $4.9 million in 2023-24 and $5.0 million in 2024-25.

ALT B3	Change to Base
GPR-Earned	$9,900,000

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June, 2023 Joint Committee on Finance Paper #459

Contracted Community Services (Health Services -- Care and Treatment Facilities)

[LFB 2023-25 Budget Summary: Page 294, #8]

CURRENT LAW

Persons who are referred by a court to the Department for treatment for a mental health disorder during the course of a criminal proceeding are referred to as forensic patients. Forensic patients fall into three categories: (a) persons charged with an offense and whose competency to proceed to trial is questioned; (b) persons deemed not competent to stand trial as the result of mental illness present at the time of the trial; and (c) those who are found not guilty by reason of mental disease or mental defect that was present at the time that the offense was committed.

The Division of Care and Treatment Services contracts for the mental health treatment services, examinations, case management, and supervision for forensic patients, when the examination or treatment occurs in a community-based setting or, in certain cases, in a jail. The Division also contracts for the ongoing treatment and supervision of individuals who are placed in supervised release following a period of civil commitment at the Sand Ridge Secure Treatment Center for sexually violent persons. The base budget for all of these contracted services is $20,560,800. The following is a description of the types of contracted services.

Supervised Release Services. The supervised release program provides community-based treatment to individuals who are found to be sexually violent persons (SVPs) under Chapter 980 of the statutes. SVPs are committed to DHS and provided institutional treatment at the Sand Ridge Secure Treatment Center in Mauston, but may petition the court for supervised release if at least 12 months have elapsed since the initial commitment order was entered, since the most recent release petition was denied, or since the most recent order for supervised release was revoked. The supervised release program provides intensive monitoring, continued treatment, and supportive services for transition back into the community.

Conditional Release Services. The conditional release program provides monitoring and treatment to individuals who have been found not guilty by reason of mental disease or defect and are either immediately placed on conditional release following the court's finding or following release from one of the state's mental health institutes.

Competency Restoration Services. DHS contracts with vendors to provide outpatient treatment services to individuals who are determined to be incompetent to proceed to a criminal trial if a court determines that the individual is likely to be competent within 12 months, or within the time of the maximum sentence specified for the most serious offense with which the defendant is charged. These services are delivered on an outpatient basis for individuals who, based on an assessment of their risk level, are able to live in the community, or in county jails, if the person is unable to be admitted to one of the mental health institutes for treatment due to space constraints.

Outpatient Competency Examination. Chapter 971 of the statutes prohibits courts from trying, convicting, or sentencing an individual if the individual lacks substantial mental capacity to understand the proceedings or assist in his or her own defense. Courts may order DHS to conduct competency examinations, which may be performed either on an inpatient basis by DHS staff at the state mental institutes, or on an outpatient basis in jails and locked units of other facilities by contracted staff.

Department of Corrections Community Supervision. DHS contracts with the Department of Corrections for the supervision of clients in the supervised release and conditional release programs. The contract includes supervision, transportation escort, and global positioning system (GPS) monitoring.

Court Liaison Services. The Department contracts for the cost of court liaison services, used to provide consultation to courts regarding mental health issues for individuals in the judicial system.

DISCUSSION POINTS

1. The Department's community forensic and civil contracts are intended to compliment or substitute for institutional services provided at the mental health institutes and at the Sand Ridge Secure Treatment Center. The services provided under contact also fulfill some of the Department's statutory duties with respect to mental health evaluations and treatment to competency for individuals who are defendants in criminal court cases.

2. The contractual services are supported from a single appropriation, with a base budget of $20,560,800 GPR. The biennial budget typically adjusts the appropriation to reflect a reestimate of the contracts, based on projections of the number of individuals served and the average per person cost. AB 43/SB 70, would provide funding increases of $3,910,700 in 2023-24 and $7,089,100 in 2024-25 for the reestimate.

3. The principal factors contributing to the estimate are projected caseload increases for supervised release, outpatient competency evaluations, and individuals ordered for treatment to

competency (both jail-based treatment and outpatient treatment).

4. The following table shows the caseload and average costs used for the contract estimates, including the projections for 2022-23.

Caseload and Cost Estimates Used for AB 43/SB 70 Contracts Reestimate

	Caseload Estimates			Annualized Per Person Cost		
Contracted Service	2022-23	2023-24	2024-25	2022-23	2023-24	2024-25
Supervised Release	84	92	101	$76,684	$81,209	$86,000
Conditional Release	321	332	337	17,671	18,714	19,818
Competency Restoration						
Community-based	163	201	238	$13,406	$14,197	$15,034
Jail-based	464	489	513	2,576	2,728	2,889
Outpatient Competency Exams	2,144	2,571	2,679	$1,494	$1,583	$1,676
DOC Community Supervision	405	424	438	4,377	4,635	4,909

5. In addition to the program contracts shown in the previous table, two program components were estimated separately since the costs are not directly related to caseloads. First, DHS contracts for court liaison services to advise courts regarding individuals involved in criminal cases who are, or who potentially are, subject to forensic orders. This contract estimate was adjusted for inflation. Second, the Department has two limited term employee positions assigned to the supervised release program to coordinate services. These LTE salary and other position costs were adjusted by inflation.

6. The funding provided for contracts under AB 43/SB 70 was based on estimates that the Department developed in the summer of 2022 for its biennial budget request. This paper presents a reestimate of the contract costs based primarily on more recent caseload data. Relative to the Department's projections, enrollment in conditional release and supervised release is now projected to be lower, while the number of individuals subject to competency evaluation and treatment to competency is projected to be higher.

7. In addition to revising caseload projections, the reestimate presented in this paper makes several other adjustments to the Department's methodology. First, while the Department's estimate inflated the 2021-22 per person costs by 5.9% annually (based on the most recent prior 12-month period ending at the time the estimate was developed), the reestimate presented in this paper uses projections for future inflation using economic forecasts for core inflation corresponding to the two fiscal years of the biennium. These indexes are lower (3.6% in 2023-24 and 2.5% in 2024-25) since future inflation is forecast to be lower than the level of inflation experienced in 2021 and 2022. Second, the reestimate excludes funding for program activities for which the Department included the full cost in the reestimate, but which are already supported from the Department's base resources. (This is applicable to court liaison services, which are currently funded from the contracts appropriation, and to the two LTE positions for the supervised release program, which are funded

from the general administration budget for the Division of Care and Treatment Services.) Finally, the reestimate generally excludes expenses for expansions in the scope of services that the Department had included in its estimate, on the grounds that this budget item is intended to be a reestimate for the continuation of current services, rather than a funding adjustment to support service modifications.

8. The following table shows revised caseload and average per person costs used for the reestimate, including revised estimates for 2022-23.

	Caseload Estimates			Annualized Per Person Cost		
Contracted Service	2022-23	2023-24	2024-25	2022-23	2023-24	2024-25
Supervised Release	71	76	81	$87,341	$102,767	$105,336
Conditional Release	304	308	313	17,555	18,187	18,641
Competency Restoration						
Community-based	184	221	259	$13,317	$13,797	$14,142
Jail-based	539	564	589	2,559	2,651	2,717
Outpatient Competency Exams	2,180	2,607	2,715	$1,484	$1,538	$1,576
DOC Community Supervision	375	384	394	4,348	4,505	4,617

9. One notable change under this reestimate is in the average cost for the supervised release program. The Department reports that a recent bid for providing case management services for supervised release participants was significantly higher than the previous contract. The Department attributes the increase to the vendor's higher costs to provide an adequate number of staff to meet contract obligations. However, although the average cost for supervised release is anticipated to increase in the biennium due to this contract bid, the number of individuals placed in supervised release is anticipated to be significantly lower than previously assumed, so the overall impact on the cost of the supervised release program, compared to the Department's budget estimate, is relatively small ($317,400 increase in 2023-24 and $176,700 decrease in 2024-25).

10. The following table shows the funding reestimate by program component, the change to the base funding level, and the difference from the amounts provided under AB 43/SB 70.

	2023-24	2024-25
Forensic and Civil Contracts		
Contracts Appropriation Base	$20,560,800	$20,560,800
Estimated Contract Costs		
Supervised Release	7,810,300	8,532,200
Conditional Release	5,609,100	5,832,800
Competency Restoration	4,548,000	5,256,900
Outpatient Competency Exams	4,009,400	4,279,800
DOC Community Supervision	1,731,600	1,818,700
Court Liaison Services	262,500	269,100
Total Estimated Contract Cost	$23,970,900	$25,989,500
Total Estimate Minus Base	$3,410,100	$5,428,700
Supervised Release LTE Coordinators		
LTE Salary Base	$107,000	$107,000
LTE Salary Reestimate	$108,800	$110,600
LTE Estimate Minus Base	$1,800	$3,600
Total Funding for Reestimate	$3,411,900	$5,432,300
Change to SB 43/SB 70	-$498,800	-$1,656,800

ALTERNATIVES

1. Provide $3,411,900 GPR in 2023-24 and $5,432,300 GPR in 2024-25 to reflect a reestimate of forensic and civil mental health contract costs, as shown in the table under point #10.

ALT 1	Change to Base
GPR	$8,844,200

2. Take no action.

Prepared by: Jon Dyck

HEALTH SERVICES

Care and Treatment Facilities

LFB Summary Items for Which No Issue Paper Has Been Prepared

Item #	Title
10	Mental Health Institutes Fund Source Reallocation
12	Fuel and Utilities